NHS FIFE CLINICAL GOVERNANCE COMMITTEE

04 September 2019, 14:00 to 17:00
STAFF CLUB

Agenda

1.   APOLOGIES FOR ABSENCE

Susan Fraser, Scott Garden, Elizabeth Muir, Janette Owens, Ellen Ryabov

2.   DECLARATIONS OF MEMBERS' INTERESTS

3.   MINUTES OF PREVIOUS MEETING HELD ON 3 JULY 2019

(attached)

📄   Item 3 - Notes 030719 Unconfirmed.pdf   (12 pages)

4.   ACTION LIST

(attached)

📄   Item 4 - TABLE OF ACTION 4 SEPTEMBER   (7 pages)
2019.pdf

5.   MATTERS ARISING

5.1.   Participation and Engagement Update

(verbal)

Helen Buchanan

5.2.   Surgical Site Infection Update - Improvement Plan

(verbal)

Helen Buchanan / Chris McKenna

5.3.   Transformation Programme Workshop Update & Role & Remit of Joint Strategic Transformation Group

(attached)

Susan Fraser

📄   Item 5.3 - SBAR CGC Transformation Workshop   (6 pages)
Update 04092019 final.pdf

5.4.   Primary Care Improvement Plan - Governance Arrangements and GMS Contract

(verbal)

Helen Hellewell

5.5.   Drug Related Death Report

(verbal)

Dona Milne

5.6.   Update on Pharmacy input to identifying infections

(verbal)

Helen Hellewell

5.7.   Feedback from HIS following OPAH/Glenrothes HAI Report

(verbal)

Helen Buchanan

5.8.   Information Governance and Safety Group – Terms of Reference

(attached)

Lesly Donovan

11.   LINKED COMMITTEES

11.1.   Acute Services Division Clinical Governance Committee - 24 July 2019

(c/f to November 2019)

11.2.   Area Clinical Forum

(attached)

📄   Item 11.2 - Cover sheet for Minutes NHSFCGC.pdf   (2 pages)

📄   Item 11.2 - Draft Minutes 150819.pdf   (4 pages)

11.3.   Area Drugs & Therapeutics Committee

(attached)

📄   Item 11.3 - Cover sheet for Minutes NHSFCGC   (1 pages)
     ADTC Meeting 190619.pdf

📄   Item 11.3 - FIFE DTC UNCONFIRMED MINUTES 19   (8 pages)
     JUNE 2019.pdf

11.4.   HSCP Clinical and Care Governance Committee

(attached)

📄   Item 11.4 - Cover sheet for Minutes NHSFCGC   (2 pages)
     HSCP CCG 24th may 2019.pdf

📄   Item 11.4 - confirmed minutes CCGC Committee   (6 pages)
     24 5 19.pdf

📄   Item 11.4 - Cover sheet for Minutes NHSFCGC   (2 pages)
     HSCP CCGC 18th June 2019.pdf

📄   Item 11.4 - confirmed minutes CCGC Committee   (6 pages)
     18.06.19.pdf

11.5.   Clinical Governance Oversight Group

(attached)

📄   Item 11.5 - Cover sheet for Minutes200619.pdf   (1 pages)

📄   Item 11.5 - Unconfirmed Meeting Note of NHS Fife   (5 pages)
     Clinical Governance Oversight Group 18 07
     2019.pdf

11.6.   Fife Research Committee

(attached)

📄   Item 11.6 - Cover sheet for R&D 190719.pdf   (2 pages)

📄   Item 11.6 R&D Minutes 190719.pdf   (4 pages)

11.7.   Health & Safety Sub Committee

(attached)

📄   Item 11.7 - 2019-08-01 CGC Minutes Report (H+S   (1 pages)
     Sub committee).pdf

📄   Item 11.7 - 2019-09-27 Unapproved Minute June   (4 pages)
     Meeting.pdf

11.8.   Integrated Joint Board

(attached)

📄   Item 11.8 - Cover sheet for Minutes NHSFCGC   (1 pages)
     210819.pdf

📄   Item 11.8 - Mins Integration Joint Board dated   (8 pages)
     21.06.19 unconfirmed.pdf

11.9.   Infection Control Committee

(attached)

📄   Item 11.9 - Cover sheet for Minutes NHSFCGC   (1 pages)
     August 2019.pdf

11.10.   **Public Health Assurance Group**

(attached)

11.11.   **Resilience Forum**

(attached))

12.   ITEMS FOR NOTING

12.1.   **Internal Audit Report – Information Governance & eHealth Report No. B31&32/19**

(attached)

Chris McKenna

13.   ISSUES TO BE HIGHLIGHTED TO THE BOARD

14.   AOCB

15.   DATE OF NEXT MEETING

Wednesday 6 November 2019 at 2pm in Staff Club VHK

NHS Fife

MINUTE OF NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON WEDNESDAY 3 JULY 2019 at 2PM IN THE STAFF CLUB, VHK

Present:

Dr Les Bisset, Chair	Martin Black, Non Exec Committee Member
Rona Laing, Non Exec Committee Member	John Stobbs, Patient Representative
Margaret Wells, Non Exec Committee Member	Wilma Brown, APF Representative
Janette Owens, ACF Representative	Dr Chris McKenna, Medical Director
Dona Milne, Director of Public Health	

In Attendance:

Lynn Campbell, ADN, ASD	Andy Fairgrieve, Director of Estates
Dr Rob Cargill, AMD, ASD	Michael Kellet, Director of H&SCP
Susan Fraser, Associate Director of Planning & Performance	Ellen Ryabov, Chief Operating Officer
Helen Woodburn, Quality & Clinical Governance Lead	Dr Helen Hellewell, AMD, H&SCP
Dr Keith Morris (for Helen Buchanan) Items 5.1 & 5.3	Catriona Dziech, Note Taker

MINUTE REF	ITEM	ACTION
046/19	**APOLOGIES FOR ABSENCE** Helen Buchanan, David Graham, Paul Hawkins, Gillian MacIntosh, Elizabeth Muir, B A Nelson, Geraldine Smith (for Evelyn McPhail)	
047/19	**DECLARATIONS OF MEMBERS' INTERESTS** There were no declarations of interest.	
048/19	**MINUTES OF PREVIOUS MEETING HELD ON 8 MAY 2019** The notes of the meeting held on 8 May 2019 were approved.	
049/19	**ACTION LIST** All outstanding actions are updated on separate Action List.	
050/19	**MATTERS ARISING** **5.1 Surgical Site Infection Update** Dr Keith Morris, on behalf of Chrissie Coulombe, gave an update on the report submitted to the Committee. The Committee noted and accepted the following recommendations: 1 The Clinical Governance group can be reassured that NHS Fife has a robust method to identify potential cases with a post Caesarean Section SSI and applies the infection criteria accurately.	

050/19	2	The SSI surveillance team, along with the clinical directorate, have undertaken a review of the process women undergo prior to, during and after their Caesarean Section and have applied best practice. However, NHS Fife still reports a high number of SSIs.	
	3	The review team believe a number of the infections are a result of over diagnosis by the reviewing clinician but cannot remove the case from the reported numbers as the diagnosis is made by `a trained healthcare worker`.	
	4	NHS Fife will now report national data using similar methodologies as other national boards and will also continue to report the local figures directly to the clinical teams.	

In closing Dr Bisset asked for the following actions to be undertaken for the NHSFCGC meeting in September:

- an update on the Improvement Plan from Helen Buchanan and Dr McKenna   **HB/CMcK**
- Dr Morris to feedback his discussions with Health Protection Scotland   **HB**
- reporting to include a caveat highlighting the differences between NHS Fife reporting and the National reporting method.   **HB/KM**

5.2   Hypoglycaemia report on numbers of adverse events

Dr Mckenna advised he had asked the Diabetes Service for some additional detail on the number of hypoglycaemic episodes that occur.   Dr McKenna reminded the Committee that these episodes are included to provide detail in the "other" section of the adverse event report. Reporting is currently within Emergency Care Wards only.

Dr McKenna advised People become hypo in hospital for a number of reasons including change in dietary patterns compared to being at home, the usual requirement for insulin may be less that when well, or fasting for procedures. The specialist nurses review all these episodes and can identify the cause in the majority but putting an action plan into place is difficult as the causes are often dependent on individual circumstances?

On a positive note the collaborative work with the SAS NHS Fife are presenting at the NHS Scotland Event has shown a marked reduction in the number of hypoglycaemic episodes in the community. This has resulted in fewer ambulance call outs and admissions in Fife.

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050/19   In summary it was noted the Diabetes Team are undertaking a lot of work to ensure patients are looked after in a standardised way aiming for a reduction in the number of hypoglycaemic episodes. It should be noted that the figures are likely to rise as reporting is rolled out across the Acute Division.   It was agreed this item will remain on the Quality Report.

CMcK

5.3   **Community SAB update**
Dr Keith Morris gave an update on the report submitted to the Committee. The report highlights that the majority of infections are associated with People Who Inject Drugs (PWID).

The Committee noted the following recommendations:
1   The majority of community acquired SAB are due to PWID and skin and soft tissue infections. To reduce the number of SAB in these two groups of patients will be challenging. However, to have any chance in reducing SAB occurring in the community these groups need to be targeted.

2   The proportion of SAB due to community infections has not changed over 10 years. This indicates that doing more of the same is going to have no effect in reducing the numbers and may result in a higher proportion of infections acquired in the community if hospital interventions work (especially around vascular access device management).

3   Enhanced communication between the acute service and the Harm Reduction Team when PWID are admitted to hospital. This may allow PWID to be given support in the community if not already engaged with the Harm Reduction Service. At present the Harm Reduction Service is not alerted when a PWID is admitted to the acute service. SAB in this group is a relatively small number compared to the total number admitted with infected sores related to injecting practices.

4   Regarding skin and soft tissue infection related SABs, these will be more difficult to prevent because they result from a heterogeneous group of conditions such as Diabetes, pressure sores and damage skin following trauma. However, raising the awareness of the problem and following the

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050/19 local antibiotic guidance on the management of skin and soft tissue needs to be encouraged i.e. the local guidance now recommends oral Flucloxicillin 1g QID when previously it was 500mg QID.

In relation to Recommendation 3 Dr Mckenna advised funding was being made available to create an Addiction Liaison Service. This service will target PWID patients who are admitted to the acute service. This is particularly difficult to manage and account for as Fife does have a high population of intravenous drug users.

It was agreed Dr Hellewell and Michael Kellet (Partnership) to obtain more information on the work undertaken with pharmacies to identify infections. **HH**

Martin Black queried why there were such a high number of intravenous drug users in Fife when significant finance has been spent on an addictions strategy. Dr Bisset suggested this be passed back to the Partnership to investigate as this is part of their service. It was also noted there is a Public Health dimension to this and Dona Milne suggested Paul Madil in Public Health would be able to assist with obtaining information from Addiction Services. It was agreed the report prepared by Dr Hellewell would also be taken to the Clinical and Care Governance Committee as well as this Committee. **HH**

Dona Milne suggested it would be helpful for the Committee to have sight of the Drug Related Death Report. **DM**

Dr Bisset closed in stating the Recommendations were actually a list of actions rather than recommendations. The Committee would await the report from Dr Hellewell. **HH**

5.4 **Health and Safety Subcommittee update on Terms of Reference and Workplan**
Andy Fairgrieve advised he had taken over the Health and Safety function in December 2018 at which time there were two Health and Safety Executive Improvement notices imposed on NHS Fife with a deadline of end March/mid April for completion May 2019.

These notices had been in relation to management of safer sharps and the other was anti ligature issues. Due to the imminent deadline for the H&S Manager and some his team were taken out of day to day duties to focus on the

050/19 Improvement notices issues worked on. This in turn had caused the Workplan to become slightly behind schedule but will be made up over the next few months.

Dr Bisset queried the reference under Section 3 – Quorum to "Board members being asked to act at members of the Committee so that quorum is achieved. Andy Fairgrieve agreed this should in fact read "EDG members".

The Committee approved the Terms of Reference subject to the slight amendment at Section 3.

AF

5.5 Participation and Engagement Update
This item was discussed earlier within the Action List (PFPI).

5.6 Annual Operational Plan 2019-20
Susan Fraser advised the draft Annual Operational Plan (AOP) was submitted to Scottish Government on 29 March 2019 and a meeting held with representatives from Scottish Government on 9 May 2019 to provide formal feedback. The AOP was discussed and considered in detail at the Finance, Performance & Resources Committee on 14 May 2019 and approved by the Board at its meeting on 29 May.

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

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

The Committee is asked to note that feedback from SG colleagues at the AOP meeting was very positive, with the Chief Executive and Board being commended on the extent to which NHS Fife was one of the top performing boards in Scotland for both performance and finance.

The Committee noted the Board's approval of the Annual Operational Plan 2019/20.

050/19	5.7	**Approved Annual Statement of Assurance for the Information Governance & Security Group**	

The Committee noted the amended Annual Statement of Assurance for the Information Governance and Security Group.

Ellen Ryabov advised Carol Potter had taken over lead for this Group and is undertaking a review of the membership and Terms of Reference. It was noted a report will follow from Carol Potter with an update of the review at the NHSFCGC in September.

CP

051/19		**REQUESTED REPORTS**	
	6.1	**Kincardine & Lochgelly IAD (Health Centres)**	

Michael Kellet advised work is progressing well. Work is being undertaken with SFT, Hub Co and Scottish Government who are providing support. The plan is to bring IADs to the next Capital Investment Group on 1 August 2019 and then through Governance with a view to taking the IADs to the Board 25 September 2019.

MK

6.2 Transformation Paper & Future Plan

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

In order to share the work of the transformation programmes a workshop has been arranged for 23 July 2019. Feedback from the Workshop will be brought back to NHSFCGC in September.

The Committee noted the progress made in relation to the re-launching of the JSTG, with a view to improving its effectiveness.

6.3 Primary Care Improvement Plan

The 2019 Primary Care Improvement Plan is being brought to the Clinical Governance Committee's attention to highlight the 2018 General Medical Services (GMS) Contract implementation progress in Fife, and plan for Year 1 to 3 (2018-2021).

The 2019 Primary Care Improvement Plan was co-produced with Fife LMC/GP Sub Committee. It was signed off with Fife LMC/GP Sub Committee agreement in April 2019, and submitted to Scottish Government in draft, subject to confirmation of the 2018/19 year end financial

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051/19	position. 2018/19 year end financial position was received on 7 June 2019. Final LMC/GP Sub Committee agreement is awaited (as at 19 June 2019).

The Committee noted the following areas highlighted within the report:
- the agreed principles of service redesign set out with the Memorandum of Understanding
- services implemented within the Primary Care Improvement Programme so of which NHS Fife is the only Board to implement.
- Primary Care Improvement Fund allocation 2019/20
- GP Practice Sustainability

Following discussion it was felt although the H&SCP are sighted on the issues it needs to be clear which issues require to be reported to the appropriate governance Committees of the Board. It was agreed further thought would be given to this issue and Dr Bisset asked that a short paper be brought back to the Committee and the IJB setting out the clear governance responsibilities / arrangements. **HH/CMcK /HB**

It was also agreed the main recommendations should be set out more explicitly within the SBAR. Dr Bisset asked Dr Hellewell to prepare another paper for the Committee and IJB setting out clearly the issues which will come out the Implementation Plan that will affect the GMS contract going forward. **HH**

Dr Bisset advised a lot of good work had been undertaken and congratulations should be passed on to all those involved. **HH**

The Committee noted the Primary Care Improvement Plan and the implications arising from the models of care agreed by the Fife GP Clinical Quality Group and approved by the Fife GMS Implementation Group (Programme Board).

6.4 **Public Health Reform (Presentation)**
Dona Milne gave a short presentation on Public Health Reform which had previously been taken to a Private Session of the Board.

Dona Milne agreed to circulate **DM**

052/19 **MEDICAL / NURSE DIRECTOR REPORTS**

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7.1 Quality Report

The Committee noted the key points and areas of improvement / success as set out in Pages 7 – 12 of the Executive Summary.

Dr McKenna highlighted to the Committee the following issues:

HSMR - This will be the last publication reporting on progress towards the current Scottish Patient Safety Programme (SPSP) aim of "*reducing hospital mortality by a further 10% by December 2018*". The end of the current aim has provided an opportunity to review and refresh the approach for producing and using HSMR.

At the last publication in this nature linked to Scottish Patient Safety Programme (SPSP) NHS Fife demonstrates an overall change in HSMR of -9.9.

Falls - SAS Falls pathway embedded with an audit of pathways for people over 85 years conveyance to hospital following fall in September 2018 completed showing that conveyance to hospital was appropriate for all individuals. Conveyance to hospital rates for people over 65 who have been attended by SAS in Fife continue to be amongst the lowest in Scotland. While referrals to community colleagues from SAS in Fife are amongst the highest

Significant work reviewing the Fife Falls toolkit is completed.

"Call Don't Fall" poster has been rolled out across in patient settings.

Falls with Harm within the H&SCP have now had eight points under the median which shows a sustained improvement.

Patient Experience – A Person Centred Steering Group (PCSG) held their first meeting in June 2019. The PSSG will support the testing and spread of the Care Experience Improvement Tool (CEIT) along with the "Your Care Experience" tool satisfaction questionnaire used to capture feedback in real time.

Complaints – remain a challenge although Patient Relations senior team will continue to monitor the quality of draft response and work with Officer to improve writing

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style.

7.2 **Integrated Performance Report (IPR)**
The Committee noted the IPR report.

7.3 **Board Assurance Framework (BAF) – Quality and Safety**
The Committee noted this report is an update on the Quality and Safety BAF since the last report on 8 May 2019.

The Committee noted Risk 1416.

Dr McKenna to check Risks 1502 and 1524 and provide an update for the NHSFCGC meeting in September.   **CMcK**

The Committee noted the changes as set out in BAF.

7.4 **Board Assurance Framework – Strategic Planning**
This report provides the Committee with the next version of the NHS Fife BAF.

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

053/19 **CLINICAL STRATEGY**
8.1 **Community Redesign Community Hospital & Intermediate Care Beds Redesign Proposal**
Michael Kellet advised work ongoing. The plan is to bring this through the IJB governance structures with a report being take to the IJB meeting in August 2019. This will also be discussed at Workshop on 23 July.

8.2 **Mental Health Strategy**
Michael Kellet advised work ongoing. The plan is to bring this through the IJB governance structures with a report being take to the IJB meeting in August 2019. This will also be discussed at Workshop on 23 July.

8.3 **Acute transformation - closure report Site Optimisation**
Ellen Ryabov advised a Closure Report for the Site Optimisation Programme was recently submitted to the Executive Directors Group (EDG) with the purpose of formally closing the programme.

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The Committee noted the updated Site Optimisation Closure Report and its lead into the refreshed Acute Services Division (ASD) Transformation Programme.

8.4 Medicines efficiency

Dr McKenna advised in 2016, NHS Fife had one of the highest costs per patient for GP prescribing, compared to the rest of Scotland. There were a number of reasons for this including: a culture of secondary care/ specialist prescribing newer more expensive medicines and Fife having one of the lowest levels of pharmacy resource in Scotland. Since 2016, NHS Fife has therefore invested in additional pharmacy, nursing and GP resource to implement the medicines efficiency programme, with the aims of reducing Fife's cost per patient and moving Fife closer to the Scottish average. NHS Fife is now the fourth lowest in Scotland.

The Committee noted the update and agreed this was a fantastic piece of work which had been achieved. Dr Bisset advised not only was this a great legacy for Evelyn McPhail, Director of Pharmacy, who had recently retired but to her Pharmacy staff and colleagues.

054/19 GOVERNANCE ITEMS

9.1 BREXIT

Dr Bisset advised the Brexit Assurance Group is currently in abeyance until a decision is clearer on Brexit.

9.2 eHealth Report

This report provides a summary of information regarding performance, workload and financial activities for the eHealth Department between January – March 2019.

The Committee noted the report.

9.3 Winter Plan

This report provides the Committee with the final Winter Review document submitted to the Scottish Government following the Winter Review Event on 2 May 2019 with key stakeholders. This completes the winter planning process for 2018/19.

The planning for Winter 2019/20 has commenced but is likely to continue with the same process as 2018/19. The reporting and approval milestones for this are as follows:

- NHS Fife Clinical Governance Committee 4 September
- NHS Fife Finance, Performance and Resources Committee 10 September 2019
- NHS Fife Board 25 September 2019
- IJB Care and Clinical Governance Committee 27 September 2019
- IJB Finance and Performance Committee 3 October 2019
- IJB 25 October 2019

The Committee noted the Winter Review document for 2018/19 and dates for Winter Planning 2019/20.

9.4 NHS Fife Activity Tracker
The Committee noted the NHS Fife Activity Tracker.

9.5 NHSCGC Workplan
The Committee noted the Workplan.

055/19 ANNUAL REPORTS

10.1 Clinical Advisory Panel Annual Report
The attached report summarises the activity of the NHS Fife Clinical Advisory Panel for year 2018/19. It also gives details of expenditure incurred as a result of the decisions.

056/19 LINKED COMMITTEE MINUTES

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

Janette Owens highlighted to the Committee the following from the Area Clinical Forum (ACF) minutes of 11 June 2019:

- in line with the Cabinet Secretary's letter following the Annual Review the Terms of Reference were reviewed
- ACF will now meet bi-monthly rather than quarterly and fit in with NHSFCGC meetings
- Workplan agreed for ACF
- Realistic Medicine and Clinical Engagement are standing items on the agenda
- Professional and Advisory Committees will submit brief reports to highlight good practice or concerns for ACF and on to NHSFCGC
- Area Dental Committee – Scottish Government Chief Dental Officer retires in November. A decision has been taken to appoint a Director of Dentistry for each Health Board area.
- Area Pharmaceutical Committee – Management of Medicines shortages associated with Brexit.

056/19 Dr McKenna highlighted in relation to a Chief Dental Officer being

appointed it should be noted this is without any additional resource. Dr McKenna advised he has met with the senior dental team to work through but felt the Committee needs to be aware of the issue.

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

057/19   ISSUES TO BE ESCALATED

It was agreed the following items would be highlighted to the Board/IPR:
-        Community SABS
-        SSI
-        Transformation Work

058/19   AOCB

As this was Michael Kellet's last meeting Dr Bisset took the opportunity to thank him for his attendance at the Committee. Dr Bisset was grateful to him for his work to and on behalf of the Committee.   It had been a complex job both in terms of management and governance between his joint role with the Council and Board and it had been greatly appreciated. Dr Bisset wished Michael well in his new role at the Scottish Government.

Dr Bisset asked members to note change of date for January 2020 meeting from Wednesday 15 January 2020 to **Thursday 16 January 2020.**   **ALL**

059/19   DATE OF NEXT MEETING

Wednesday 4 September 2019 at 2pm in Staff Club, VHK

TABLE OF ACTIONS FOR NHS FIFE CLINICAL GOVERNANCE COMMITTEE
UPDATED ON 3 JULY 2019
FOR DISCUSSION ON 4 SEPTEMBER 2019

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 59 **Quality Report**	6.3.19	Minute Ref 020/19 Reporting of items within Quality Report / HAIRT and IPR to be considered again.	HWo	~~May 2019~~ ~~July 2019~~ September 2019	3.7.19 Work ongoing first pass will come to NHSFCGC in September.
	6.3.19	Minute Ref 020/19 Congratulations to be conveyed back to the Fife Fluid Prescription Group.	HWo	May 2019	8.5.19 HW to convey thanks. Actioned
	8.5.19	Minute Ref 031/19 LB advised this was being revised (as per minutes)	HWo	July 2019	Closed
	8.51.19	Minute Ref 036/19 SSI – follow up report due for next meeting.	HB	July 2019	3.7.19 Main Agenda Item
	8.5.19	Minute Ref 036/19 CMcK to ask the Diabetes Team to provide a report on Hypoglycaemic incidents.	CMcK	July 2019	3.7.19 Main Agenda Item
	3.7.19	Minute Ref 050/19 It was noted the Diabetes Team are undertaking work to ensure patients are looked after in a standardisation way. The figures are likely to rise as reporting is rolled out across the ASD. Item to remain on Quality Report.	CMcK	September 2019	
	8.5.19	Minute Ref 036/19 HB to provide a report solely on community SABs.	HB	July 2019	3.7.19 Main Agenda Item
	3.7.19	Minute Ref 050/19 – Community SAB Update HH to obtain more information on the work undertaken with pharmacies to identify infections.	HH	September 2019	

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 59 **Quality Report** **Continued.....**	3.7.19	Minute Ref 050/19 HH, in conjunction with Public Health, to prepare a report on the reasons why there is such a high number of intravenous drug users in Fife when significant finance has been spent on an Addictions Strategy.	HH	September 2019	
	3.7.19	Minute Ref 050/19 DM to arrange for the Committee to have sight of the Drug Related Death report.	DM	September 2019	
Item 112 **HIS Quality Framework**	6.3.19	Minute Ref 022/19 CMcK agreed to take forward with HWr and HWo the elements of the framework which come to the specific Committees.	CMcK/HWo/HWr	~~May 2019~~ ~~July 2019~~ September 2019	8.5.19 & 3.7.19 CMcK advised this is ongoing. Report to be brought to NHSFCGC in September.
Item 113 **BAF for Quality & Safety**	7.11.18	Minute Ref 069/18 Refined Flowchart for Duty of Candour to be reported to next NHSFCGC meeting.	~~FME~~ CMcK	~~January 2019~~ ~~July 2019~~ September 2019	16.1.19 Work underway. 3.7.19 HW advised still under review as part of first year review. Update will come to NHSFCGC in September.
	3.7.19	Minute Ref 052/19 CMcK to check Risks 1502 and 1524 and provide an update.	CMcK	September 2019	

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 130 **BAF for Strategic Planning**	6.3.19	Minute Ref 020/19 Issue of East Region H&SC Delivery Plan to be raised with PH. Nicky Connor agreed to take back and discuss further with MK.	~~FME/NC~~ MK	~~May 2019~~ ~~July 2019~~ September	8.5.19 Considered under main agenda Item 6.4. 3.7.19 MK has spoken to PH. No substantial progress has been made. MK to make PH aware the NHSFCGC is keen for an update.
	8.5.19	Minute Ref 036/19 Closure report on Site Optimisation to be considered at NHSFCGC in July 2019.	ER	July 2019	3.7.19 Main Agenda Item
	8.5.19	Minute Ref 036/19 HB to ensure output from the Workshop, Terms of Reference and the Workplan that is being proposed for the Transformation Group are available for the July NHSFCGC, so the NHFCGC can consider and approve (or otherwise).	HB	July 2019	3.7.19 Main Agenda Item
	8.5.19	Minute Ref 036/19 MK agreed to link with PH for an update on Regional Planning.	MK	July 2019	3.7.19 As above
	8.5.19	Minute Ref 036/19 MK to provide update on diabetes work.	MK	July 2019	
	3.7.19	MK advised an update on the diabetes work had been prepared for the Health & Sports Committee. MK will arrange to circulate to NHSFCGC.	MK	September 2019	

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 131 **Clinical Strategy – Site Optimisation Programme Part 1**	6.3.19	Minute Ref 020/19 Update report to be brought to NHSFCGC July 2019.	SF	July 2019	3.7.19 Main agenda item
Item 133 **Waiting Times Improvement Plan**	6.3.19	Minute Ref 022/19 Further update to be provided to NHSFCGC in May 2019.	ER	May 2019	8.5.19 Considered under main agenda Item 10.1. 3.7.19 Update was considered previously. CLOSED
Item 134 **Report from Information & Governance Security Group on Compliance with General Data Protection Regulations (GDPR)**	6.3.19	Minute Ref 022/19 Report to be brought to NHSFCGC in early March 2020.	CMcK	March 2020	
Item 138 **NHS Fife Activity Tracker - Victoria Hospital Older People in Acute Hospitals unannounced inspection report and action plan**	8.5.19	Minute Ref 040/19 HB to raise the issue of content of final report with Ann Gow at HIS and feed back to the Committee following her discussion.	HB	~~July 2019~~ September	3.7.19 LC advised HB has spoken with HIS and would welcome a discussion with LB outwith the NHSFCGC.

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 140 **Update Report on all strands of Clinical Strategy**	6.3.19	Minute Ref 021/19 Nicky Connor to bring an update on Learning Disability to the NHSFCGC.	NC	September 2019	
	6.3.19	Minute Ref 021/19 Verbal update to be brought to NHSFCGC in May 2019 with a written report available for July 2019.	SF	~~May 2019~~ July 2019	8.5.19 Considered under main agenda Item 10.2.
	8.5.19	Minute Ref 037/19 HB to chase follow up report.	HB	July 2019	3.7.19 Main Agenda item
Item 141 **Draft Annual Statement of Assurance and Best Value Framework**	8.5.19	Minute ref 038/19 GMacI would speak to Chief Executive's PA to check for any issues with future scheduled meetings which not allow the Chief Executive to attend. Meeting dates may need to be changed to accommodate his attendance	GMacI	July 2019	3.7.19 LB advised the only date which clashes with PH is the date set for January 2020. The Committee were asked and agreed to move the date from Wednesday 15 to **Thursday 16 January 2020.**
Item 142 **Committee Self Assessment Report**	6.3.19	Minute Ref 022/19 LB to meet with CMcK and GMacI to formulate an action plan to address the issues within the report.	LB/CMcK/GMcI	~~May 2019~~ ~~July 2019~~ September 2019	3.7.19 Meeting has not taken place. Still to be progressed.
Item 143 **Update on Vaping report submitted to SGHD**	6.3.19	Minute Ref 025/19 Committee members to forward any views directly to DM.	ALL	~~May 2019~~ July 2019	8.5.19 DM advised no update at present.
	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	
	DATE				

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MINUTE REFERENCE	OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 145 **Review of Agenda**	8.5.19	Minute Ref 031/19 Streamlined agenda to be in place by September 2019.	HW	September 2019	
Item 146 **Annual Statement of Assurance eHealth Board 2018/19**	8.5.19	Minute Ref 038/19 ER to share revised Terms of Reference with NHSFCGC when this is produced.	ER	~~July 2019~~ September 2019	
Item 147 **Annual Statement of Assurance Health & Safety Governance Board 2018/19**	8.5.19	Minute Ref 038/19 Revised Terms of Reference and reporting arrangements, along with a Workplan, to be consideration and approved at the July meeting.	ER	July 2019	3.7.19 Main agenda item
Item 148 **Patient Focus Public Involvement (PFPI)**	8.5.19	Minute Ref 038/19 Following completion of Option Appraisal report to be considered at NHSFCGC in July 2019.	HB	~~July 2019~~ September 2019	3.7.19 LC advised report not available. LB asked that as a matter of urgency an update be brought to NHSFCGC in September.
Item 149 **Director of Public Health Annual Report**	8.5.19	Minute Ref 039/19 DM to pass on thanks to colleagues.	DM	July 2019	3.7.19 DM confirmed this had been actioned.
Item 150 **Surgical Site Infection Update**	3.7.19	Minute Ref 050/19 i) HB & CMcK to provide update on Improvement Plan	HB/CMcK	September 2019	
		ii) HB to feedback discussion with Health Protection Scotland	HB	September 2019	
		iii) HB & KM to ensure reporting includes a caveat on the differences between NHS Fife reporting & National reporting method.	HB/KM	September 2019	

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 151 **Health & Safety Sub Committee Updated Terms of Reference**	3.7.19	Minute Ref 050/19 AF to make slight amendment at Section 3.	AF	July 2019	Post Meeting Craig Webster issued revised version of Terms of Reference which included the amendment.
Item 152 **Information Governance & Security Group (IGSG)**	3.7.19	Minute Ref 050/19 Carol Potter to provide a report with an update on the review of the IGSG.	CP	September 2019	
Item 153 **Kincardine & Lochgelly IAD (Health Centres)**	3.7.19	Minute Ref 051/19 To be taken to Capital Investment Group on 1 August and then through Governance with a view to taking IADs to the Board on 25 September 2019.	MK	September 2019	
Item 154 **Primary Care Improvement Plan**	3.7.19	Minute Ref 051/19 Short paper to be prepared setting out the clear governance responsibilities / arrangements.	HH/CMcK/HB	September 2019	
		Minute Ref 051/19 HH to prepare a paper setting out the issues which will come out of the Implementation Plan that will affect the GMS Contract.	HH	September 2019	
		Minute Ref 051/19 HH to pass on congratulations to all those involved in producing the Plan.	HH	September 2019	
Item 155 **Public Health Reform**	3.7.19	Minutes Ref 051/19 DM to circulate her Presentation to the Committee.	DM	July 2019	Actioned post meeting

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NHS Fife
Clinical Governance Committee

DATE OF REPORT:	04/09/2019
TITLE OF REPORT:	**Transformation Stocktake Workshop Update**
EXECUTIVE LEAD:	Paul Hawkins, Chief Executive
REPORTING OFFICER:	Susan Fraser, Associate Director of Planning and Performance

Purpose of the Report (delete as appropriate)		
~~For Decision~~	**For Discussion**	~~For Information~~

SBAR REPORT

Situation

This paper provides the committee with an update on the Transformation Programme in Fife and reports back on the recent Transformation Stocktake Workshop.

Background

The previous paper to the committee in July 2019 outlined the existing transformation programmes and their alignment to the H&SC Strategic Plan and the Clinical Strategy and the 4 key strategic priorities identified in the Annual Operational Plan. The 4 priorities for 2019/20 are:

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

The planned 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.

Assessment

The key outputs from the workshop were
- Engagement of attendees of the Fife wide transformation programmes
- Attendees feedback and prioritisation of the programmes presented

Presentations were given by each of the following transformation programmes
1. Acute Services Transformation
2. Palliative Care
3. Joining Up Care (Community Hospital redesign, Urgent Care redesign and Development of Community Hubs)
4. Home Care
5. Primary Care Improvement Plan
6. SCOTGEM
7. Mental Health Redesign

8. Medicines Efficiencies
9. Digital Transformation

Each speaker presented their transformation programme including their aims, objectives, patient outcomes and timescales. Table discussion took place and considered the benefits to patients and clients, key indicators that will drive delivery of the programme such as finance, timescales and alignment to other transformation programmes and finally what priority each programme should be given. SCOTGEM and the Digital Transformation presentations were not considered by the tables.

The information gathered was collated and the full analysis can be found in appendix 1. The key findings from the analysis is as follows:

Benefits to Patients and Clients
1. The emerging themes can be summarised in quality, patient focussed, whole system and education.
2. The most agreed benefits were
    • Effective services for patients (sustainable)
    • Right care, right place, right time
3. The programme with the most identified benefits was Joining Up Care followed by Acute Transformation and Palliative Care and Home Care.
4. Accessibility, cross agency working and more community based care were identified as benefits across a range of programmes

Key Indicators of Programme Performance
1. The emerging themes have been grouped into operational, quality, financial, transformation and workforce/sustainability.
2. The key indicators identified were links between acute/H&SC and recruitment and retention and reduction/avoidance of admissions
3. Other themes are the need for a whole system/transformation approach eliminating silos with also having the ability to invest to save.

Prioritisation of Programmes
1. The attendees found it difficult to prioritise programmes as the programme were focussed at different parts of the health and social care pathway with benefits being manifested in different ways.
2. Although not all presentations were prioritised by each table, home care received the most number of votes as the most important and the home care presentation stimulated a lively discussion during the presentation question time.

Informal feedback from attendees suggested that the workshop increased the level of awareness of transformation and raised engagement with the board and senior managers across Fife.

The workshop is the initial element of a reinvigorated, refreshed and refocused transformation programme in Fife with engagement from directors and non executive directors from NHS Fife and Fife IJB. In order to progress this, the existing Joint Strategic Transformation Group will be revisited and the governance and reporting structure and process will also be reviewed. The committee will be updated over the coming months of the new structure and processes in place.

To summarise the outcome of the review:
1. The current governance structure is not suitable
2. The monitoring and reporting of programmes are not sufficient to provide adequate assurance

Recommendation

The Committee is invited to **note** on the workshop recommendations:

1. Establish a new system for Transformation with a joint meeting with H&SC and NHS Fife to establish a review of schemes both timelines and value.

2. Disband the Joint Strategic Transformation Group and establish an Integrated Transformation Board reporting to NHS Fife Board and IJB

3. Established a stage and gate process for programmes

4. Escalation process to be used against delivery of programmes for NHS Fife and IJB.

5. Establish a workgroup to produce an integrated plan

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

Appendix 1

Analysis of Themes

Q1: Benefits

Programme	Themes											
	Quality					Patient			Whole system			Education
	Efficiency	Accessibility	Equity	Effective services for patients (sustainable)	Right care, right place, right time (continuity/ harm)	Improve patient flow and pathway	Holistic approach/respe ct pt wishes	Patient experience	Integrated/ cross agency	More community based care	Single point of contact	Improve education
Acute Transformation	✓			✓	✓	✓	✓	✓	✓	✓		
Palliative Care		✓	✓	✓	✓		✓		✓			✓
Joining Up Care		✓	✓	✓	✓	✓				✓	✓	✓
Home Care	✓	✓		✓	✓				✓	✓		
Primary Care Improvement Plan		✓	✓	✓	✓							
SCOTGEM												
Mental Health Redesign		✓			✓				✓	✓	✓	
Medicines Efficiencies	✓			✓						✓		
Digital programme												
Total	3	5	3	6	6	2	2	1	4	5	2	2

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Programme	Themes													
	Operational			Quality		Financial		Transformation				Workforce Planning/ sustainability		
	Reduce waiting times (inc GP)	Digital Solutions	Shorter/avoid inpatient stay	Patient experience	Realistic medicine	Sustainability/ invest to save	Invest in community care	Whole system approach (no silos)	More ambitious transformation	Trough KPIs	Links with H&SC/Acute	Workforce model challenges	Recruitment/ retention	Effective partnership working
Acute Transformation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Palliative Care	✓		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Joining Up Care		✓	✓			✓		✓			✓		✓	
Home Care		✓	✓			✓	✓	✓		✓	✓		✓	
Primary Care Improvement Plan	✓	✓	✓	✓		✓					✓		✓	
SCOTGEM														
Mental Health Redesign	✓		✓	✓				✓		✓	✓		✓	
Medicines Efficiencies				✓	✓					✓	✓		✓	
Digital programme														
Total	4	4	6	4	3	5	3	5	2	5	7	2	7	2

Priorities

Programme	Priorities		
	1	**2**	**3**
Acute Transformation	4	2	
Palliative Care	5	1	
Joining Up Care	5		
Home Care	7		
Primary Care Improvement Plan	4		
SCOTGEM			
Mental Health Redesign	4	1	1
Medicines Efficiencies			
Digital programme	2		
Total	31	4	1

NHS Fife

INFORMATION GOVERNANCE & SECURITY GROUP

CONSTITUTION AND TERMS OF REFERENCE

1.   PURPOSE

1.1   Information Governance & Security (IG&S) refers to the structures, policies and practice in place to ensure the confidentiality, availability and integrity of the information processed by or on behalf of NHS Fife, and especially patient records, and to enable the ethical and safe use of them for the benefit of individual patients and the public good.

1.2   Information Assurance refers to the practice of assuring information and managing risks related to the use, processing, storage, and transmission of information or data and the systems and processes used for those purposes.

1.3   It is the key purpose of the IG&S Group to provide the Board with the assurance that information governance mechanisms and security controls are in place and effective throughout the whole of Fife NHS Board's responsibilities, including appropriate and secure management of all types of personal and confidential information, and providing the Board with assurance regarding the quality and integrity of data used by the Board.

2.   COMPOSITION

2.1   The membership of the Information Governance & Security (IG&S) Group will be:

- Statutory IG members:
    - Chair – Executive Lead for Information Governance (SIRO)
    - Vice Chair - Caldicott Guardian(s) (Acute, Health & Social Care Partnership (HSCP) & Corporate)
    - Data Protection Officer (Lead IG Officer to the group)
- Key Directorates with IG&S responsibilities:
    - Medical Director
    - Nurse Director
    - Director of Finance
    - Director of Public Health
    - Director of Workforce
    - Director of H&SCP
    - Chief Operating Office - ASD
    - General Manager - eHealth & IMT

- The following Department representatives will also be considered members as influence the way in which information is handled and processed and therefore must send suitable representation to the IG&S Group:
  - Communications
  - R&D
  - Learning & Development
  - Health Records including acute, community, mental health and primary care records
  - Information Services
  - ICT services
    - ICT Support Manager (eHealth)
    - ICT Labs
    - ICT Radiology
- Key Partners:
  - Fife Council Representative
  - Police Scotland Representative
  - Primary Care (representing GP Practices);

2.2   Other advisory roles and managers who are expected to attend meetings of the Group when issues within their responsibility are being considered by the Group.

- Legal Services Manager
- Risk Manager
- NHS Fife Internal Audit Manager
- Corporate Records Manager
- Patient Relations Manager
- eHealth Security Manager
- IG Advisor
- eHealth Clinical Lead

2.3   The IG&S Group Chairperson will agree with the Lead IG Officer to the Group which Directors and other Senior Staff should attend meetings, routinely or otherwise.

2.4   The NHS Fife Executive Lead for Information Governance shall Chair the Group.

3.   MEETINGS

3.1   The Group shall meet as necessary to fulfil its remit but not less than four times a year.

3.2   Meetings of the Group will be quorate when the following members are present:
- Data Protection Officer;
- SIRO (Senior Information Risk Owner) or the Caldicott Guardian;
- At least four of the key Directorates with IG&S responsibilities;

- Primary Care (representing GP Practices);

3.3 If the Chairperson is absent from any meeting of the Group, the meeting will be chaired by the Vice Chair; otherwise the members at the meeting shall elect from amongst themselves a Chairperson for that meeting, who must be a Fife NHS Board Executive Director.

3.4 The agenda and supporting papers will be sent out at least five working days before the meeting. Attendees are required to review the papers in advance and raise any concerns or comments at the meeting, as its purpose is to provide oversight and not review documentation.

4. REMIT

4.1 To draw up and approve, before the start of each financial year, an Annual Work Plan which schedules the business the Group requires to consider in the forthcoming year in order to fulfil its remit.

4.2 To oversee the implementation of information strategies, standards, frameworks and regulations applicable to NHS Scotland in NHS Fife and with NHS Fife partners and subcontractors. This includes overseeing the development and implementation of year on year improvement plans.

4.3 To consider assurances regarding the delivery of Information Governance training and whether staff within NHS Fife are receiving this training within the mandatory timescales.

4.4 To consider assurances regarding compliance with legislative requirements including subject access and freedom of information request timescales and compliance with the Data Protection Act (2018), the General Data Protection Regulation (GDPR), the Network and Information Systems (NIS) Directive, the NHS Scotland Information Security Policy Framework - DL(2015)17 and the Public Sector Cyber Resilience Action Plan.

4.5 To consider assurances regarding Information Governance and Information Security Policies and Procedures and whether these have been reviewed and updated within their scheduled review timescales.

4.6 To review and approve Information Governance and Information Security Policies and Procedures prior to submission to the General Polices Group.

4.7 To receive assurances regarding the management of information governance and security risks and incidents.

4.8 To receive assurances regarding the management of information governance and security.

4.9 To consider assurances regarding the management and mitigation of High information governance and security risks.

4.10 To receive assurances regarding the information sharing agreements in place and those in development to confirm that these enable the appropriate sharing of personal identifiable information in compliance with GDPR and the Data Protection Act (2018).

4.11   To receive assurances that Data Protection Impact Assessments have been undertaken at the appropriate stage of planning for new information processing systems.

4.12   To receive assurance regarding the implementation and maintenance of the Information Asset Register.

4.13   To receive assurance that NHS Fife is informing patients regarding their rights in respect of the information held about them by NHS Fife

4.14   To receive assurance on compliance with the Records Management Policy including retention and destruction timescales

4.15   To receive assurance that contracts and data sharing agreements for services that involve the processing of personal identifiable information are compliant with GDPR/DPA 2018.

4.16   To provide an annual assurance statement assurance to the Board, via the Clinical Governance Committee, confirming that the group has discharged its remit and thereby achieved and maintained the Best Value standards, relevant to the Group's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements" – *"There is a robust information governance framework in place that ensures proper recording and transparency of all the organisation's activities and supports appropriate exploitation of the value of the organisation's information."* This assurance allows the Chief Executive to provide an overview in the Board's Annual Governance Statement regarding any significant lapses in information security.

5.   AUTHORITY

5.1   The Group is authorised by the Chief Executive to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

5.2   In order to fulfil its remit, the Information Governance & Security Group may obtain whatever professional advice it requires, and require Directors or other managers of the Board to attend meetings.

6.   REPORTING ARRANGEMENTS

6.1   For Governance purposes the Information Governance & Security Group reports to the Clinical Governance Committee.

6.2   Minutes of the Group are also presented to the EDG, Fife H&SCP Clinical and Care Governance Committee and Audit & Risk Committee by the SIRO who provides a report, on an exception basis, on any particular issues which the SIRO wishes to draw to the Board's attention.

Report for Consideration by the Fife Capital Investment Group

DATE OF MEETING:	6th August 2019
TITLE OF REPORT:	Capital Investment – Kincardine and Lochgelly
EXECUTIVE LEAD:	Michael Kellet
REPORTING OFFICER:	Claire Dobson

Purpose of the Report (delete as appropriate)		
For Decision	~~For Discussion~~	~~For Information~~

SBAR REPORT
Situation NHS Fife has recognised that Kincardine and Lochgelly Health Centres are facilities that do not meet all current standards and limit high quality, modern and integrated patient care. Authorisation was given by the Capital Planning Group to begin to look at potential capital investment to meet patient and service needs. The IADs were previously submitted to Scottish Government who requested that the model of care be articulated more fully and that Fife participate in the national pathfinder programme for Local Care; to support transformational change that shifts the balance of care to community. The Scottish Capital Investment Manual (SCIM - http://www.scim.scot.nhs.uk/) provides guidance and support in the effective delivery of infrastructure projects within NHS Scotland. There are four main stages, Strategic Assessment (SA), Initial Agreement Document (IAD), Outline Business Case (OBC) and Full Business Case (FBC). This paper relates mainly to the IAD stage for Kincardine and Lochgelly. National and local strategies have been taken into account in preparing these IADs. The Executive Summaries for Kincardine (Appendix 1) and Lochgelly (Appendix 2) are attached. The full IADs are embedded within the two Executive Summaries. [*Note the Capital Planning Group has now been revised and is called the Capital Investment Group (CIG)*].
Background Following recognition that Kincardine and Lochgelly Health Centres do not meet current healthcare standards and limit high quality, modern and integrated patient care, Strategic Assessments (SAs) for both areas were developed in 2016 and involved engagement of key stakeholders. The SAs were presented to the Capital Planning Group in March 2016 when approval was given to move to the next stage of the planning process – preparation of the IADs. A significant amount of work is involved in preparing an IAD, including collection of service

activity, developing data projections, developing investment objectives, undertaking an option appraisal, preparing a Benefits Register, a Risk Register and a Design Statement.

NHS Fife was successful in securing funded support from Hub East Central Scotland Limited (Hubco) to assist in the development of the IADs. The work to inform the content of the IADs commenced in May 2016 and was completed in March 2017.

A number of workshops and events were held to inform the developing IADs and involved engaging a wide group of stakeholders which included GP Practices, other healthcare professionals, Social Work and other Fife Council colleagues, Community Councils and elected members. Most of the workshops were specific to either Lochgelly or Kincardine, but when appropriate - with Stakeholder's agreement - the workshops were combined.   A summary of the engagement is included within the Executive Summaries, with full details of the process followed and the outcomes detailed in the IADs.

Subsequently the Partnership has worked with Scottish Future Trust and their consultants Carnell Farrah to develop the model of care. The Partnership attended three workshops and has drawn on learning from the initial phase of the Community Health and Wellbeing Hub implementation.

National and local strategies (including the NHS Fife Clinical Strategy and Fife Health & Social Care Partnership Strategic Plan 2016-2019), and the SCIM guidance were followed in preparing these documents.

It is worth noting that the General Practice in Kincardine is contracted to NHS Forth Valley and representatives from Forth Valley have been included in the work to date and representation / discussions will be continued throughout the business planning process.

Assessment

Following the process required, including the non-financial option appraisal, the preferred options at this time are:

Lochgelly
A clearly preferred direction of travel (new build in Lochgelly to deliver the developing service model) and site option (Francis Street) along with a mandate to further explore / develop this option in the short term subject to the outcomes of formal financial appraisal.

Kincardine
A clearly preferred direction of travel (new build in Kincardine to deliver the developing service model) and site option (Tulliallan Primary School) along with a mandate to further explore / develop this option in the short term subject to the outcomes of formal financial appraisal.

The IAD's highlight the stakeholder groups that have been engaged in the workshops and who are likely to support the preferred options, unless something radical changes.

The Scottish Health Council has confirmed that engagement to date has been in line with the Scottish Government guidance of Informing, Engaging and Consulting the Public in Developing

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

Health and Community Care Services (CEL 4 2016).

We have assumed that any change in service provision will be through redesign and that there will be no additional revenue costs, other than through the Primary Care Investment Fund.

Indicative costs for each of the short listed options are included in the Executive Summaries and full IADs.

Recommendation

- **For Decision**

  - Approve the direction of travel following the non-financial option appraisal (subject to formal financial appraisal) for Kincardine and Lochgelly as outlined in the Assessment section above.

  - Approve submission to Finance, Performance and Resources Committee for approval to progress to NHS Fife Board and Scottish Government Capital Investment Group.

Objectives: (must be completed)	
Healthcare Standard(s):	Proposals are in line with NHS Fife Clinical Strategy, the Fife Health & Social Care Partnership Strategic Plan 2019-2022, and other relevant national and local strategies.

HB Strategic Objectives:	The preferred options would contribute to meeting the national outcomes for integration, in particular Outcomes 3, 5, and 9. The preferred options would provide: **Integrated and Co-ordinated Care** - Potential to develop new models of care across health, social and other services - Increased access to a range of services - Significant improvement in the physical environment **Improving Staff Wellbeing** - Significant improvement in the physical environment including staff facilities - Safer working - Significant improvement in morale **Reducing Inequalities** - Potential to target health inequalities - Accessibility will be greatly improved within the facilities. **Risk and Harm** Reduce the potential for risk and harm to patients, carers, visitors and staff by the provision of safe, modern and fit for purpose buildings.

Further Information:	
Evidence Base:	
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	Fife Capital Investment Group

Impact: (must be completed)	
Financial / Value For Money	Indicative costs for each of the short listed options have been prepared as per the guidance in the SCIM. These costs, along with the assumptions they are based on, are detailed in the Executive Summaries of the IADs. Further detailed costs will be developed as the OBCs and FBCs are prepared. An assumption has been made that there are no increased revenue costs and that any change in service provision will be through redesign.
Risk / Legal:	A Risk Register has been prepared and will be reviewed at each Project Board meeting. Detailed planning with Estates and Facilities colleagues will ensure all legislation and guidance is complied with.

	Expectations within both communities have been raised by the work to date, there may be a risk to the organisation, if these expectations are not met.
Quality / Patient Care:	As summarised in the " Summarising the need for change" section within the Executive Summaries (and full IADs): - Improved capacity to deliver an increased range of services in an integrated way - Potential to target health inequalities - Modern, safe and fit for purpose premises that comply with all legislation and guidance, improving performance in clinical and estates services - Improved accessibility - Ability to provide group work [Note: further work with NHS Forth Valley is required to facilitate increased service provision and care]
Workforce:	Significantly improved physical environment - Clinical - Care - Staff facilities - Patient group work could be undertaken - Improved education / meeting facilities Facilities - Safer and more cost effective environment Staff representatives have been involved in the work to date and as more detailed planning is undertaken they will be fully involved in the design of the buildings to ensure modern, fit for purpose facilities are provided.
Equality:	The Board and its Committees may reject papers/proposals that do not appear to satisfy the equality duty (for information on EQIAs, click here EQIA Template click here • Has EQIA Screening been undertaken? Yes Below are the links to SIAs for Kincardine and Lochgelly that have been completed and published. http://intranet.fife.scot.nhs.uk/Publications/index.cfm?fuseaction=publication.display&objectID=29B1AB9C-02CB-7D86-171D1B07728A9841 http://intranet.fife.scot.nhs.uk/Publications/index.cfm?fuseaction=publication.display&object

EQIA's for both projects will be undertaken and then updated as the planning process is worked through.

Kincardine Community Health and Wellbeing Centre Project Initial Agreement Document

Project Owner: Claire Dobson, Divisional General Manager, West Division Fife H&SCP
Project Sponsor: Nicky Conner, Interim Director, Fife H&SCP
Date: 23/08/19
Version: 2.3

Version History

Version	Date	Author(s)	Comments
1	Feb 2018	CD/LE	Approved by IJB
2.02	16/087/2019	CD/	Updated in Line with Local Care SFT Consultant Report and in line with SCIM guidance
2.3	23/8/19	CD	Updated in line with discussion with Scottish Government Local Care Team

Contents

1 EXECUTIVE SUMMARY

1.1 INTRODUCTION

1.1.1 Fife Health and Social Care Partnership is working with local communities, teams and stakeholders to support the delivery of a fully integrated 24/7 community health and social care model that ensures sustainable, safe, individual partnerships of care. The purpose of this Initial Agreement (IAD) is to seek approval to develop an Outline Business Case to re-provide Kincardine Health Centre in purpose designed and built premises within Kincardine to provide the necessary infrastructure to support this goal.

1.1.2 The IAD establishes the need for investment, building on the NHS Fife and Fife Health and Social Care Partnership strategic goals to deliver a model of local care, focused on individual outcomes, supported by health and social care delivered by the right person in the right place at the right time. It describes the appraisal of a long list of options, identifies the short list, and recommends a preferred way forward, together with indicative costs, to enable the delivery of Fife's Community Health and Wellbeing Hub model within the Kincardine community.

1.1.3 The vision for primary care and community services in NHS Fife and Fife Health and Social Care Partnership is to enable the people of Fife to live independent and healthier lives. We will deliver this by working with people to transform services to ensure these are safe, timely, effective and high quality, focused on achieving personal outcomes. This requires access to the right professional at the right time in the right place; where services can be provided within a community setting, closer to where service users live, they should be. Care should be provided in an environment that supports staff to provide an excellent experience and has modern facilities that meet the needs and expectations of service users, carers and staff well into the late 21st century.

1.1.4 The people of Fife have told NHS Fife and Fife Health and Social Care Partnership, through a wide range of engagement vehicles and the formal consultation which informed the Clinical Strategy and Joining Up Care programme that they:
- would like services to be integrated, coordinated and person focused;
- want to reduce the duplication they experience both in sharing their information and in service delivery;
- value local delivery.

1.1.5 Fifes' Community Health and Wellbeing model is delivering prevention and early intervention by:

- working with local health and social care practitioners, using local knowledge and data to identify people earlier
- co-producing tailored interventions to deliver holistic assessment, outcome focused planning and care management,
- maximising opportunities for local community treatment and care
- bringing local health and social care practitioners (including housing, voluntary sector and local area coordinators) together to collaborate to meet people's outcomes
- enhancing rapid access to locality assessment and rehabilitation
- simplifying communication and information sharing for service users, carers and staff

1.2 ORGANISATIONAL OVERVIEW

1.2.1 Kincardine Health Centre, located on the edge of the village, provides General Medical Services through Clackmannan and Kincardine Medical Practice who are

contracted by NHS Forth Valley, as part of a two centre practice arrangement. Community services are provided by both NHS Fife (including District Nursing, Health Visiting and Podiatry) and NHS Forth Valley (the majority) for Kincardine residents. Services are working to deliver high quality person-centred health and social care services in a way which promotes and enhances the health and wellbeing of the people of Fife.

1.2.2   The Kincardine Health Centre Practice population is circa 3,200, the locality population is predicted to grow by 9%[1] in the 25 years. However the population in the older age group is projected to increase by 52%, this will see the proportion of the practice population who are frail, whom our local care model has demonstrated benefit from integrated holistic care management, grow from 4% to 5%.

1.2.3   The current facility is a 1930's construction, originally built as a police station. Models of care have changed over time with the building considerably modified and extended throughout its lifetime. Our new model of working requires accommodation that is fit for purpose, which enables multi disciplinary and group working, which supports the community and partners to deliver collaboratively. The current building and configuration is not fit for purpose, the building does not work for modern health and social care delivery, with corridors and treatment rooms which do not meet minimum standards, areas which do not enable disabled access and no storage.

1.2.4   The development of the health and wellbeing model and delivery of the new General Medical Service Contract is constrained by structural and layout constraints. All possible reasonable changes have been made to the existing building. Kincardine Health Centre fails to meet the spatial, organisation and design standards for Primary and Community Health Care premises and has no capacity for further growth. Major improvements to address maintenance and statutory standards will not facilitate significant improvements in space utilisation to meet patient quality, staff standards and efficiency objectives.

1.3 STRATEGIC DIRECTION AND CONTEXT

1.3.1   Our ambition is that from the youngest to the oldest, the fittest to the frailest the 371,910 people of Fife live well. Our aim is to join up services to provide better experiences of care, as locally as possible, by fully embedding the community health and wellbeing hub model across Fife.

1.3.2   NHS Fife Clinical Strategy sets the strategic direction with Fife Health Social Care Partnership that is focused on local early, preventative care. By working with partners to improve the health of local people and the services they receive, while ensuring that national clinical and service standards are delivered across the NHS system, we will strengthen primary care and community services. This will be achieved by working with practices to fully develop practice level multi disciplinary working, delivering local community care and treatment, maximising proactive early intervention through community teams focused on segmented populations and ensuring rapid access to complex assessment, rehabilitation and when required bed based intermediate care within localities.

1.3.3   Our vision requires a flexible and responsive model that works with people to define the outcomes they want to achieve, enabling people to maximise their health and wellbeing by utilising their own and community assets, responsively adding and adapting services to meet and sustain outcomes. Figure 1 below seeks to illustrate how we can layer services when required and adjust support and care incrementally. Our goal is to maximise opportunities for services to work together locally as soon as possible, while minimising duplication for the patient and services.

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[1] Local Strategic Assessment 2018, Fife Council Research Team

1.3.4 In Fife by fully engaging with the public, people who use health and social care services and their carers, partners and staff we have developed a community health and wellbeing hub model to support independence, improve wellbeing and care. To ensure fully person responsive, integrated support for health and wellbeing Fife is redesigning mental health provision, community intermediate bed models, while embedding our community health and wellbeing hubs. Integrating with the new model for General Medical Services, services and community groups requires facilities which enable colleagues and communities to work together. If practitioners and partners are to support people as effectively as possible, by for example minimising multiple attendances and maximising the potential of local multi disciplinary working, they require facilities which support this.

1.3.5 Fife's community health and wellbeing hub model is underpinned by early identification within Primary Care. Using practice level data to segment population needs is enabling a targeted, timely approach based on need rather than referral criteria; colleagues are proactively working in partnership with people in their local community. This approach can improve outcomes so that:

- People are supported to stay at home or in a homely setting for as long as possible.
- Staff are equipped to support this in terms of knowledge, skills, processes and resources.
- The organisation maximises use of planned services.

Figure 1
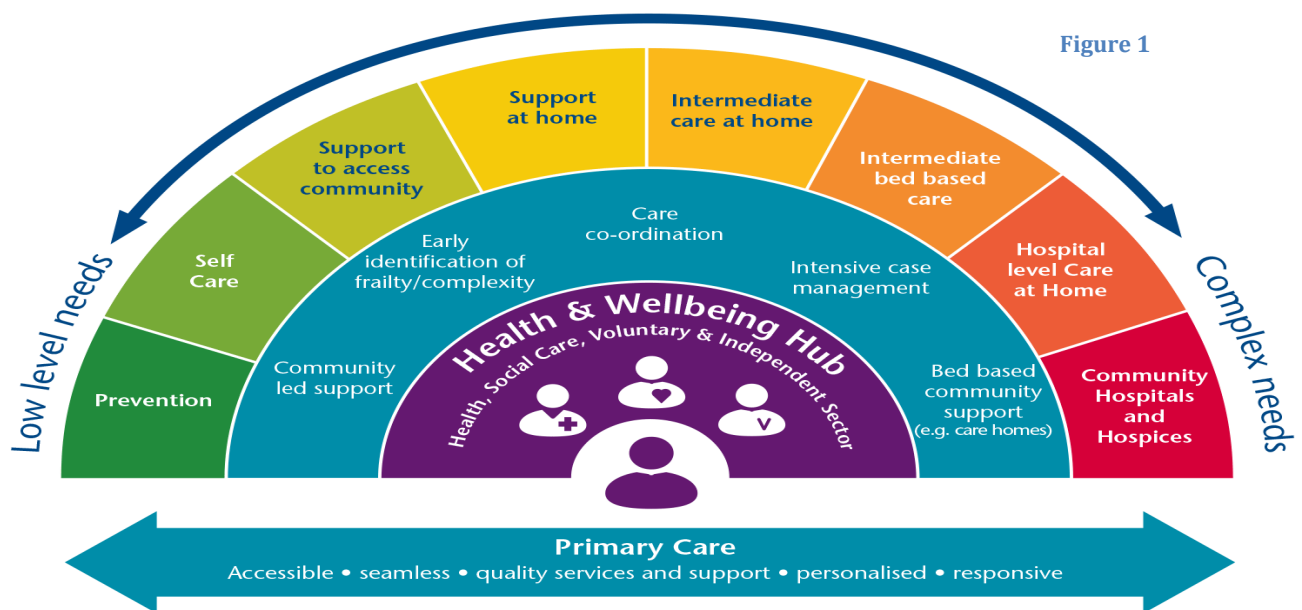
1.3.6 Having worked with Scottish Futures Trust (SFT) we are able to articulate more fully how this model can be scaled up for Fife to support people and improve their outcomes. People are often referred to a number of services. The Hub model supports these services to come together, locally, to tailor their support to individual needs. This ensures people access the right service for their needs at the right time. Often people access services too late. By using local information to identify needs sooner, we can maximise people's health and wellbeing. People can feel that their care is uncoordinated and there is duplication. By developing care management people have one person who is their main point of contact:

- Proactive case finding – to maximise early intervention / complex case management / anticipatory care planning, using practice data and local clinical intelligence.

- Integrated earlier intervention – Practice level multi disciplinary team (MDT) working collaboratively, with co-ordinated local case management or locality level complex case management.
- Where there is social complexity – locality MDT working together locally to plan and deliver integrated care focused on individual outcomes.
- Where there is medical complexity – rapid assessment via local complex assessment and rehabilitation centres and if required with diagnostics at a locality level with local follow up.

The scope and develop programme to implement the model fully across Fife is in year two of three.

1.3.7   The focus is on working with people earlier to reduce the proportion of people who enter the health and social care 'system' at the orange to red / right-hand end of the spectrum of care in Figure 1 .This maximises people's potential including for rehabilitation, and releases resources to support urgent care, while providing capacity for meaningful planning with people and their families. Initial test data indicates that people with frailty who receive the care management intervention are experiencing fewer unscheduled hospital admissions – the average being 5 in the 12 months pre intervention and an average of 1 in the six months post intervention. Staff describe how they are more able to collaborate and reduce referrals and timescales through the locality MDT model. The assessment and rehabilitation centre testing is supporting more timely access with reduced waiting times (17 weeks to less than a week), a reduction in Did Not Attends from 20% to 2% and combining assessments with mental and physical health.

1.3.8   Fife Health & Social Care Partnership (H&SCP hereafter) vision is being delivered by enabling integrated care that crosses the boundaries between primary, community, hospital and social care, with GPs, hospitals, health workers, social workers, social care staff and others working together as one system. This more co-ordinated approach is reducing the need for people to navigate their way through what can be a bewildering maze of specialist services. This is supporting delivery against the Partnerships (draft) revised priorities of:

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

1.3.9   The proposal for investment into fit for purpose health and social care facilities in Kincardine will not only support the delivery of clinical services and but also enable the delivery of our community health and wellbeing model delivering these key priorities within the Kincardine area. The strategic assessment (Appendix 1) outlines how the current facility hampers this.

1.3.10 The following list identifies key national and local documents that have influenced the development of this proposal, although this is not an exhaustive list.

1.3.11 **Quality Strategy** ambitions in relation to:

- Person centred care - through improving access to Primary Care and providing more care closer to home;
- Safe – reducing risk of infection through provision of modern fit for purpose accommodation;

- Effective – bringing together wider range of health and care services to make more effective use of resources.

1.3.12 **2020 Vision** aspirations are that everyone can live longer healthier lives at home, or in a homely setting with focus on improving quality of care, improving the health of the population and providing better value and sustainability. The **Public Health priorities for Scotland** (**2018**) support investment for local integrated delivery.

1.3.13 The **Public Bodies (Joint Working) (Scotland) Act 2014** aims to improve outcomes for people by creating services that allow people to stay safely at home for longer with focus on prevention, anticipation and supported self-management, and to provide opportunities to co-locate health and care services working together for the local population.

1.3.14 The Scottish Government's **Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future** (**2017**) sets the direction for nursing in Scotland through to 2030 and focuses on Personalising Care, preparing nurses for future needs and roles, and supporting nurses. In particular for Community Nurses the **Chief Nursing Officer Directorate Transforming Nursing, Midwifery and Health Professions (NMaHP) Roles Paper Three** includes shifting the balance of care from hospital to community and primary care settings at or near people's homes. With integrated teams of Community and Practice Nurses providing seamless care.

1.3.15 Promoting the wellbeing of children is central to the work of Health Visitors and this is supported by the new **Universal Health Visiting Pathway** and the Named Person role conferred by **Children and Young People (Scotland) Act (2014)**.The Universal Health Visiting Pathway sets the standard for Health Visiting and the minimum core visits that families with children aged 0-5 years can expect from their Health Visitor, regardless of where they live, this is seeing investment in the workforce to support full implementation.

1.3.16 **The 2018 General Medical Services Contract in Scotland** refocuses the role of General Practitioners as expert medical generalists and recognises that general practice requires collaborative working with enhanced multidisciplinary teams that are required to deliver effective care, joint working between GP practices in clusters and as part of the wider integrated health and social care landscape.

1.3.17 The Community Health and Wellbeing Hub programme in Fife has been selected to participate in a national **Local Care Pathfinder Programme,** together with Caithness and Ayrshire's Garvock Valley, sponsored by the Scottish Futures Trust on behalf of the Scottish Government. The goal of the porgramme is to facilitate the shift in the balance of care to community care., The intention is to produce three projects that deliver transformational change in the provision of care from hospital based care to community based care, so people's health and wellbeing is supported as close to home as possible. The Fife Health and Social Care Partnership is being supported by Scottish Futures Trust and Carnell Farrar (specialist health care planners) to progress the redesign.

1.4 DRIVERS FOR CHANGE, INVESTMENT OBJECTIVES AND OPTIONS APPRAISAL

1.4.1 The key drivers for change and investment objectives are summarised below at Table 1:

Table 1

	Effect of the need for change on the organisation	Investment Objective
1	South West Fife is experiencing significant population growth in the older population. The Medical Practice, Community Health and Social Care services do not have the infrastructure to currently deliver the service requirements of the current population nor deliver the objectives of the new General Medical Service's (GMS) contract and more local health and social care delivery to improve individual outcomes and minimise unscheduled hospital care.	Ensure equal access to Primary Care and Community Services for the whole population. As a national pathfinder site, the Partnership is seeking to realise key service transformation ambitions with modern, fit for purpose infrastructure to allow staff and community partners to better support local community health and wellbeing
2	Pressure on existing staff, accommodation and services will inevitably increase.	Ensure the right staff skill mix and service capacity are available to deliver strengthened and tailored local capacity to manage people's health and care within their local community.
3	Staff facilities and accommodation are restricted with staff working in suboptimal conditions, impacting poorly on staff morale and the community's experience of local service delivery.	Ensure appropriate workforce including increased flexibility of roles /development of new roles to support implementation of GMS (2018) and Community Health and Wellbeing Hub.
4	The facilities available, combined with significant change in population, restrict the ability to deliver a wider multi disciplinary model locally. There is no capacity in local facilities to deliver group therapy, physiotherapy and the components of care and treatment within the new GMS	Provide the infrastructure to support a more integrated seamless service across health and social care, minimising travel and multiple appointments for the community.
5	Services cannot be delivered locally based on local patient need, but instead are based on where it is more convenient/possible to deliver services.	Improve the patient and user experience - deliver services locally based on local patient need.
6	The Equalities Act 2010 compliance within the building is poor - discriminating between the experiences of service users.	Accommodation that complies with all legal standards and regulatory requirements and gives equality of access for all.
7	Some clinical rooms are very small, failing to meet current standards due to the age and design of the building. These can be very restrictive/ unsuitable for patients and staff.	To deliver safe and effective care with dignity - provide facilities which ensure the safe delivery of healthcare in line with guidelines and standards.
8	There is no scope to enhance the primary and community care services provided in the existing accommodation including transferring the right care closer to patients' homes.	To deliver services more effectively and efficiently - facilitate better joint working to ensure right care is delivered at the right time and in the most appropriate setting. By delivering locally the community of Kincardine will be supported to timely access and reducing difficult travel arrangements for appointments in neighbouring Clackmannanshire.

1.4.2   A wide range of possible options for investment were considered using the options framework. These were reviewed and the resultant options short list (including indicative costs) is included in the table below:

Option	Description	Indicative Capital Cost (£)
Option 6b	New build at Feregait site in Kincardine	3,846,621
Option 6c	New build at Station Road site in Kincardine	3,903,627
Option 6d	New build at Tulliallan Primary School in Kincardine	3,903,627

1.4.3   An options appraisal process was completed with the community, assessing each of the options on its ability to deliver the investment objectives. Option 6d (Tulliallan) was identified as the preferred option from this analysis. Further detailed work will be undertaken during the Outline Business Case (OBC hereafter) stage to fully confirm the service scope, costs, phasing, and timescales.

1.4.4   This Initial Agreement Document, the first of three document phases, details our thinking in terms of the most important issues which shape our strategic priorities and how these align nationally and across NHS Fife/Fife Health and Social Care Partnership.

2 STRATEGIC CASE: EXISTING ARRANGEMENTS AND NEED FOR CHANGE

2.1 SERVICE ARRANGEMENTS

2.1.1 The holistic multi disciplinary primary and community care services in Kincardine are currently delivered from the existing Kincardine Health Centre, a 1930's constructed facility – originally built as a police station - that has been considerably modified and extended throughout its lifetime. The building is owned by NHS Fife.

2.1.2 GP services in Kincardine are delivered as part of a two centre practice, along with Clackmannan Health Centre, with each operational unit given equal standing and operating full time to meet their respective local needs. The GP Practice is contracted to NHS Forth Valley to provide General Medical Services.

2.1.3 The services delivered from the existing Kincardine Health Centre are primarily provided in support of the population needs of the people of Kincardine and surrounding areas, with 98% of the resident population registered (see figure 2- map of Kincardine interzone) with the practice. In accordance with NHS Fife's statutory obligation to provide access to Primary Medical Services there is a requirement to continue provision of these services within this geographic area.

Figure 2
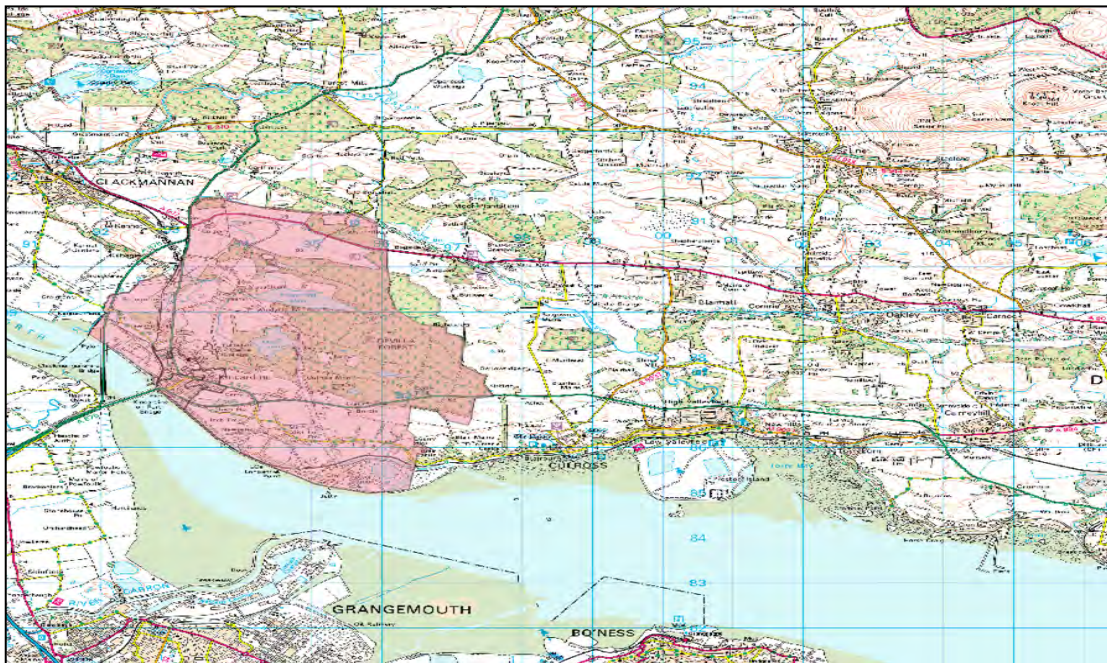
2.1.4 Aligned to the Practice there are a range of community health services provided from the current facility including District Nursing, Health Visiting, Midwifery and Podiatry. In addition there are services working with the Practice and wider community team who cannot access accommodation locally, requiring patients to travel to them, this includes Mental Health Nursing and Physiotherapy. There are dependencies with the District General Hospital at Forth Valley Royal Hospital Larbert and Local General Hospital at Queen Margaret Hospital, Dunfermline, and other hospitals in East Region for provision of diagnostic services, consultant advice, elective and unscheduled inpatient care and outpatients for a variety of specialties to meet the health care needs of their local population. The Forth Valley Primary Care Out of Hours Service and Fife's Primary Care Emergency Service provide out of hours care from other facilities.

2.1.5   The GPs together with the multi-disciplinary team manage the widest range of health problems; providing both systematic and opportunistic health promotion, diagnoses and risk assessments; dealing with multi-morbidity; coordinating long-term care; and addressing the physical, social and psychological aspects of patients' wellbeing throughout their lives.

2.1.6   As figure 1 (page 5) above portrays, the GPs and multidisciplinary team are integrally involved in deciding how health and social services should be organised to deliver safe, effective and accessible care to patients in their community. Practice based multi disciplinary team working is identifying people who could benefit from a case management approach and supporting people to access the right support where there is:

- Complexity in their care and support arrangements through locality multi disciplinary teams, or
- Clinical complexity rapid access to assessment through the locality community health and wellbeing hub teams.

2.1.7   Kincardine Medical Practice has a current practice population of 3198 (May 2019), which has grown by 3% over the past 18 months. The current demographic of the population (based on 2011 census, 2016 SIMD datazone data and ISD practice data) are:

- 50.7% female: 49.3% male
- 24% are over the age of 65 and 13.4% are 0-15 years
- 9.1% of the population are income deprived, 10.8% of the population are employment deprived and 14.4% of children (under 16) live in poverty
- 0.1% of the practice population live in the most deprived quintile and 0% on the least deprived
- 25.9% of patients of the practice have at least one long term condition.

2.1.8   Projections for future demand for primary care and community services with Kincardine are driven by the population projections which see the older population growing by 52% by 2041. This would therefore see the practice population who have severe frailty grow from 23 to 35 and those with moderate frailty grow from 92 to 140. It is this group whom Community Nursing are seeking to work with to maintain and improve their position on the life curve through the care management intervention and the wider hub programme is seeking to support through local delivery of rehabilitation programmes.

2.1.9   The current workforce delivering services is outlined below along with potential future workforce required to deliver primary care and community services. Recent and continuing changes to the workforce are being phased in line with population growth and service model developments which take into account the requirements to implement the GMS (2018) contract and enhance the primary healthcare team, community health and social care teams and Health Visitor pathway. The Practice is also a training practice with a GP trainee and provides training placements for 5th year medical students.

	Existing Provision	Recent growth	Future provision * Incl. new roles
General Practitioners	2.35 WTE	0.25 WTE	
Advanced Nurse Practitioner	0.6 WTE	0.6 WTE	
Practice Nursing (2)	0.78 WTE	0.05 WTE	
Practice Phlebotomist	0.1 WTE		
Practice Manager (shared with	1 WTE		

Clack)			
Admin staff (8)	4.1 WTE	1.46 WTE	
District Nursing Team (3 shared with High Valleyfield)	2.2 WTE		Treatment room service extension Hosiery / Doppler follow up clinics Extending the range of treatment for patients who could attend the centre
Community Phlebotomist (2)	0.12 WTE	12 sessions per month	
Community Teams Admin Staff	0.2 WTE		
GP Trainee	(1)		
Visiting teams	**WTE**	**Sessions**	**Future provision * Incl. new roles**
Primary Care Pharmacist			Circa 0.5wte
Midwifery Team	(0.1 wte)	2 per month	
Health Visiting clinic Baby weighing	0.05 wte 0.05 wte	1 per month HV also arrange ad hoc appointments	Opportunity to hold child wellbeing meetings locally
Physiotherapy		4 per month	
Podiatry	0.3 wte	12 per month	
Mental Health Nursing (Primary Care)		4 per month	
Smoking Cessation specialist	(0.13 wte)	See patients in Clacks.	Opportunity to deliver locally
Child immunisation clinic		4 per month	Potential future flu clinic
Social Workers / Social Care Workers	0		MDT time
Continence Nurse		4 per month	
Dermatology Nurse		4 per month	

2.2 SERVICE DETAILS

2.2.1 The accommodation in Kincardine(Building report at appendix 1), provided over one level with a total floor area of 237m^2, supports:

- GP activity associated with the Kincardine Medical Practice (circa. 13,000 appts PA and a practice population of circa. 3,200)
- Nurse activity associated with the Kincardine Medical Practice (circa. 6,400 appts PA)
- Practice employed Phlebotomist activity associated with the Kincardine Medical Practice (circa. 2260 appts PA)
- Community nursing treatment room activity (circa. 1,500 episodes PA)
- Community Phlebotomy services (circa. 1,325 episodes PA)
- Midwifery ante-natal clinic activity (circa. 200 appts PA)
- Podiatry services (circa 410 appts. PA)
- Health Visiting
- Stop Smoking sessions (circa. 200 appts PA)
- Mental Health
- Health Visiting Clinic
- Physiotherapist

2.2.2 The primary care and community services have been developed as far as possible however the development of the clinical model and increasing demand for services has exacerbated the issues of an inefficient layout, internal and external envelope deterioration. Whilst the GP Practice and Health and Social Care Partnership are working collaboratively to modernise and expand services to improve outcomes and support the population growth, development is severely constrained by the existing premises.

2.2.3 Services delivered from the existing Kincardine Health Centre amount to a total of circa 25,000 attendances per annum, 96 attendances per day or around 23 patients / clinical room activity per day.

2.2.4 Patients initial experience is very poor with one small reception hatch and reception area of 40m^2 (NB No separate records area now exists as all GP records are held electronically). There is one waiting area (total 22m^2) with no age-specific provision. Local Politicians have indicated their concern about the fabric of the building and the constraints it places on the local delivery of integrated health and social care.

2.2.5 Clinical care is delivered through five poorly configured consulting rooms which also support administrative activity. These are distributed throughout the current facility and, for the most part, used very flexibly. With 100% utilisation of the available capacity it is clear that a lack of available space is impacting upon the provision of local care. Mixed function means sub optimal use of clinical space. The AEDET review exercise confirmed that the layout and fabric of the building place considerable limitations on effective and safe service delivery (page 29).

2.2.6 The office accommodation available for the administrative functions is well below the minimum standards and staff facilities are insufficient for the 21 staff working in the building on a daily basis as well as the wide range of visiting colleagues.

2.2.7 Although all possible reasonable changes have been made to the building Kincardine Health Centre fails to meet the spatial, organisation and design standards for Primary Health Care Premises and has no capacity for further growth. It has reached the end of its economic life as a clinical facility. Major improvements to address maintenance and statutory standards are not feasible due to structural and layout constraints.

2.2.8 A number of services are only available from the Clackmannan Health Centre because of capacity constraints. Resulting in patients from Kincardine travelling to Clackmannan to see a health professional, with best estimates indicating that this may be as many as 2,000 times per annum. People may be asked to attend Clackmannanshire for stop smoking support, physiotherapy, mental health nurse consultation, coil insertion/removal, implant insertion/removal and joint injections as well as medicals such as fostering or DVLA medicals. It is extremely difficult to put an actual figure on this, as the baseline number has not been recorded historically and there is good anecdotal evidence to suggest that Kincardine patients would rather cancel / delay an appointment rather than travel to Clackmannan – further masking the true size of the problem.

2.2.9 Local and proactive care is further confounded by problematic public transport to Clackmannan from Kincardine; there are no direct public transport (bus) routes. One appointment may take up to three hours out of a patient's day.

2.2.10 Where services are not/cannot be delivered locally in Kincardine, patients are referred to different locations – mostly within the NHS Forth Valley Board area - that include:
   • Clackmannan Health Centre (GP overflow activity)

- Forth Valley Royal (Out-patient activity) (unless specifically requested by patient to be referred to a Fife hospital)
- NHS Fife provided services e.g. Physiotherapy provided in other Fife locations
- Community Nursing provide home based support for people who are not housebound, meaning that fewer patients are being seen than could be seen within a clinic setting, with wider MDT input potential.

2.2.11 Out of Hours Primary Care is delivered from Urgent Care Centres in Fife and Forth Valley. Both Health Boards do not have current plans to extend the number of Urgent Care Centres. Kincardine Health Centre does not routinely deliver out of hours services, but offers a small number of clinics over an extended period.

2.2.12 It is not feasible to deliver evening services from the health centre.

2.2.13 The model of care is developing in line with the new GP Contract, with the Primary Care Development implementation plan progressing along with the Business Planning process. Historical re-development of the facility has meant that many areas originally designed to provide essential support functions have been lost in a drive to maximise clinical consultation space. This means that the facility no longer has any meaningful storage (with a consequential impact on consulting rooms and staff morale); does not have a clean utility room; does not have a dirty utility room; does not have a disposal hold; does not have any cleaner's room / facilities; does not have a quiet / interview room; or an effective disabled WC.

2.2.14 This is effectively demonstrated by comparing the baseline Schedule of Accommodation of the current Kincardine Health Centre with that proposed for a replacement facility that has been developed based on the current and developing clinical model, future capacity requirements and relevant health planning guidance. Such a comparison shows that, even although the number of consulting rooms has only increased by three from the baseline (an increase of circa. 40/ 60m2 gross), the actual area now required is around 593m2 greater (833m2 as compared to 240m2).

2.3 STRATEGIC CONTEXT

2.3.1 NHS Fife Clinical Strategy sets the strategic direction with Fife H&SCP that is focused on local early, preventative care. In working with partners to improve the health of local people and the services they receive, while ensuring that national clinical and service standards are delivered across the NHS system we will strengthen primary care and community services.

2.3.2 Our vision requires a flexible and responsive model that works with people to define the outcomes they want to achieve, enabling people to maximise their health and wellbeing by utilising their own and community assets, adding and adapting services responsively to meet and sustain outcomes.

2.3.3 Our development of community health and wellbeing hubs is designed to flexibly and responsively layer services where required, adjusting support and care incrementally. In light of the changing demography this has focused on supporting people to minimise and modify the impact of frailty (including younger people frail because of long term conditions, addictions etc). Providing holistic assessment and care management, focused on individual outcomes, anticipatory planning and supporting a reduction in unscheduled care. Fife has a population of 371,910 (2018 midyear population estimates, National Registers Scotland), with slightly above the Scottish average for the over 65's age group described in Table 2.

Table 2

	Total Population	65+	75+	85+
Fife	371,910	20%	9%	2%
Scotland	5,438,100	19%	8%	2%

2.3.4 Fife H&SCP has seven localities. Kincardine is in the South West Fife locality. The South West Fife locality sits within the West Division of the H&SCP. The H&SCP is developing a locality clinical model with GP Clusters focused on the needs of the locality population. Table 3 demonstrates the percentage of locality populations over 75.

Table 3

	Population over 75 (	75+
City of Dunfermline	3928	7%
Cowdenbeath	3360	8%
Glenrothes	4109	8%
Kirkcaldy	5549	9%
Levenmouth	3560	10%
North East Fife	7192	10%
South West Fife	3845	8%

2.3.5 Over the next 25 years the total population within South West Fife is projected to increase by 9% by just around 4,600 by the year 2041. Most of the areas' population growth is expected to take place in the older people age group, an increase of circa 52% which will place and increasing demand on health and social care.

Figure 3

	2016	2041
Population - **2016**	**49,777**	
Population estimate – **2041**	**54,400**	
0-15	**17.1%**	**17.5%**
16-64	**63%**	**55%**
65+	**19.7%**	**27.5%**
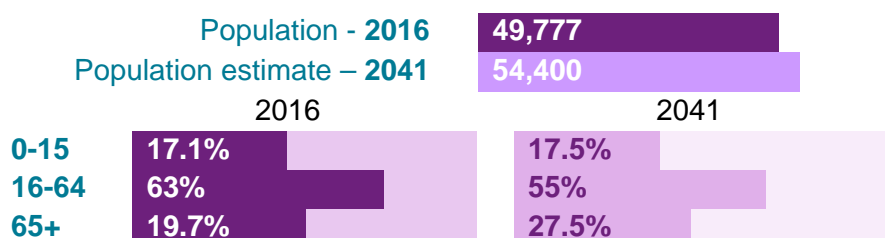
2.3.6 The Local Development Plan indicates that housing developments will see circa 317 new homes built by 2032 (potentially an additional 790 people). The local development plan includes potential for the development of a further 259 homes within the Kincardine Health Centre catchment area.

2.3.7 The local and national goal, supported by NHS Fife's Clinical Strategy (2016-21), NHS Forth Valley Healthcare Strategy (2016-21) and the Fife Health and Social Care Partnership's Strategic Plan for Fife 2016-2019 (currently being revised) is to provide safe, effective and sustainable care at home or as close to home whenever possible. The model being implemented will support robust, integrated health (primary and community), social care and third sector services with a strong focus on early intervention, prevention, anticipatory care and supported self management.

2.3.8 The proposal for investment into fit for purpose health and social care facilities in Kincardine will not only address the current strictures upon local delivery of clinical services and deficiencies in facilities at the existing Kincardine Health Centre but also enable the delivery of the above key areas within the Kincardine area.

2.3.9 The well rehearsed pressures in General Practice in Scotland can be illustrated by the following indicators:

- 10% of the population consults with a GP practice clinician every week.
- 34% of all GPs are aged 50 and over in 2015, compared with 29% in 2005.
- 37% increase in female GPs and 15% decrease in male GPs over the ten-year period to 2015.
- 40% of female GPs leave the profession by the age of 40.
- 2015 – 1 in 5 GP training posts unfilled.

2.3.10 Fife's Primary Care Improvement Plan sets out how primary care and General Practice are reshaping to implement the new GMS 2018 Contract. This is facilitating the development of GPs as expert medical generalists within expanded Primary Health Care Teams, by implementing new roles and ways of working. This is underpinned by the guiding principles of:

- Contact: accessible care for individuals and communities.
- Comprehensiveness: holistic care of people – physical and mental health.
- Continuity: long term continuity of care enabling an effective therapeutic relationship.
- Co-ordination: overseeing care from a range of service providers.

2.3.11 Care pathways are patient (not disease) centred to meet the challenge of shifting the balance of care, realising Realistic Medicine and enabling people to remain at or near home wherever possible. Local accessibility and the need to provide a wider range of services to people in their local communities and to develop greater local integration is being hampered by the accommodation available within the Kincardine area.

2.3.12 Local accessibility and improved joint working with other Health and Social Care Partners as part of wider whole system will facilitate integration of health and social care and enable more effective delivery of health and wellbeing outcomes. This will be underpinned by practice multi disciplinary team working, supported by responsive wider locality teams in reaching to deliver local care.

2.3.13 Key national and local documents have influenced the development of our health and care model and thereby this proposal, although this is not an exhaustive list. It should be noted that along with Caithness and Ayrshire Fife's Community Health and Wellbeing Hub programme has been selected as a national pathfinder site to support a Once for Scotland approach to delivering the shift in the balance of care from hospital to community.

National

- Commission on the Future Delivery of Public Services (The Christie Report) (June 2011).
- 2020 Vision for Health and Social Care (September 2011).
- Healthcare Quality Strategy (2012).
- A National Clinical Strategy for Scotland (February 2016).
- Health and Social Care Delivery Plan (December 2016).

- Property Asset Management Strategy (2017).
- NHS in Scotland 2016 – Audit Scotland Report, October.
- Achieving Excellence in Pharmaceutical Care: A strategy for Scotland Aug 2017.
- General Medical Services Contract (2018).
- Health and Social Care Integration – Audit Scotland November 2018.
- Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future (2017)

Local

- Health and Social Care Partnership Strategic Plan for Fife Plan (draft 2019-2022).
- NHS Fife Clinical Strategy (2016-21).
- NHS Fife Estates Rationalisation Strategy (2017).
- NHS Fife Operational Delivery Plan (2018/19).

The corresponding relevant documents from Forth Valley also support integrated local working:

- NHS Forth Valley Healthcare Strategy (2016-21).
- NHS Forth Valley 'Our Delivery Plan' 2018/19.

2.3.14 This proposal interacts with these key local and nation strategies in terms of:

Quality Strategy ambitions in relation to:

- Person centred care - through improving access to Primary Care and providing more care closer to home;
- Safe – reducing risk of infection through provision of modern fit for purpose accommodation;
- Effective – bringing together a wider range of health and care services to make more effective use of resources.

2020 Vision aspirations are that everyone can live longer healthier lives at home, or in a homely setting with focus on improving quality of care, improving the health of the population and providing better value and sustainability.

Technology Enabled Care projects are being tested within the current service model to modernise primary care, support earlier identification and self management.

NHS Fife's clinical strategy and **Operational Delivery Plan** are focused on delivering person centred care, closer to home where possible. The proposed development will support the local provision of health and social care services within Kincardine, facilitating person centred care and support.

The **2018 General Medical Services Contract** refocuses the role of General Practitioners as expert medical generalists and recognises that general practice requires collaborative working, with enhanced multidisciplinary teams that are required to deliver effective care, joint working between GP practices in clusters and as part of the wider integrated health and social care landscape. Better care for patients will be achieved through:

- Maintaining and improving access;
- Introducing a wider range of health professionals to support the expert medical generalist;
- Enabling more time with the GP for patients when it is really needed; and
- Providing more information and support to patients.

The **Public Bodies (Joint Working) (Scotland) Act 2014** aims to improve outcomes for people by creating services that allow people to stay safely at home for longer with a focus on prevention, anticipation and supported self-management, and provide opportunities to co-locate health and care services working together for the local population. Fife's local Health and Social Care Strategy describes how the nine National Outcomes for Integration can be met through prevention, local earlier integrated working focused on peoples own outcomes.

Promoting the wellbeing of children is central to the work of Health Visitors and this is supported by the new Universal Health Visiting Pathway and the Named Person role conferred by the **Children and Young People (Scotland) Act (2014)**.The Universal Health Visiting Pathway sets the standard for Health Visiting and the minimum core visits that families with children aged 0-5 years can expect from their Health Visitor, regardless of where they live. This will require an increase in the Health Visiting establishment and new ways of working for full implementation.

The Scottish Government's **Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future** (2017) sets the direction for nursing in Scotland through to 2030 and focuses on personalising care, preparing nurses for future needs and roles, and supporting nurses. Within this framework redesign in community nursing is supporting the implementation of the Chief Nursing Officer Directorate's paper on Practice and Community Nursing to integrate locally to support prevention and early intervention.

Fife Health and Social Care Partnership, established on 1st April 2016, is refreshing its strategic plan, this includes revised Vision, Mission and Values. The plan is focused on delivering proactive, integrated support and, therefore, will seek to secure an outcome focused model delivered locally aimed at securing improved outcomes through early identification and intervention:

The Vision is To enable the people of Fife to live independent and healthier lives.

The Mission is "We will deliver this (vision) by working with individuals and communities, using our collective resources effectively. We will transform how we provide services to ensure these are safe, timely, effective and high quality and based on achieving personal outcomes."

Our Values are: Person-focused - Integrity – Caring - Respectful - Inclusive - Empowering

This will support local delivery of the national outcomes for integration.

2.4 DRIVERS FOR CHANGE

2.4.1 The following is a full list of the main drivers causing the need for change, the effect that these issues are having on the current service provision and an assessment of why it is believed action is required now.

Table 4

Driver for change:	What effect is it having, or likely to have, on the organisation?	Why action now:
The clinical and social care model have developed and implementation is being circumscribed.	Primary, Community and Voluntary sector services cannot provide the integrated model of care they and the community recognise is required now and for the future.	The model of care is being undermined now: preventing locally based, integrated proactive care. Time from Initial Agreement to occupation of a new facility could take circa 4 years.
	Services cannot be delivered locally for local patient need; instead are based where it is possible to deliver services.	NHS Fife/Fife H&SCP will fail to deliver the GMS (2018) and community health and wellbeing hub model within Kincardine unless this is planned for.
	Pressure on existing staff, accommodation and services will inevitably increase.	Sustainability of primary care is a key priority for the IJB and NHS Fife. There is a need to plan to provide a sustainable service for the future.
Poor clinical and non clinical functionality and space restrictions in existing accommodation (configuration)	Existing facilities fall far below the required standards in terms of how they are configured and laid out. The Equalities Act 2010 compliance within the building is poor.	Existing facility configuration and layout presents unacceptable risks, as well as poor local performance, functional in-efficiency and suboptimal patient experience.
	Premises are functionally inadequate and compromise pro-active, integrated care.	No scope exists to re-organise parts of the service to improve the experience.
	Some consulting rooms are very small and do not meet current standards. These are very restrictive / unsuitable for patients and staff.	Poor patient and staff experience. Does not meet current recommended standards.
Clinical and social care functionality (capacity) issues	Capacity is unable to cope with current, let alone future projections of need. Patients are required to make repeated appointment to meet with different members of their multi disciplinary team and to access healthcare out-with the local area.	Service sustainability and development is at risk and an increasing number of patients will travel from Kincardine to Clackmannan for basic Primary Care.
	Facilities lack the number and range of support areas necessary to deliver modern, integrated, safe and effective services	A lack of essential support areas represents a real and unacceptable risk to the Board in key areas such as HAI and patient safety.
Building issues (Including statutory compliance and backlog maintenance)	Increased safety risk from outstanding maintenance and inefficient service performance	Building condition and associated risks will continue to deteriorate if action is not taken now, affecting performance. Redesign of building will allow for improved care, staff experience and financial performance.

2.5 INVESTMENT OBJECTIVES

2.5.1 This section identified the 'business need' in relation to the current arrangements described in section 2.1. These were discussed at the Architecture & Design

Scotland (A&DS) facilitated workshop to develop the project design statement. A wide range of stakeholders including clinical and managerial staff along with community representatives were involved in a workshop to describe the difference between 'where we are now' and 'where we want to be'.

<div align="right">Table 5</div>

Effect of the need for change on the organisation:	Investment Objectives
Existing service arrangements are affected by lack of clinical support service facilities.	Ensure equal access to a patient centred approach by enabling delivery of and access to local anticipatory and preventative care for patients.
Implementation of integrated models of care is undeliverable locally in the current environment	Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in physical capacity.
Pressure on existing staff, accommodation and services will inevitably increase.	Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people's health within the local community.
The facilities available, 100% occupancy, combined with significant population change, restrict the ability of the parties to deliver the full range of integrated services locally.	Enable earlier access to proactive and anticipatory care through local delivery via integrated seamless service across health and social care.
Existing configuration, as a result of a 1930's building, being modified and extended with a 'best fit' approach. Current facilities have treatment rooms below minimum acceptable standards.	Delivery of safe and effective care with dignity –by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all.
Increased safety risk from outstanding maintenance and inefficient service performance.	Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate.

2.6 PROPOSED BENEFITS

2.6.1   There is a clear emphasis on General Practice provision and the development of the community health and wellbeing hub model within the IJBs' Strategic Plans and NHS Fife and Forth Valley's Clinical Strategies. The proposed investment in infrastructure will enable the Kincardine Medical Practice to fully participate in the required programmes of care, enable full access to the Primary Care Improvement Plan and thereby improve outcomes for individuals, experience for staff and the reputation of the organisation.

2.6.2   Benefits for each of the investment objectives described in section 2.5 above are mapped to the expected benefits in the context of the Scottish Government's five Strategic Investment Priorities (Safe; Person-Centred; Effective Quality of Care; Health of Population; Efficient: Value and Sustainability).

2.6.3   To ensure that resources are effectively exploited and that any investment made provides agreed benefits a register has been developed. This benefits register (see appendix 2) identifies the expected benefits, indicates a baseline and target measurement and also gives a priority level to each benefit. A Benefits Realisation Plan will be developed as part of the Outline Business Case.

Table 6

	Investment Objective	Benefit	Investment Priority
1.	Ensure equal access to a patient centred approach by enabling delivery of and access to local anticipatory and preventative care for patients.	GP Practice Multi Disciplinary Team and wider community hub team have access to accommodation to meet population needs locally	Person Centred Health of Population Integrated Care Quality of Care
2.	Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in capacity.	Services delivered locally based on need	Person Centred Efficient Effective Integrated Care
3.	Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people's health within the local community.	Higher staff retention levels Higher staff morale/lower absence rates Increased flexibility of roles Career progression Improved workforce planning across the health and social care pathway Supports training, education and development	Person Centred Efficient Effective Value and Sustainability Integrated Care
4.	Enable earlier access to proactive and anticipatory care through local delivery via integrated seamless service across health and social care.	Access to wider staff skills and experience on one site Reduces unnecessary hospital referrals / multiple appointments Reduces patient risk	Effective Quality of Care Person Centred Integrated Care
5.	Delivery of safe and effective care with dignity – by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all.	Improves patient experience addressing privacy and dignity issues Improves staff safety through provision of primary care & community services on one site allowing for available support for patients and staff. Ease of compliance with standards e.g. Equalities Act 2010, HAI Fit for purpose flexible accommodation meeting all guidelines e.g. room sizes	Safe Person Centred Quality of Care Integrated Care
6.	Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate.	Increased local provision and access to treatment making best use of available resources by having the infrastructure to deliver more proactive prevention and early intervention focused support, maximising MDT working to facilitate access for people and thereby reducing the call upon unscheduled care.	Effective Quality of Care Efficient: Value and Sustainability

3 STRATEGIC RISKS, CONSTRAINTS AND DEPENDENCIES

3.1 RISKS

3.1.1   Recognising that one of the main reasons when change projects are unsuccessful in terms of cost and time overruns and/or failing to deliver the expected benefits is the failure to properly identify and manage the project risks a Project Risk Register has been developed. Risks at the Initial Agreement Stage of the Project have each been assigned an owner and mitigation action identified (appendix 3).

3.1.2   The key areas of risk relate to:

- Capital envelope does not support the preferred way forward.
- Clinical and care models may change and not be adequately planned for
- The programme may be delayed : further impacting on service delivery
- Engagement: in terms of maintaining positive stakeholder engagement
- Acquisition of land: initial discussions have been held with Fife Council in relation to the possible purchase of land.

3.1.3   These risks will then be reviewed in more detail at the Outline Business Case stage. The process of risk management will continue throughout the life of the project and then transfer to the operational management of the organisation.

3.2 CONSTRAINTS AND DEPENDENCIES

3.2.1   Financial: given the current climate it is recognised that the project is likely to be constrained financially. The affordability of the project will continue to be fully tested through each of the approval stages; this will include the development of a fully detailed revenue model within the Outline Business Case. Once the project budget is set, the project will require to be delivered within this.

3.2.2   Programme: given the risks associated with the current arrangements, there is a need to deliver the project as quickly as possible.

3.2.3   Quality: the project will require to comply with all applicable healthcare guidance and achieve the Achieving Excellence Design Evaluation Tool (AEDET) pre-defined target criteria across all categories.

3.2.4   Sustainability: as the preferred option is a new build there will be a requirement to achieve British Research Establishment Environment Assessment Method (BREEAM) 'excellent'.

3.2.5   Site: as the preferred option is a new build within a live environment, delivery of the project will be restricted and constrained. Careful planning will be required to plan how the project can be delivered efficiently and safely with minimal disturbance to surrounding services and areas.

3.2.6   Dependencies associated with the build phase will be tested in development of the OBC.

3.3 CRITICAL SUCCESS FACTORS

3.3.1 In addition to the Investment Objectives set out in section 2, the stakeholders have identified several factors which, while not direct objectives of the investment, will be critical for the success of the project.

<div align="right">**Table 7**</div>

Requirement	Description	Critical Success Factor

Strategic fit	Meets agreed clinical and investment objectives, related business needs and service requirements	• Promotes sustainability of Primary Care provision and delivery of 2018 GMS Contract
		• Consistent with NHS Board's Clinical Strategy
		• Supports delivery of NHS Scotland Quality Strategy
		• Facilitates integration of health and social care services, delivered locally
		• From Patient perspective:
		  • a facility that is easily accessible, bright, friendly and airy.
		  • designed so that patients can be treated with dignity particularly in terms of confidentiality.

Value for money	Maximise the return on the required investment and minimise risks	• Service model maintains or reduces revenue costs in the longer term through earlier intervention • Service model enables effective decision making in allocation of resources • Building design maximises efficiency and sustainability
Potential achievability	Is likely to be delivered in relation to the required level of change Matches the available skills required for successful delivery	• The skills and resources are available to implement new ways of working • The H&SCP and the Practice are able to embed new ways of working • NHS Fife are able to deliver the programme to agreed budget and timescales • Technology enablers are available and utilised
Supply side capacity and capability	Matches the ability of service providers to deliver required services	• Service providers are available with skills, materials and knowledge • The project is likely to attract market interest from credible developers
Potential affordability	Available capital and revenue resources are sufficient to support the successful delivery of the proposed facility and services	• Solution is affordable to all stakeholders

4 ECONOMIC CASE

4.1 Do Nothing/ Do Minimum option:

4.1.1 It is not feasible to continue with the existing arrangements ('Do Nothing') as outlined in Section 2.11, because the building is not fit for purpose. The backlog maintenance required while supporting minimum safety and supporting the building to be water tight will not make it fit for purpose. The do nothing option scored lowest throughout the option appraisal process. The building and footprint likewise mean that a do minimum option is not feasible.

Table 8

Strategic Scope	Do Nothing / Do Minimum
Service Provision:	Primary Care services in Kincardine are delivered from the existing Kincardine Health Centre. This former Police Station has been considerably modified and extended throughout its lifetime. Continue with existing service provision with no changes to service provided as outlined in Section 2.11. This will result in insufficient capacity to meet future demand for treatment, restrict proactive integrated care and maintain inequity of access.
Service Arrangements:	The service arrangements will continue as existing with Kincardine Medical Practice; Primary General Medical Services being provided alongside Community, District Nursing and Children's Services. There will be the risk of being unable to implement GMS (2018) and community health and wellbeing hub model and potential requirement for patients to register with practices outwith their catchment area.
Service Provider and workforce arrangements (at the time of the Option Appraisal):	Workforce arrangements will continue as the existing situation with GP services Community, District Nursing and Children's Services delivered in the building. The developing integrated Mutli disciplinary mode will be circumscribed with inequity of access and travel implications for both patients and staff. Poor accommodation will continue to be managed as a risk in terms of staff health and safety. Areas originally designed to provide essential support functions have been lost in a drive to maximise clinical consultation space. The facility no longer has any meaningful storage (impacting on consulting rooms); does not have the following: a clean utility room; a dirty utility room; a disposal hold; any cleaner's room/facilities; a quiet/interview room; or an effective disabled WC.
Supporting assets:	The building presently does not meet the required standards (particularly around spacing and access). The condition of the building will continue to deteriorate. Decant of community services may be required to support practice provision and reducing access for community services.
Public & service user expectations:	Public consultation indicates a strong desire for the delivery of effective GP & Primary Care/Community Care services in Kincardine from one building in a good central location which is all on one level. Services delivered by a wide range of professionals. Strong desire to increase targeted delivery to address inequalities. Single shared staff room. Suitable space for patients who become unwell and need transfer to acute services. This option will not deliver this in the future and will perpetuate a poor environment with limited facilities and also reduce access to primary and community care services for local residents. It will also continue to impact negatively on confidentiality and dignity, and the organisations reputation.

4.2 ENGAGEMENT WITH STAKEHOLDERS

4.2.1 It was key to have the support of key stakeholders from health and social care staff and leaders from the local community to define the change required and create the vision for change.

4.2.2 Stakeholders supported this through their participation in the Option Appraisal Exercises and Design Statement workshops.

4.2.3 This will ensure that the vision is shared, is communicated to all who will be impacted by the change and the support from those who have an emotional commitment to the services provided in their community.

4.2.4 Further detailed information on the engagement and involvement with stakeholders completed to date, and proposed throughout the programme is included at section 7.

4.3 SERVICE CHANGE PROPOSALS

4.3.1 The initial scope for the Kincardine Health Centre project was to explore design and scope options to provide a suitable health and social care facility in Kincardine which was of a suitable size and condition to meet with the growing needs of the existing practice and community health and social care team.

Long List

4.3.2 The theoretical long-list of options was initially generated by the NHS and Local Authority teams with the support of Hubco and its advisers, and reviewed throughout the process. This long-list was based on the cross-referencing of strategic theoretical service options available with local site / facility considerations.

4.3.3 Strategic theoretical option themes included:

Strategic Scope	Summary
1 Service Provision	• Do nothing (The status quo) • Centralise (currently separate) health care facilities in Fife (Kincardine), Forth Valley (Clackmannan) or somewhere in-between recognising that these sites are staffed by the same practice • Build entirely new and minimise any use of existing buildings (full build)
2 Service Arrangements	• Don't have any specific GP / health facilities locally
3 Service provider/ workforce	• Utilise only 'operational' solutions to address existing problems
4 Supporting Assets	• Build new but also make use of existing facilities to support the overall model (reduced build) • Combine a new build or refurbishment proposal with other new / existing developments across the public sector
5 User Expectations	• The expectations of the public and service users

4.3.4   The following core long-list of options, in addition to Option 1 do nothing/minimum described above at 4.1, was agreed:

Option	Description	Commentary
2	Don't have any Health Centre building – use existing available public sector estate.	This option was not short-listed as it was completely incapable of delivering the preferred service model, would not deliver the community health and wellbeing hub required and result in an even more fragmented service than at present. It was also reliant upon finding existing spaces that do not exist.

Option	Description	Commentary
3a	An operational solution utilising only the existing Health Centre	Whilst a number of operational solutions are being considered by the Board to address acute short-term crises – and this option is not 'mutually exclusive' – it is not capable of addressing anything other than capacity concerns in the very short-term and certainly not any of the physical/facility issues identified. It was consequently not short-listed.
3b	An operational solution utilising the existing Health Centre plus space in other local facilities.	This option was assessed as a variation on option 3a), that also sought to access space in other local facilities. It was not short-listed for the same reasons.

Option	Description	Commentary
4a	Refurbish & extend the existing Health Centre facility	This option was not deemed feasible as the current Health Centre building covers the entire curtilage meaning no options for extension or adequate refurbishment exist. It was consequently proven unfeasible and not short-listed.
4b	Refurbish other existing facilities.	This option acknowledged the possibility of identifying and refurbishing another local facility however, in the event, no such facility could be found. It was consequently proven unfeasible and not short-listed.

Option	Description	Commentary
5a	Reduced new build on existing Health Centre site (plus use of space in other facilities to be confirmed).	This option involved building a reduced new facility on the existing site that made use of space in other local buildings. It was rejected as not feasible for a number of reasons including the cost/disruption associated with decant and lack of facilities to support either the reduced new build element or decant. The option was consequently not short-listed
5b	Reduced new build on land at Feregait (plus use of space in other (?) facilities)	This option was rejected as no additional suitable facilities could be identified.
5c	Reduced new build on land at Station Road (plus use of space in other (?) facilities)	This option was rejected as no additional suitable facilities could be identified.
5d	Reduced new build on land at Tulliallan Primary School (plus use of space in other (?) facilities)	This option was rejected as no additional suitable facilities could be identified and no way could be found to link into the existing school facility.

Option	Description	Commentary
6a	**Full new build on existing site for Kincardine services only**	This option involved a full new build on the existing site that was entirely self-contained and intended to deliver Kincardine services only. It was not short-listed as the site is too small for the required area as well as having significant cost, disruption and operational challenges associated with decant to support demolition and re-building.
6b	**Full new build on the Feregait site for Kincardine services only**	This option involved a full (self-contained) new build on the Local Authority owned Feregait site. It was deemed feasible and consequently short-listed.
6c	**Full new build on the Station Road site for Kincardine services only**	This option involved a full (self-contained) new build on the Local Authority owned Station Road site. It was deemed feasible and consequently short-listed.
6d	**Full new build on the Tulliallan School site for Kincardine services only**	This option involved a full (self-contained) new build on part of the Local Authority owned Tulliallan Primary School site. It was deemed feasible and consequently short-listed
Option	**Description**	**Commentary**
7a	**Full (combined) new build on existing site for Kincardine & Clackmannan services**	This option involved a full new build on the existing site that was entirely self-contained and intended to deliver the combined services currently delivered separately in Kincardine and Clackmannan by the same GP practice. It was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved. This included NHS Fife and NHS Forth Valley in recognition of the fact that the practice and its delivery locations straddle both Board areas
7b	**Full (combined) new build at Feregait site**	This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved.
7c	**Full (combined) new build at Station Road site**	This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved
7d	**Full (combined) new build at ANOther site in Kincardine**	This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved.
7e	**Full (combined) new build at ANOther site in Clackmannan.**	This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved.
7f	**Full (combined) new build at ANOther site "between" Kincardine & Clackmannan.**	This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved.

4.3.5   The benefits criteria against which the long list were assessed were initially drafted by the wider planning team in light of the strictures placed upon the clinical model by

the facility associated challenges identified. These were refined during the option appraisal events into an agreed list based on global stakeholder opinion.

4.3.6 Importantly, this list was also developed with the support of the stakeholder group reviewing options related to a similar business case being developed for Lochgelly in order to ensure that both projects, which have similar objectives and timescales, were able to benefit from each other's work through the development of an agreed list of benefits criteria that were weighted independently.

4.3.7 In summary, the benefits criteria reflected the ability of each identified option to, noted in order of highest to lowest weighting:
- Deliver an optimal physical environment.
- Be readily accessible.
- Support flexibility and sustainability.
- Support local and national service strategies.
- Deliver wider community & public benefits.

4.3.8 The Partnership is committed to delivering services that are integrated and maximise opportunities for local delivery. It has been formally confirmed that there is an on-going requirement to continue to deliver GP, primary care and local clinical services separately from Kincardine and Clackmannan in recognition of population, local clinical needs and geographical considerations. Consequently all option 7s, were not taken forward to the short-list.

4.3.9 Specific site/facility considerations included:
- The existing NHS owned Health Centre site in Kincardine.
- A Local Authority owned site at Feregait.
- A Local Authority owned site at Station Road.
- Part of the Local Authority owned Tulliallan Primary School site.

4.3.10 Whilst a number of other potential sites were raised and considered, they were all excluded at this stage as they were either demonstrably too small and / or not in public sector ownership. On this latter point it was noted that a site that was not currently in the ownership of the public sector would only be considered if none of the public sector sites was deemed appropriate based on the appraisal process.

4.3.11 It was acknowledged by all concerned at the outset and throughout the appraisal process that sites are extremely limited in the Kincardine area and that this would inevitably present a significant challenge to the project.

Short List

4.3.12 The short-list was largely shaped by:
- A complete lack of suitability/options regarding the current site.
- A complete lack of facilities in the Kincardine area to present refurbishment opportunities or additional supportive capacity for the integrated health and social care model.
- A very limited range of additional sites/opportunities.

4.3.13 The short list consequently included four options:

Table 10

Option	Description
1	Do Nothing (The Status Quo)
6b	New build at Feregait site in Kincardine (for Kincardine services only)
6c	New build at Station Road site in Kincardine (for Kincardine services only)
6d	New build at Tulliallan Primary School in Kincardine (for Kincardine services only)

INDICATIVE COSTS

4.4.1   Indicative costs for each of the options on the Short List have been prepared as per guidance in the Scottish Capital Investment Manual by Hubco. The non preferred options are based on BCIS Tender Price Indices – updated to 4th quarter 2020. The preferred option is based on elemental cost/m2 from other recent health centre projects and the current Schedules of Accommodation (updated to 4th quarter 2020).

<div align="right">Table 11</div>

	Description	Capital Costs (£) *	Whole Life Capital Costs (£)	Whole Life Operating Costs (£)	Est. NPV (£)	Est. EUV (£)
1	**Do Nothing/Base**	-	-	1,749,291	723,705	28,520
2	**(6c) Kincardine Stn**	3,903,627	769,948	10,293,636	6,368,662	250,979
3	**(6b) Feregait**	3,846,621	758,689	10,220,763	6,307,702	248,577
4	**(6d) Tulliallan School**	3,903,627	769,948	10,293,636	6,368,662	250,979

4.5 **OPTION APPRAISAL**

4.5.1   The following table outlines how the advantages and disadvantages of the short list were assessed against the benefits criteria. This was undertaken through a process of discussion / debate within groups with the intention of seeking consensus agreement around the relative merits of each option and scores to be applied.

<div align="right">Table 12</div>

	Option1: Status Quo	Option 6b: Feregait	Option 6c: Station Rd	Option 6d: Tulliallan
Advantages (Strengths & Opportunities)	Established location.	Purpose built facility. Good central location. Good pedestrian and vehicle access. Secure location. Good service access. Good parking.	Relatively close to town centre. Relatively flat site, for 1 level building. Good pedestrians and vehicle access. Secure location. Good community setting. Flexibility – with potential expansion options. Ease of segregated access.	Central location. Good physical site. Good local and physical access. Community Campus opportunity. High visibility. Increased flexibility. Ability to segregate access for staff/patients/ servicing. Access from A977.
Disadvantages (Weaknesses & Threats)	Building and curtilage not suitable for further development	Potential flood risk. Site investigation required (mining?). Ground conditions make development expensive. Infrastructure issues.	Potentially too overlooked. Impacts on village green. Potential flood risk. Site investigation required (mining?). Ground conditions make development expensive. Infrastructure issues. Public transport – slight walk. Access road may not be suitable for construction traffic.	Loss of school / community amenity space. Potentially contentious road issues. Potential flood risk. Site investigation required (mining?) Ground conditions make development expensive. Infrastructure issues.

	Option1: Status Quo	Option 6b: Feregait	Option 6c: Station Rd	Option 6d: Tuliallan
Investment Objectives				
Ensure equal access to Primary Care and Community Services for the whole population	No	Yes	Yes	Yes
Ensure the right staff skill mix and service capacity are available to deliver strengthened and tailored local capacity to manage people's health within their local community.	No	Yes	Yes	Yes
Ensure appropriate workforce including increased flexibility of roles /development of new roles to support implementation of nGMS and Community Health and Wellbeing Hub.	No	Yes	Yes	Yes
Provide a more integrated seamless service across health and social care.	No	Yes	Yes	Yes
Improve the patient and user experience - deliver services locally based on local patient demand.	No	Yes	Yes	Yes
Accommodation that complies with all legal standards and regulatory requirements and gives equality of access for all.	No	Yes	Yes	Yes
To deliver safe and effective care with dignity - provide facilities which ensure the safe delivery of healthcare in line with guidelines and standards.	No	Yes	Yes	Yes
To deliver services more effectively and efficiently - facilitate better joint working to ensure right care is delivered at the right time and in the most appropriate setting	No	Yes	Yes	yes
Weighted score	221	539	509	739
Preferred / Possible / Rejected	Rejected	Possible	Possible	Preferred

4.6 THE PREFERRED OPTION

4.6.1   The preferred solution is Option 6d: A new build on the Tuliallan Primary School site, owned by Fife Council. Option 6d represents a clearly favoured option for all stakeholders, with little to choose between options 6b and 6c for second place.

4.6.2   The proposal has the support of representative service users, carers, staff, the GP Practice and all other key stakeholders.

4.6.3   It is recommended that NHS Fife proceeds to Outline Business Case, exploring Option 6d: New build Tuliallan Primary School site in more depth.

4.7 DESIGN QUALITY OBJECTIVES

4.7.1   A key part of the development of the Initial Agreement Document (IAD) was to ensure that stakeholders were fully engaged in the NHS Scotland Design Assessment Process (NDAP).

4.7.2   There were two key strands to this work;

1)   A multi-stakeholder event where the Achieving Excellence, Design Evaluation Tool (AEDET) was completed for the existing unit.

2) An NDAP Design Statement was developed to capture the 'non-negotiable' points that need to be addressed by the project.

4.7.3 AEDET on Existing Property: An AEDET Workshop was held on 21 February 2017.

4.7.4 The existing unit at Kincardine was reviewed. A Benchmark Score was achieved with the resultant Target Score as below at Table 13.

Descriptor		Benchmark	Target
Functionality	Use	1.0	4.3
	Access	1.1	4.4
	Space	2.0	4.2
Build Quality	Performance	1.3	4.4
	Engineering	1.4	3.4
	Construction	0.0	4.0
Impact	Character and Innovation	1.3	4.4
	Form and Materials	2.1	4.4
	Staff and Patient Environment	1.3	4.5
	Urban and Social Integration	2.6	4.3

AEDET Refresh Benchmark Summary
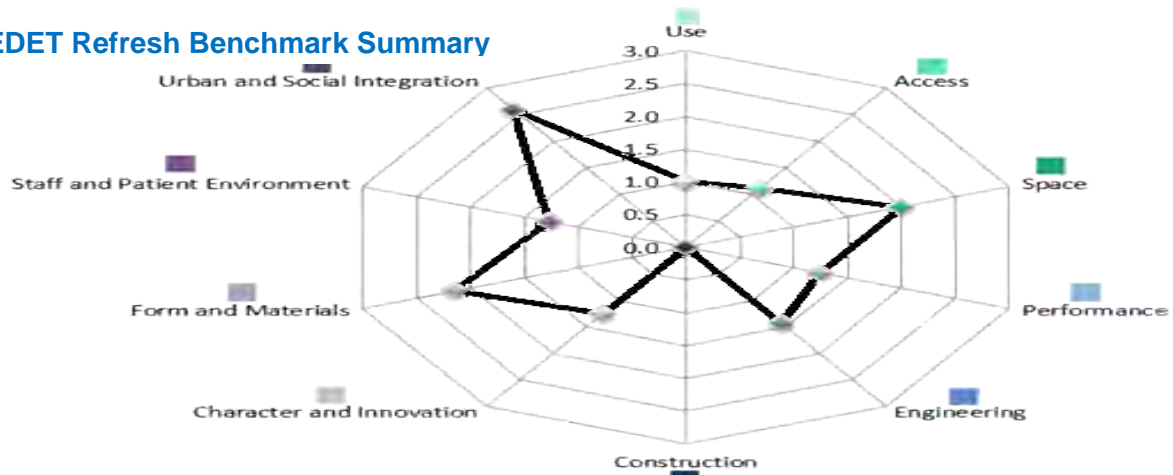
AEDET Refresh Target Summary
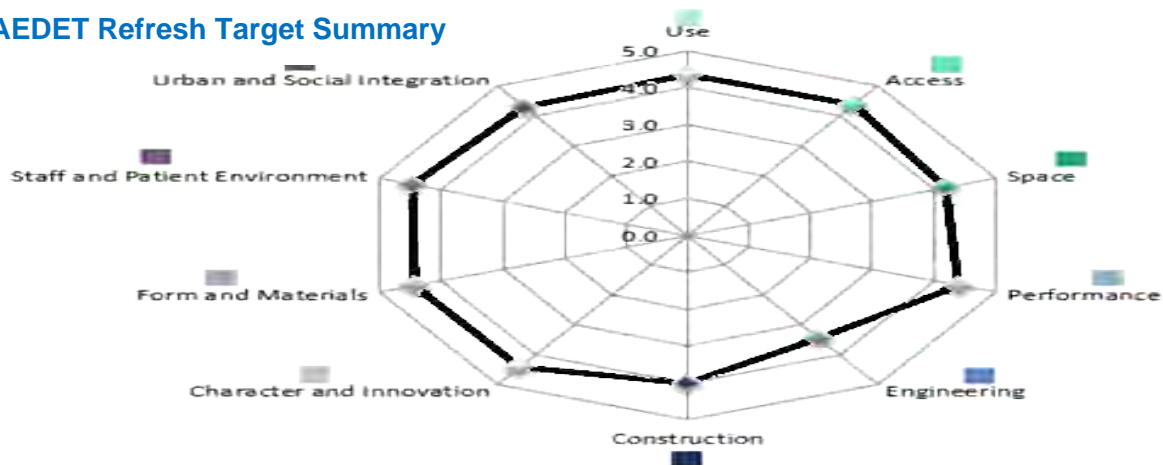
4.7.5 NDAP Design Statement: A multi-stakeholder event was held on Friday 3 March 2017. This event was facilitated by Architecture and Design Scotland (A&DS) where

the group discussed the non-negotiables in terms of requirements from the perspective of patients, staff and visitors.

The Patients Perspective

The patient's perspective was reviewed in terms of their initial approach to the centre through to waiting for their appointment. There was a consensus on the expectations for a facility that was easily accessible, bright, friendly and airy. It was agreed that the facility should be designed so that patients could be treated with dignity particularly in terms of confidentiality.

The Staff Members Perspective

Staff groups were clear that they would want the facility to enable different staff groups' paths to cross. Staff want to feel safe in accessing and egressing the facility. Suitable investment in information technology and teaching facilities is also expected as well as staff change, shower and communal staff room facilities.

The Visitor/Carer Perspective

It was agreed that carer's should be able to accompany patients and be easily accommodated in the waiting and consulting spaces with access to support information at hand.

A smaller private waiting space is required to support patients and carers who are challenged by open spaces or who themselves are exhibiting challenging behaviours.

4.8 DESIGN STATEMENT

4.8.1   The event enabled participants to clearly describe the attributes the building must possess, this will support the development of the detailed business case. The business objectives the project seeks to achieve are:

- To provide current clinical service requirements locally and reduce the number of referrals to other service providers and additional attendances required.

- Deliver group based activities. A key strand of NHS Fife's Clinical Strategy is to reduce health inequalities by reconfiguring services and resources so that there is equity of access to services across Fife and across all patient groups. Care should be provided at home or as close to home as possible. Delivering services in a group environment will allow a greater number of NHS Fife residents be supported in their management of their own well-being.

- To meet Outcome 3, 5 and 9 of the National Outcomes for Integration, i.e. that people who use Health and Social Care Services have positive experiences of those services, and have their dignity respected; health and social care services contribute to reducing health inequalities; and resources are used effectively and efficiently in the provision of health and social care services

- Improve safety and effectiveness of accommodation by improving the physical condition and quality of the healthcare estate.

5 COMMERCIAL CASE

5.1 OUTLINE COMMERCIAL CASE

5.1.1   The indicative costs for the preferred option at this stage are £3,903,6 excluding VAT. The current building is owned by NHS Fife, it is therefore anticipated that NHS Fife will lead on the procurement, supported by the IJB, through the Scottish Futures Trust hub initiative.

5.1.2   Hub East Central is the designated procurement vehicle for health projects in excess of £750k in the NHS Fife Board area.

5.1.3   The East Central HubCo can deliver projects through one of the following options:

- Design and Build contract (or build only for projects which have already reached design development) under a capital cost option.
- Design, Build, Finance and Manage under a revenue cost option.

5.1.4   Design and Build, using NHS Capital is likely to be the most suitable vehicle for this project.

6   THE FINANCIAL CASE

6.1.1   Based on the current costs and assumptions identified in Section 4.4 above, NHS Fife considers the project to be affordable within the current available capital resources estimated within the Local Delivery Plan. This builds in a significant contingency into the scheme to cover optimism bias and other possible infrastructure and enabling costs. Should Capital costs increase over the agreed budget, the Board would require to acquire Capital funding from elsewhere within the Board's Capital Programme.

6.1.2   Fife Health & Social Care Partnership has agreed to fund the revenue consequences; which are affordable within the revenue resources available. Should Revenue costs increase, then these additional costs would require to be funded within the Partnership's overall revenue resource envelope.

6.1.3   In order to make this assessment an overall affordability model has been developed covering all aspects of projected costs including estimates for:

- Capital costs for preferred option (including construction and equipment);
- Non-recurring revenue costs associated with the project;
- Recurring revenue costs (pay and non-pay) associated with existing services i.e. baseline costs;
- Changes to revenue costs associated with service redesign as a direct result of the development.

6.2 CAPITAL AFFORDABILITY

6.2.1   The total capital cost comprises the projected construction cost, supplied by HubCo, plus all other costs directly related to the project such as VAT and professional fees.

6.2.2   The estimated capital cost associated with each of the short listed options is detailed in the table below:

Table 14

	Option 6b: Feregait	Option 6c: Station Rd	Option 6d: Tuliallan
Construction Cost	1,993,192	2,023,192	2,023,192
Prelimenaries	358,775	364,175	364,175
Fees Stage 1 & 2 & Construction	159,455	161,855	161,855
Hubco Items	75,741	76,881	76,881
Contractor OHP	65,775	66,765	66,765
Contingency / Risk	149,489	151,739	151,739
Planning & Warrant inc Mark Ups	20,000	20,000	20,000
Survey Fees	20,000	20,000	20,000
Inflation BCIS TPI 3Q19 - 4Q20 @ 347	67,078	68,073	68,073
Optimum Bias	478,366	485,566	485,566
Professional Fees	458,750	465,381	465,381
Total Capital Costs	**3,846,621**	**3,903,627**	**3,903,627**

6.2.3   To provide the above Indicative Costs at this Initial Agreement Stage, the following assumptions have been made.

1. The non preferred options are based on BCIS Tender Price Indices – updated to 4th quarter 2020. The preferred option is based on elemental cost/m2 from

other recent health centre projects and the current Schedules of Accommodation (updated to 4th quarter 2020).

2. The optimum bias % applied is based on the Green Book recommendation of 24% for a standard build.

3. No costs identified for council requirements e.g., bus stops, crossings.

4. Land will be available on a long-term lease from Fife Council, therefore, no costs for land purchase have been included.

5. No costs included for demolition as assuming Fife Council would demolish existing buildings and clear land where appropriate with a corresponding adjustment on any lease costs.

6. Advisers' costs (included within the Capital Cost figures) are based on Hubco calculations.

7. Discounted Cash Flow (used to calculate NPV and EUV figures) - after 30 years the discount rate adjusts to 3%.

8. Life cycle costs are based on maximum life for a new build.

6.2.4 For comparison, the present backlog maintenance costs recognised for Kincardine Health Centre are circa £99.2k. This represents the estimated cost (excl. VAT, professional fees and enabling costs) to complete all presently recognised backlog maintenance to bring the asset up to 'satisfactory condition'. It does not allow for replacing of any assets due to functionally unsuitability.

6.3 REVENUE AFFORDABILITY

6.3.1 The estimated revenue cost for both the baseline (do nothing) and the short list options are included below:

Table 15

Revenue Cost	Cost per Annum (£k)			
	Option1: Status Quo	Option 6b: Feregait	Option 6c: Station Rd	Option 6d: Tulliallan
Estates Costs				
Non Pay				
Equipment	76		300	
Heating Fuel And Power	4,928		18320	
Property Maintenance	3,520		7488	
Property Rates	6,092		29952	
Water Charges			3592	
Facilities Costs				
Pay: Support Services	11006		25701	
Non Pay				
Bedding And Linen	205		700	
Cleaning	150		500	
Equipment	0		500	
General Services	361		1342	
Post Carriage And Telephones	0		70	
Printing And Stationery	2		225	
Property Maintenance	495		1753	
Surgical sundries	76		150	
Total Estates & Facilities Costs	**26,911**		**90,592**	
Depreciation Charge	**7,057**		**123,180**	
Notes / Assumptions	Actual costs	1) Revenue Costs for proposed site are based		

Revenue Cost	Cost per Annum (£k)			
	Option1: Status Quo	Option 6b: Feregait	Option 6c: Station Rd	Option 6d: Tulliallan
	2018/19	on current plans of 832m². 2) One-off equipment purchases required in year 1 of £5,280.		

6.3.2 The H&SCP estimates that the ability to deliver a more integrated, proactive model locally will support revenue efficiencies. It is not expected that there will be any revenue implication for overall GMS costs on NHS Fife and so has been excluded from this table.

6.3.3 Any changes GPs make to the provision of services within the GP Practice are being developed through Primary Care Improvement Fund.

6.3.4 A full affordability analysis will be undertaken at OBC stage to confirm whether the Capital and Revenue costs associated with the new facility are affordable within the available funding levels.

7   THE MANAGEMENT CASE

7.1 GOVERNANCE ARRANGEMENTS

7.1.1   Governance will be taken forward in line with the Scottish Capital Investment Manual (SCIM) guidelines, through the NHS Fife Capital and Investment Group and Finance, Performance and Resources Committee.

7.1.2   As the estimated costs of this project are out with the Board's delegated limited for capital expenditure of £1.5m, there is a requirement to seek the Scottish Governments approval through the Capital Investment Group (CIG).

7.1.3   Under the SCIM guidelines, approval of this Initial Agreement will lead towards developing an Outline Business Case (OBC) to enable the preferred way forward to be identified.

7.2 PROPOSED PROJECT RESOURCES

7.2.1   Fife HSCP, together with NHS Fife and the Kincardine Medical Practice, will utilise a Project Board to develop the business case and manage the process through to approval. The Project Board will comprise:

Table 16

Role	Individual	Capability and Experience
Project Sponsor	Nicky Connor, Interim HSCP Director	Experience in leading and ownership of developments.
Project Owner	Claire Dobson, Divisional General Manager, HSCP	Experience from delivery of range of capital redesign programmes
Clinical Services Manager, HSCP	Belinda Morgan	Experience in modernisation of service delivery models in community care and in project management
Head of Estates	Appointee pending	Experience from delivery of range of capital redesign programmes
Facilities Manager NHS Fife	Jim Rotherham	Experience in delivering similar projects such as Linburn Rd.
Finance Business Partner	Gordon Cuthbert, Finance Business Partner	Responsible for providing financial guidance and scrutiny
Capital Finance/ Planning	Individuals will be identified from a pool of staff who have experience of similar projects	
NHS Fife eHealth	Representatives will be invited to sit on the project team to ensure collaborative working and identification of any risks and opportunities with regard to technology.	
Kincardine Medical Practice	The Partners and Practice Manager provide Primary Care expertise and have sound understanding of local community needs	
Other health care professionals will be consulted/co opted as required		

7.2.2   The remit of the Project Board is:

- To assist the Project Sponsor and Project Owner with the decision-making process and ongoing implementation of the project.
- To assist the Project Owner with preparing to meet the assurance needs of the Finance, Performance & Resources Committee, as well as any further enquiries from IJB / NHS Fife's Board with regard to the project.

7.2.3　The Project Team will be further developed at OBC stage when key suppliers have been procured.

7.2.4　Those individuals identified above have been heavily involved in developing this Initial Agreement Document and they will continue to be involved in leading the project through subsequent stages providing continuity and a stable environment for the project to achieve its objectives. Users of the Practice have been consulted and will continue to be involved as the project progresses.

7.2.5　A blend of resources will be utilised to deliver this project. The Project Board, Project Director, Stakeholders and Clerk of Works will be internal resources, whilst the Project Manager and Cost Advisor are likely to be procured through utilisation of external suppliers. The Board has used this blend of resource successfully on other projects and feels that it creates a good balance between control, risk transfer, capability and availability. The Board is experienced in delivering projects of this nature within the selected procurement route and is ready to move the project forward to the next stage upon IAD approval.

7.3 PROJECT PLAN

7.3.1　A detailed Project Plan will be produced for the OBC. At this stage, the Project Board is aiming to achieve the milestones shown below:

Table 17

Key Milestones	Date
Appointment of Advisors by SFT	January 2016
Appointment of Local Care Consultants / Local Care Pathfinder	May 2017
Initial Agreement approval	October 2019
First Project Board	December 2019
Outline Business Case approval	February 2020
Full Business Case approval	October 2020
Construction Commences	December 2020
Construction completion	May 2022
Commence service	July 2022

7.4 STAKEHOLDER ENGAGEMENT AND SUPPORT

7.4.1　This proposal impacts on adults, children and young people and their carers who live in Kincardine who require access to Primary Medical Services and community health and social care. It also impacts upon clinical and support staff currently working within the Health Centre, Medical Practice and locality teams who cannot currently access accommodation in Kincardine.

7.4.2　The table below details the engagement that has taken place to date and the support for the proposal, included the identified preferred solution, received from the stakeholders.

7.4.3　Further engagement with the identified stakeholders in line with SCIM guidance will be undertaken as the project progresses.

Table 18

Stakeholder Group	Engagement that has taken place	Confirmed support for the proposal
NHS Fife Board	The Health Board is fully supportive of this proposal, with Nicky Connor, Interim HSCP Director, taking the lead role in its	The Health Board agreed priority for development in May 2017. The Initial Agreement was previously

Stakeholder Group	Engagement that has taken place	Confirmed support for the proposal
	development.	approved by the NHS Fife Board in May 2017.
Patients / service users	Service user and carers representatives have been informed to support their full engagement in the option appraisal. Patients have identified a range of 'non-negotiable' that cannot be supported from the current accommodation.	There is a preference from service users for the development to be accessible, bright, friendly and supportive of their dignity and confidentiality.
Kincardine Medical Practice	The Medical Practice deliver Primary Medical services to their Practice population under a 17J contract. The Practice manager and lead GP have been actively involved in the process of developing options and plans for the proposal.	The Practice fully supports the Initial Agreement Document and intend to continue service provision in accordance with the developments within the new GMS.
Staff / Resource	Staff affected by this proposal include: Kincardine Medical Practice Medical, Nursing and Administrative staff. Community service staff including District Nurses, Health Visitors, AHPs, admin and clerical, Social Work and staff from partner health and social care services.	There is support for the proposal from all staff groups.
General public	The general public will be affected by this proposal as potential service users or by being neighbours of the existing or proposed future facility. The public were supportive of the Community Health and Wellbeing model within the Joining Up Care Consultation.\n\nA Communication and Engagement Plan is being developed to ensure ongoing Stakeholder communication.	Kincardine Community Council have been engaged and are supportive of this development

8   CONCLUSION

8.1 REVIEW OF STRATEGIC ASSESSMENT

8.1.1   The Project Team have reviewed the Strategic Assessment (completed as part of the first stage of the process – Appendix 1) and the position in terms of the need for change, the benefits that need addressed, the links with National Investment Priorities and the prioritisation scoring, the position remains unchanged.

8.2 PREFERRED OPTION

8.2.1   Overall, the non-financial option appraisal process has identified that the current preferred strategic option is for the service to be delivered from a new build facility to support delivery of integrated health and social care for the Kincardine community.

8.2.2   All of the stakeholder groups engaged in this process:

- Are likely to support Option 6d) as an overall preferred option, unless something radical changes.
- Do not support the 'do nothing' option in any way.
- See little difference between the relative merits of options 6b) and 6c).

8.2.3   NHS Fife and Fife Health and Social Care Partnership have summarised the need for change in and around the facilities in Kincardine under a number of defined headings within the IAD. These are:

- Integrated clinical and care functionality (capacity) issues which have been identified as those problems associated with a lack of local space (area) that is essential for safe, effective, timely and appropriately compliant service delivery, e.g., a lack of clinical support, administrative support, group, sanitary, teaching and specialist areas.
- Service capacity related issues that predicate the need for change based on a lack of available physical capacity across the service delivery model that are hampering the delivery of integrated care locally.
- Clinical functionality (configuration) issues that seriously challenge the delivery of safe and effective modern services, e.g., access issues, room design, sound attenuation, security, patient flow, etc.
- Building and fabric issues including overall condition, suitability, statutory compliance issues and backlog maintenance.

PROJECT: KINCARDINE

What are the Current Arrangements:
Integrated and comprehensive patient care and treatment for the residents of Kincardine is severely compromised by a facility that is not fit for purpose

What is the need for change?	What benefits will be gained from addressing these needs?	How do these benefits link to NHSScotland's Strategic Investment Priorities?		What solution is being considered
	Identify Links	Identify Links	Prioritisation Score	
[1] Patients are required to make repeated visits/access healthcare out-with local area.	a) Care will be driven by patient need rather than limitations of the building. (1,2,3,4,5)*	Person Centred (a,b,c,d)^	5	**Service Scope / Size** — Fuller range of primary and community health and care services
[2] Primary & community health and care services are limited in an identified area of high deprivation.	b) Improve patient safety and reduce risk. (2,4,5)	Safe (b,g)	5	**Service Arrangement** — Integration of health and social care services and encouraging supporting services provided locally
[3] Emerging integrated models of care undeliverable in current environment.	c) Improve anticipatory and preventative care for patients. (1,2,3)	Effective Quality of Care (a,b,c,f)	5	**Service Providers** — Existing GPs, NHS staff and integrated health, care and voluntary service providers
[4] Premises are functionally inadequate and compromises pro-active patient care.	d) Increase clinical time currently lost to 'work-arounds'. (1,2,3,4,5)	Health of Population (c,e)	4	**Impact on Assets** — Relocation to new facility
[5] Physical characteristics of building prevents safe and effective patient care: exceptionally small treatment rooms below min acceptable standards	e) Contribute to supporting community asset-based models of care (2,3)	Value & Sustainability (d,f,g)	5	**Value & Procurement** — Hub – value circa £4m
	f) Redesign of building will allow for improved financial performance. (4,5)			
	g) Significantly improves functional suitability of the healthcare estate. (4,5)	TOTAL SCORE	95	

V0.3 – Last updated 19.02.2016

Kincardine Health Centre is a facility that has been extended to around three times its original size. The building is single storey with a flat roof extension that now occupies all of the available land. The building has a baseline area of 237m^2 and features a mixture of traditional GP/consulting spaces that includes:

- 1 x main reception area at a total of 40m^2 (NB no separate records area now exists as all GP records are held electronically)

- 1 x waiting areas (total 22m^2) with no age-specific provision

- 5 x (reasonably sized but poorly configured) consultant / treatment rooms that also support administrative activity and are further compromised through the late addition of cupboards that further reduce their functionality

- 1 x office (18m^2)

Current configuration / layout of Kincardine Health Centre
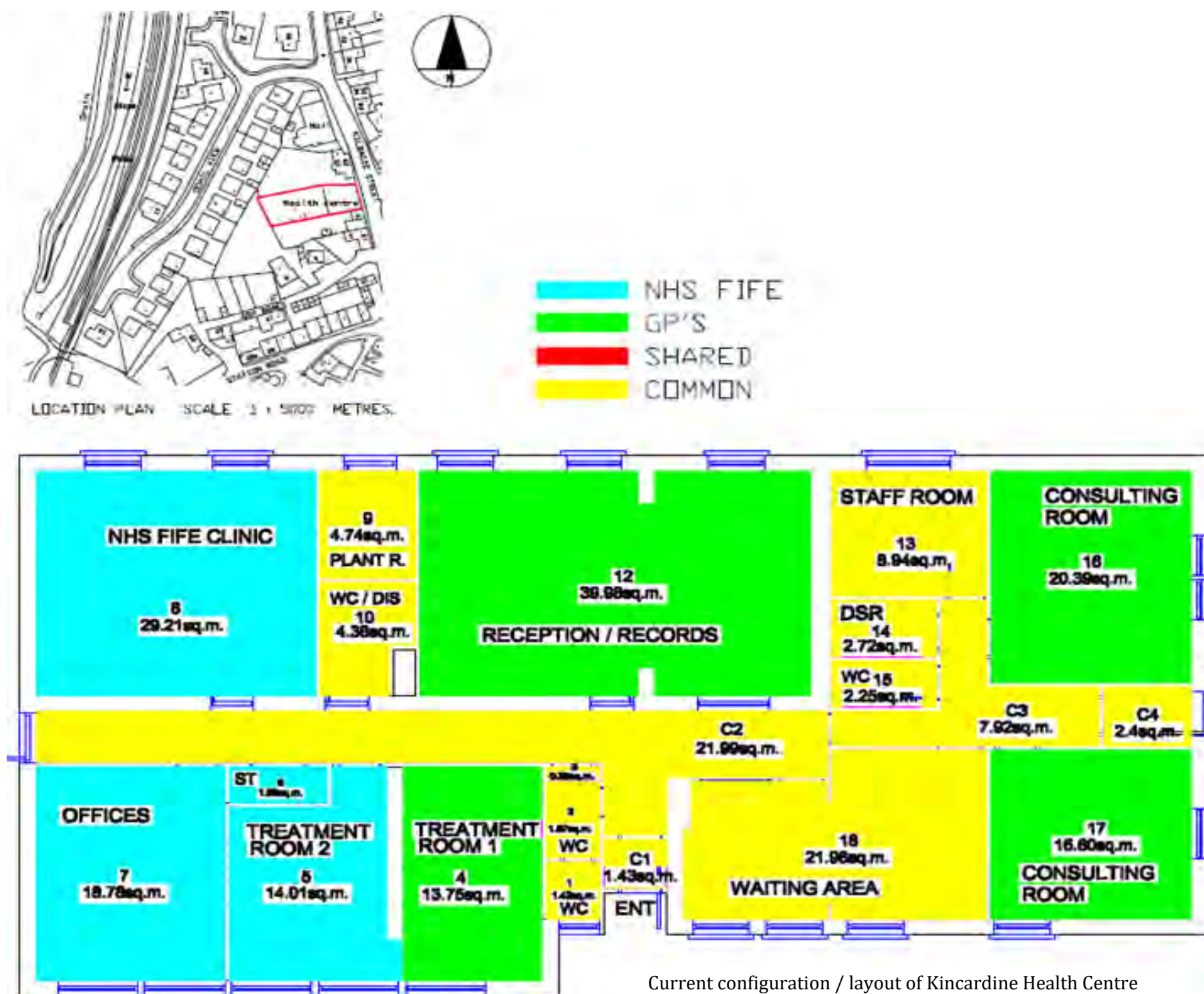
Kincardine Health Centre Condition Report

NHS Fife Estates maintain records on the suitability and condition of buildings in its estate. Below is the current information relating to the Kincardine Health Centre building:

Status	Occupied
GIA (m^2)	235
Land Value	£40,000
Net Book Value	£105,475
Tenure	Owned

	Building	Engineering	Statutory	Fire
Backlog (C and Below)	£36,394	£ 37,887	£ 24,935	£0.0

Quality	C (Not Satisfactory)
Space Utilisation	O (Overcrowded)
Functional Suitability	C (Not Satisfactory)

- Figure used from surveys were complete in December 2012

Overall, this current situation represents the 'Do nothing' option as reviewed and explored as a component of the formal option appraisal exercise conducted as a component of the Initial Agreement process. It has also informed the benchmark data in the Benefits Realisation plan.

Appendix 2 Benefits register

	Benefits Register					
		1. Identification				2. (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Importance
	Person-centred Benefits					
P1	Supports people in looking after and improving their own health and wellbeing	Quantitative	Maintenance of PC team consultation rate (includes GP/PN/TR) /1,000 population	6531	6531	5
P2	Ensures that people who use health and social care services have positive experiences and their dignity respected.	Qualitative	Targeted client questionnaire designed to measure overall experience of health and social care delivery	Current patient experience questionnaires	Future patient experience questionnaires	4
P3	Improves the physical condition of the Healthcare Estate	Quantitative	Estate physical condition survey assessment	C	A	5
P4	Improves utilisation of the Healthcare Estate	Quantitative	Estate utilisation assessment	Over-crowded (100% utilisation)	80%	5
P5	Improves functional suitability profile of the Healthcare Estate	Quantitative	Estate functional suitability assessment	C	A	5
P6	Reduces the age of the Healthcare Estate	Quantitative	Estate age/life expectancy	87 years/<5 years	<10 years/>25 years	4
P7	Improves access to all clinical areas - in particular for those with mobility issues	Qualitative	Measured accessibility to all patient/clinical areas	Baseline issues as identified in SA, IA and design brief	Equalities Act 2010 compliance and AEDET scores	5
P8	Improves access to age appropriate waiting areas	Qualitative	Availability of a child-specific waiting area that is appropriate to the size of the facility	No child-specific waiting	Child-specific waiting available	4
P9	Improves way-finding and access to a main reception point	Qualitative and Quantitative	(i) AEDET score (ii) number of receptions points	(i) 1.1 (ii) 1	(i) 4.4 (ii) 1	4
P10	Addresses confidentiality concerns associated with existing facility	Quantitative	Ability to hear normal volume conversations from adjacent rooms or outside with windows open	Possible to hear conversations at normal volume	Only possible to hear "raised voices" or "shouting"	5
P11	Addresses confidentiality concerns at reception	Qualitative	Ability to hear conversations at reception area from waiting area	Conversations currently take place in public at reception	Provision of private spaces for sensitive conversations.	5
P12	Increases the number and range of services available on-site, thereby reducing "hand-off's" and additional attendances	Quantitative	(i) Access to social care services (ii) Access to social work services (iii) Access to LA services on site (iv) Access to voluntary (sign-posting) services on site (v) Access to other relevant "targeted" clinical services on site	(i) No access (ii) No access (iii) No access (iv) Minimal access (v) Minimal access	(i) Sessional access (ii) Sessional access (iii) Sessional access (iv) Sessional access (v) Sessional access	3

	1. Identification					2. Prioritisation (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
	Safety Benefits					
S1	Reduces adverse harmful events	Quantitative	(i) Number of adverse incidents recorded (ii) Severity of adverse incidents recorded	**2015-2016** (i) 1 (ii) No harm (IT / security access) **2016-2017** (i) 1 (ii) No harm (communication via NHS FV and NHS F DN re patient discharge) **2017-2018** (i) 0 **2018-2019** (i) 0 **2019/20** (i) 1 to date (ii) moderate harm (sharps incident)	Zero events relating to the building / facilities	5
S2	Increases safety of people receiving care and support	Qualitative and quantitative	Addressing baseline issues as identified in SA, IAD and design brief	Baseline issues as identified in SA, IAD and design brief	All issues addressed	5
S3	Improves statutory compliance	Quantitative	Backlog maintenance costs/m2 associated with statutory compliance elements	71%	100%	5
S4	Reduces backlog maintenance	Quantitative	Backlog maintenance costs/m2	£422.2/m2	Zero	5
S5	Reduces significant and high risk backlog maintenance	Quantitative	Significant and high risk backlog maintenance costs/m2	£404.92/m2	Zero	5
S6	Reduces Infections through addressing design, area, fabric and equipment issues	Quantitative	(i) Domestic Monitoring Tool (ii) Compliance with local HAI audits	(i) 94% (ii) Several non-compliant issues	(i) 100% (ii) Zero non-compliant issues	5

	1. Identification					2. Prioritisation (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
	Effective Quality of Care Benefits					
E1	Improves the Functional Suitability of the Healthcare Estate	Quantitative	Estate functional suitability assessment	C	A	5

			1. Identification			2. (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
	Health of the Population Benefits					
H1	Supports smoking cessation initiatives (12 weeks post quit)	Quantitative	(i) Number of smoking cessation appts delivered locally (ii) Number of clients still not smoking 12 week after session completion	(i) 200 (ii) 18	(i) 240 (ii) 20	3
H2	Supports antenatal access	Quantitative	(i) Number of ante-natal appointments held locally (ii) DNA rates	(i) 208 (ii) 24	(i) 250 (ii) 15 (enabling patient-led care model where more care will be delivered in the community)	4
H3	Supports child healthy weight interventions	Quantitative	(i) Number of child healthy weight appts held locally PA	Zero currently provided from the HC - interventions are provided on an outreach basis	Option available of providing interventions from the HC	4

			1. Identification			2. (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
	Value & Sustainability Benefits					
V1	Optimises resource usage	Quantitative	(i) Consultations/clinical room/day (ii) Number of staffed reception points	(i) 28 (ii) 1	(i) 24 (ii) 1	4
V2	Optimises service delivery model parameters by staff group	Quantitative	(Overall consultation rate/1,000 population	6531	6531	4
V3	Improves accommodation space utilisation	Quantitative	Estate utilisation assessment	Over-crowded (100% utilisation)	Optimised(80% clinical utilisation)	5
V4	Optimises overall running cost of buildings	Quantitative	Facility running costs/m2 and per appt	£70.29/m2	< national average	5
V5	Optimises cleaning costs	Quantitative	Cleaning costs/m2 and per appt	£31.99/m2	< national average	3
V6	Optimises property maintenance costs	Quantitative	Property maintenance costs/m2 and per appt	£12.77/m2	< national average	5
V7	Optimises energy usage costs	Quantitative	Energy usage & associated costs/m2 and per appt (Kj & £)	£25.53/m2	< national average	5
V8	Optimises FM & support services costs	Quantitative	FM and support services costs/m2	Contained in V5	Contained in V5	3
V9	Optimises waste costs	Quantitative	Waste costs	£510 per annum	In line with Waste Action Plan	4
V10	Reduces financial burden of backlog maintenance and/or future lifecycle replacement expenditure	Quantitative	Backlog maintenance costs/m2	£422.2/m2	Zero	5
V11	Reduces carbon emissions and/or energy consumption	Quantitative	(i)Detailed energy/building assessment (ii)BREEAM rating	(i) G (ii) N/A	(i) A (ii) "Excellent"	5
V12	Reduces local medicine/prescribing costs	Quantitative	(i) Medicines cost/registered patient	£186.61	work towards national average	5

			1. Identification			2. Prioritisation (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
	Wider/Social Benefits					
W1	Supports wider town and community planning	Qualitative	Fits with Local Authority Planning	-	Actions contained within community action plan including: public accessibility networks and enhanced business / economic facilities within the town. [Charrette planned for 2017]	3

Scale / RAG	Relative Importance
1	Fairly insignificant
2	↕
3	Moderately important
4	↕
5	Vital

Appendix 3 Risk Log

Project Risk Log

Project Title : KINCARDINE HEALTH CENTRE

Project Manager:
Last Revised date: July 2019
Version Number: V4.1

	Identification		Assessment			Control		Monitoring	
Ref #	RISK DESCRIPTION	FINANCIAL NON-FINANCIAL UNQUANTIFIABLE	CONSEQUENCE 01-May	LIKELIHOOD 01-May	RISK SCORE	PROPOSED TREATMENT MITIGATION	ACTION TAKEN	OWNER INDIVIDUAL	TYPE
IA Stage									
1	May fail to identify all stakeholders.		3	2	6	All Stakeholders who need to be engaged will be identified by the Project Board. Board will continue to ensure ongoing stakeholder engagement through a range of tailored methods.	All Stakeholders who need to be engaged have been identified.	Project Chair	NHS
2	May fail to engage with Stakeholders.		4	3	12	Engagement arranged as required. All User Group Workshops to be arranged to include Key Stakeholders. Communication regarding Local Care Consultancy shared with practices and involvement in workshops.	Procedures arranged for engaging with wider stakeholders e.g. Option Appraisal and AEDET. Attendance of stakeholders monitored to ensure consistent engagement.	Clinical Services Manager	H&SCP
3	Stakeholders have different aspirations.		3	4	12	Groups arranged to ensure ongoing engagement with key stakeholders discuss aspirations. Core team to manage discussions and agree project aspirations with Project Board decision if required	All discussions facilitated to ensure stakeholder involvement with discussion on aspiration versus need.	Project Chair	NHS
4	May fail to define appropriately the clinical and service needs, particularly as these change over time with specific practice sustainability and GMS contract developments.		4	3	12	Ensure clinical and other service stakeholder involvement, including representation on Project Board, to allow effective modeling of multiple scenarios resulting in an agreed Clinical Output Specification and Accommodation Schedule	Clinical and other services representation requested and delivered where necessary. Fife wide representative sought	Project Chair	NHS
5	The brief/requirement may suffer from scope creep.		3	3	9	Ensure continual review of requirements/needs	Project leads monitoring development of project with project board involvement if required	Project Chair	NHS
6	May fail to adequately determine the overall programme.		4	5	20	Project team to identify programme at initial stage	Initial programme dates being developed for Initial Agreement	Project Chair	NHS
7	Stakeholder review / acceptance/governance timescales may affect the programme.		4	3	12	Ensure appropriate governance arrangements adhered to with realistic timescale for acceptance.	Project leads developing indicative programme that ensure governance .	Project Chair	NHS
8	There may be insufficient funds to deliver the full Clinical/Service Requirement.		4	3	12	Indicative costs for options to be developed based on Schedule of Accommodation required	Costs being developed. Developing clinical model is utilising existing resources in a different way. Project Team will ensure proposal compliments GMS Contract.	Head of Finance	NHS
9	NHS FV strategic objectives do not align with NHSF.		4	4	16	Ensure board to board discussion and agreement on strategic objectives	Contact made with NHS FV team	Clinical Services Manager	NHS
10	Preferred site acquisition may be time consuming causing delay.		4	3	12	Ensure early engagement with Local Authority	Local authority representatives involved in workshops and meetings. Ongoing engagement with local authority colleagues.	Project Chair	NHS
11	Support from the local community could change or diminish causing a reputational risk.		3	5	15	Public involvement to be secured	Community representation agreed for all workshops where appropriate e.g. AEDET and NDAP. Extensive ongoing public consultation	Clinical Services Manager	NHS
12	Project development does not allow for future expansion of local community resulting in service delivery not being appropriate.		4	3	12	Ensure all proposed plans are flexible and allow for future expansion.	All proposed sites chosen with future expansion capability	Project Chair	NHS
13	Insufficient management to lead and project support capacity support delivery of the project		4	3	12	Ensure responsibilities clearly identified. Roles and responsibilities assigned and governance structure agreed	Project Board developed.	Project Chair	NHS

Lochgelly Community Health and Wellbeing Centre Project
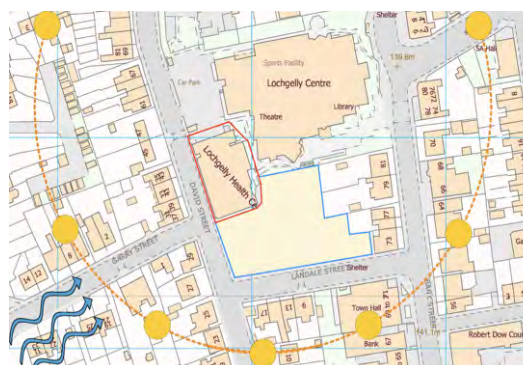
Initial Agreement Document

Project Owner: Claire Dobson, Divisional General Manager, West Division Fife H&SCP
Project Sponsor: Nicky Connor, Interim Director, Fife H&SCP
Date: 23/8/19
Version: 2.3

Version History

Version	Date	Author(s)	Comments
1	Feb 2018	CD/LE	Approved by IJB
2.01	16/08/2019	CD/	Updated in Line with Local Care SFT Consultant Report and in line with SCIM guidance
2.3	19/8/19	CD	Updated in line with discussion with Scottish Government Local Care Team

Contents

1   EXECUTIVE SUMMARY

1.1 INTRODUCTION

1.1.1   Fife Health and Social Care Partnership is working with local communities, teams and stakeholders to support the delivery of a fully integrated 24/7 community health and social care model that ensures sustainable, safe, individual partnerships of care. The purpose of this Initial Agreement Document (IAD) is to seek approval to develop an Outline Business Case to re-provide Lochgelly Health Centre to deliver the necessary infrastructure to enable locally based, tailored, health and social care in purpose designed and built premises.

1.1.2   The IAD establishes the need for investment in light of local health and social care needs. It is fully shaped by the NHS Fife and Fife Health and Social Care Partnership strategic goals to deliver a model of local care, focused on individual outcomes, supported by health and social care delivered by the right person in the right place at the right time. It describes the appraisal of a long list of options, identifies the short list, and recommends a preferred way forward, together with indicative costs, to enable the delivery of Fife's Community Health and Wellbeing hub model within the Lochgelly community.

1.1.3   The vision for primary care and community services in NHS Fife and Fife Health and Social Care Partnership is to enable the people of Fife to live independent and healthier lives. We will deliver this by working with people to transform services to ensure these are safe, timely, effective and high quality, focused on achieving personal outcomes. This requires access to the right professional at the right time in the right place; we know that our community health and wellbeing hub model of early proactive care can deliver this and will reduce the increasing trend in emergency hospital admissions. Where services can be provided within a community setting, closer to where service users live, they should be. Care should be provided in an environment that supports staff to provide an excellent experience and has modern facilities that meet the needs and expectations of service users, carers and staff well into the late 21st century.

1.1.4   The people of Fife have told NHS Fife and Fife Health and Social Care Partnership, through a wide range of engagement vehicles and the formal consultation which informed the Clinical Strategy and Joining Up Care programme that they:
- would like services to be integrated, coordinated and person focused;
- want to reduce the duplication they experience both in sharing their information and in service delivery;
- value local delivery.

1.1.5   Fifes' Community Health and Wellbeing hub model is delivering prevention and early intervention by:

- working with local health and social care practitioners, using local knowledge and data to identify people earlier.,
- co-producing tailored interventions to deliver holistic assessment, outcome focused planning and care management,
- maximising opportunities for local community treatment and care,
- bringing local health and social care practitioners (including housing, voluntary sector and local area coordinators) together to collaborate to meet people's outcomes,
- enhancing rapid access to locality assessment and rehabilitation,

- simplifying communication and information sharing for service users, carers and staff.

1.2 ORGANISATIONAL OVERVIEW

1.2.1 Lochgelly Health Centre, located at the heart of the town, provides General Medical Services to 79% of the resident population of Lochgelly and the surrounding areas of Lochgelly East, Lochgelly West & Lumphinnans, Ballingry, Cardenden and Lochore & Crosshill, through three Medical Practices based within the Health Centre. Community services are provided by NHS Fife including for example Community Nursing, Health Visiting, Mental Health, Sexual Health and Podiatry. Services work together to deliver high quality person-centred health and social care in a way which promotes and enhances the health and wellbeing of the people of the area.

1.2.2 The three Practice populations total circa 10,728 people. The practice area is in the highest income deprived deciles of Scotland and therefore faces significant health inequalities. The locality population is predicted to grow by 5%[1] in the next 25 years. Most of this population growth is anticipated to be in the older people age group, circa 45%, with both children and working age populations predicted to decrease. These changes will significantly increase the level of frailty the practices are supporting within a community which has a significantly higher disease burden associated with intergenerational income inequalities (table 3 below details the communities relative disease prevalence and unscheduled care access with that of the rest of Fife)

1.2.3 The current facility is a 1970's construction, with every effort made to modify the building to support the delivery of modern integrated health and social care. However it is no longer fit for purpose, our new model of working requires accommodation that enables the delivery of our vision of multi disciplinary and group working, which supports the community and partners to deliver collaboratively. A model which is being delivered in other communities which have access to modern facilities which do not have the same complexity of intergenerational inequalities and disease burden of the Lochgelly Community. Healthcare has been identified through local community planning as one of the major issues for the area.

1.2.4 The development of the community health and wellbeing model and delivery of the new General Medical Service Contact is being held back by structural and layout constraints. All possible reasonable changes have been made to the existing building and alternative premises accessed. Lochgelly Health Centre fails to meet the spatial, organisation and design standards for Primary and Community Health Care premises and has no capacity for further growth. Major improvements to address maintenance and statutory standards will not facilitate significant improvements in space utilisation to enable local integrated care to meet patient quality, staff standards and efficiency objectives.

1.3 STRATEGIC DIRECTION AND CONTEXT

1.3.1 Our ambition is that from the youngest to the oldest, the fittest to the frailest, the 371,910 people of Fife live well. Our aim is to integrate services to provide better experiences of care, as locally as possible, by fully embedding the community health and wellbeing hub model across Fife.

1.3.2 NHS Fife Clinical Strategy sets the strategic direction with Fife Health and Social Care Partnership that is focused on local, early, preventative care. By working with

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[1] Local Strategic Assessment 2018, Fife Council Research Team

partners to improve the health of local people and the services they receive, while ensuring that national clinical and service standards are delivered across the NHS system, we will strengthen primary care and community services This will be achieved by working with practices to fully develop practice level multi disciplinary working, delivering local community care and treatment, maximising proactive, tailored and targetted early intervention through community teams focused on segmented populations and ensuring rapid access to complex assessment, rehabilitation and, when required, bed based intermediate care within localities.

1.3.3 Our vision requires a flexible and responsive model that works with people to define the outcomes they want to achieve, enabling people to maximise their health and wellbeing by utilising their own and community assets, responsively adding and adapting services to meet and sustain outcomes. Figure 1 below seeks to illustrate how we can layer services when required and adjust support and care incrementally. Our goal is to maximise opportunities for services to work together locally as soon as possible, while minimising duplication for the patient and services.

1.3.4 In Fife by fully engaging with the public, people who use health and social care services and their carers, partners and staff we have developed a community health and wellbeing hub model to support independence, improve wellbeing and care. To ensure fully person responsive, integrated support for health and wellbeing Fife is redesigning mental health provision, community intermediate bed models, while embedding our community health and wellbeing hubs. Integrating with the new model for General Medical Services, services and community groups require facilities which enable colleagues and communities to work together. If practitioners and partners are to support people as effectively as possible, by for example minimising multiple attendances and maximising the potential of local multi disciplinary working, they require facilities which support this.

1.3.5 Fife's community health and wellbeing hub model is underpinned by early identification within Primary Care. Using practice level data to segment population needs is enabling a targeted, timely approach based on need rather than referral criteria; colleagues are proactively working in partnership with people in their local community. This approach can improve outcomes so that:

- People are supported to stay at home or in a homely setting for as long as possible
- Staff (across all sectors) are equipped to support this in terms of knowledge, skills, processes and resources
- The organisation maximises use of planned services

Figure 1
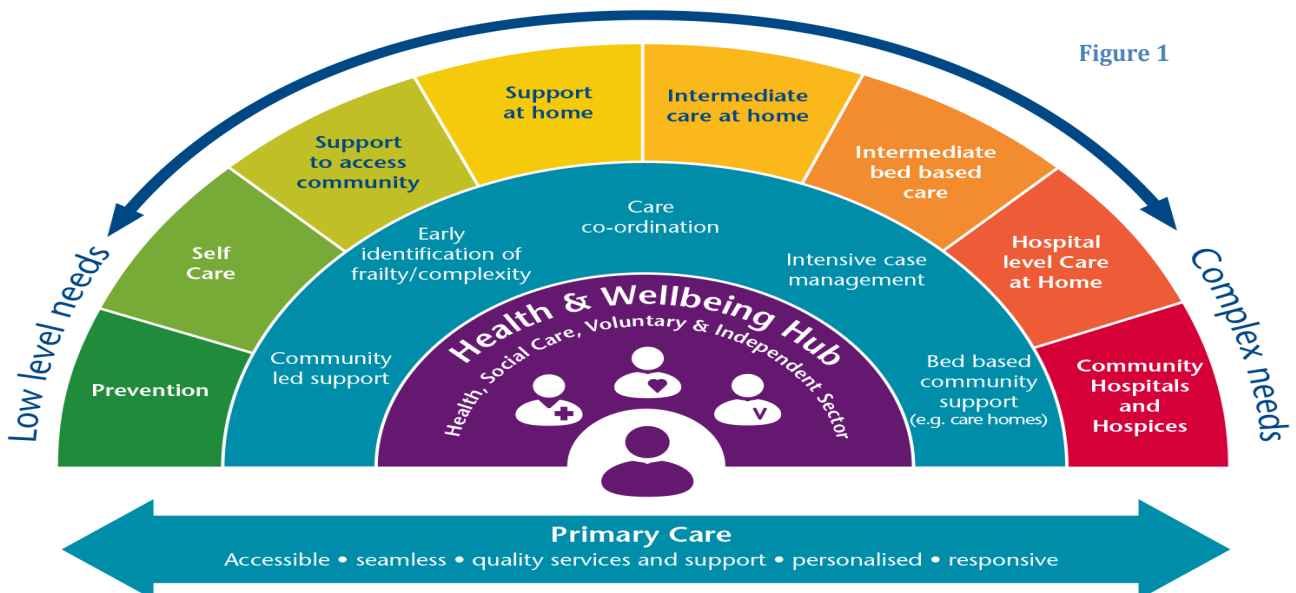
1.3.6   Having worked with Scottish Futures Trust (SFT) we are able to articulate more fully how this model can be scaled up for Fife to support people, improve their outcomes, transforming health and wellbeing. People often find they are referred to a number of services sequentially. The hub model supports these services to integrate, locally, to tailor their support to individual needs. This ensures people access the right service for their needs at the right time. Often people access services too late. Through for example our frailty care management approach we are using local information to identify needs sooner, to maximise people's health and wellbeing. People can feel that their care is uncoordinated and there is duplication. By developing care management people have one person who is their main point of contact. The developing integrated model elements can be summarised as:

- Proactive case finding – to maximise early intervention and co-ordination / complex case management / anticipatory care planning, using Practice data and local clinical intelligence
- Integrated earlier intervention – Practice level multi disciplinary team (MDT) working collaboratively, with co-ordinated local case management or locality level complex case management
- Where there is social complexity – locality MDT working together locally, to plan and deliver integrated care focused on individual outcomes
- Where there is medical complexity – rapid assessment via local complex needs assessment and rehabilitation centres, and if required diagnostics at a locality level with local follow up.

The scope and develop programme to implement the model fully across Fife is in year two of three.

1.3.7   The focus is on working with people earlier to reduce the proportion of people who enter the health and social care 'system' at the orange to red / right-hand end of the spectrum at Figure 1. This maximises people's potential including for rehabilitation, and releases resources to support urgent care, while providing capacity for meaningful planning with people and their families. Initial test data indicates that people with frailty who receive the care management intervention are experiencing fewer unscheduled hospital admissions – the average being 5 in the 12 months pre intervention and an average of 1 in the six months post intervention. Staff describe how they are more able to collaborate and reduce referrals and timescales through the locality MDT model. The assessment and rehabilitation centre model testing is supporting more timely access with reduced waiting times (17 weeks to one week), a reduction in Did Not Attends from 20% to 2% and combining assessments for mental and physical health.

1.3.8   Fife Health & Social Care Partnership (H&SCP hereafter) vision is being delivered by enabling integrated care that reduces the boundaries between primary, community, hospital and social care, with General Practitioners, hospitals, health workers, social workers, social care staff and others working together as one system. This more co-ordinated approach is reducing the need for people to navigate their way through what can be a bewildering maze of specialist services. This is supporting delivery against the Partnerships (draft) revised priorities of:

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

1.3.9   The proposal for investment into fit for purpose health and social care facilities in Lochgelly will not only support the delivery of clinical services but also enable the embedding of our community health and wellbeing model delivering these key priorities within the Lochgelly area. The strategic assessment (Appendix 1) outlines how the current facility hampers this, for example there is no capacity for complex multi disciplinary frailty assessments or for the locality multi disciplinary team to meet and plan together.

1.3.10   More pressingly the local context in Lochgelly presents immediate challenges with two of the three practices facing major sustainability issues. The significant spacial pressures are hampering the ability to implement both immediate and medium term ameliorative actions and to progress the implementation of the new GMS.

1.3.11   The following list identifies key national and local documents that have influenced the development of this proposal, although this is not an exhaustive list.

1.3.12   **Quality Strategy** ambitions in relation to:
   - Person centred care - through improving access to Primary Care and providing more care closer to home;
   - Safe – reducing risk of infection through provision of modern fit for purpose accommodation;
   - Effective – bringing together wider range of health and care services to make more effective use of resources.

1.3.13   **2020 Vision** aspirations are that everyone can live longer healthier lives at home, or in a homely setting with focus on improving quality of care, improving the health of the population and providing better value and sustainability. The **Public Health priorities for Scotland** (**2018**) support investment for local integrated delivery.

1.3.14   The **Public Bodies (Joint Working) (Scotland) Act 2014** aims to improve outcomes for people by creating services that allow people to stay safely at home for longer with focus on prevention, anticipation and supported self-management, and to provide opportunities to co-locate health and care services working together for the local population.

1.3.15   The Scottish Government's **Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future** (**2017**) sets the direction for nursing in Scotland through to 2030 and focuses on personalising care, preparing nurses for future needs and roles, and supporting nurses. In particular for community nursing the **Chief Nursing Officer Directorate Transforming Nursing, Midwifery and Health Professions (NMaHP) Roles (Paper Three)** includes shifting the balance of care from hospital to community and primary care settings at or near people's homes. With integrated teams of community and practice nurses providing seamless care.

1.3.16   Promoting the wellbeing of children is central to the work of Health Visitors and this is supported by the new **Universal Health Visiting Pathway** and the Named Person role conferred by **Children and Young People (Scotland) Act (2014)**.The Universal Health Visiting Pathway sets the standard for health visiting and the minimum core visits that families with children aged 0-5 years can expect from their Health Visitor, regardless of where they live, this is seeing investment in the workforce to support full implementation.

1.3.17   **The 2018 General Medical Services Contract in Scotland** refocuses the role of General Practitioners as expert medical generalists and recognises that General

Practice requires collaborative working with enhanced multidisciplinary teams that are required to deliver effective care, joint working between General Practitioner Practices in clusters and as part of the wider integrated health and social care landscape.

1.3.18 The Community Health and Wellbeing Hub programme in Fife has been selected to participate in a national **Local Care Pathfinder Programme,** together with Caithness and and Ayrshire's Garvock Valley, sponsored by the Scottish Futures Trust on behalf of the Scottish Government. The goal of the porgramme is to facilitate the shift in the balance of care to community care. The intention is to produce three projects that deliver transformational change in the provision of care from hospital based care to community based care, so people's health and wellbeing is supported as close to home as possible. The Fife Health and Social Care Partnership is being supported by Scottish Futures Trust and Carnell Farrar (specialist health care planners) to progress the redesign.

1.4 DRIVERS FOR CHANGE, INVESTMENT OBJECTIVES AND OPTIONS APPRAISAL

1.4.1 The key drivers for change and investment objectives are summarised below in Table 1:

	Effect of the need for change on the organisation	Investment Objective
1	The locality is experiencing population growth, with significant growth in the older population. Lochgelly experiences significant health inequalities; Lochgelly East is in Decile One of the Scottish Index of Multiple Deprivation. The GP Practices, Community Health and Social Care services do not have the required local infrastructure to support the development of local health and wellbeing focused services to meet the population's needs.	Ensure equal access to integrated Primary Care and Community Services for the whole population. As a national pathfinder site, the Partnership is seeking to realise key service transformation ambitions with modern, fit for purpose infrastructure to allow staff and community partners to better support local community health and wellbeing.
2	Pressure on existing staff, accommodation and services will inevitably increase (current building use is at 100%- with a reserve list process in place).	Ensure the right staff skill mix and service capacity are available to deliver strengthened and tailored local capacity to manage people's health within their local community.
3	Staff facilities and accommodation are severely restricted with staff working in suboptimal conditions, impacting poorly on staff wellbeing and morale and the community's experience of local service delivery.	Improve place experience of people, the community and colleagues. Ensure appropriate workforce can be accommodated, including increased flexibility of roles /development of new roles to support implementation of GMS contract (2018) and Community Health and Wellbeing Hub.
4	The facilities available in the community, combined with significant change in population, restrict the ability to deliver a wider multi disciplinary model locally. There is insufficient capacity in local facilities to deliver group therapy, and the components of care and treatment within the new GMS	Provide the infrastructure to support a more integrated seamless service across health and social care, including the capacity to deliver group based activities locally. This will support timely access and minimise travel and multiple appointments for the community.

Table 1

	Effect of the need for change on the organisation	Investment Objective
5	Services cannot be delivered locally, to meet patient need, but instead are delivered from where it is possible to deliver services.	Improve the patient and user experience - deliver services locally based on local patient need. Reducing the number of referrals to other services and the requirement for additional attendances because there is not the capacity to provide integrated care.
6	The Equality Act (2010) compliance within the building is poor - discriminating between the experiences of service users.	Accommodation that complies with all legal standards and regulatory requirements and gives equality of access for all. Support delivery locally of the National Outcomes for Integration.
7	Some clinical rooms are very small, failing to meet current standards due to the age and design of the building. These can be very restrictive/ unsuitable for patients and staff. Increased safety risk from outstanding maintenance and inefficient service performance.	To deliver safe and effective care with dignity - provide facilities which ensure the safe delivery of healthcare in line with guidelines and standards.
8	There is no scope to enhance the primary and community care services provided in the existing accommodation including transferring the right care closer to patients' homes.	To deliver services more effectively and efficiently through our hub model - facilitate better joint working to ensure right care is delivered at the right time and in the most appropriate setting

1.4.2   A wide range of possible options for investment were considered using the options framework. These were reviewed and the resultant options short list (including indicative costs) is included in table 2 below:

Table 2

Option	Description	Indicative Capital Cost (£)
Option 2	New build in Car Park	7,025,717
Option 3	New Build at Jenny Grey (former care home) site	6,959,207
~~Option 4~~	~~Refurbishment of Jenny Grey (former care home)~~	
Option 5	**New Build at Francis Street**	6,835,692
Option 6	New Build at North School	7,244,244

NB Option4 is no longer available, having been demolished since the Option Appraisal.

1.4.3   An options appraisal process was completed with the community, assessing each of the options on its ability to deliver the investment objective. Option 5, Francis Street, was identified as the preferred option from this analysis. Further detailed work will be undertaken during the Outline Business Case (OBC) stage to fully confirm the service scope, costs, phasing and timescales.

1.4.4   This Initial Agreement Document, the first of three document phases, details our thinking in terms of the most important issues which shape our strategic priorities and how these align nationally and across NHS Fife/Fife Health and Social Care Partnership.

2 STRATEGIC CASE: EXISTING ARRANGEMENTS AND NEED FOR CHANGE

2.1 SERVICE ARRANGEMENTS

2.1.1   The holistic multi disciplinary primary and community care services in Lochgelly are currently delivered from the existing Lochgelly Health Centre, a 1970's constructed facility, which has been considerably modified and extended throughout its lifetime. The building is owned by NHS Fife.

2.1.2   General Practitioner services in Lochgelly and the surrounding area are delivered by three General Practices operating full time to meet their respective Practice population needs. The General Practitioner Practices are contracted to NHS Fife to provide General Medical Services:

- Lochgelly Meadows General Practitioner Practice (Primary care services) General Medical Services

- Lochgelly Medical Practice (Primary care services) General Medical Services

- Lochgelly (Dr Thomson) Medical Practice (Primary care services) General Medical Services

2.1.3   Aligned to the Practice there is a wide range of permanent and visiting community health services provided from the current facility. Fife Health and Social Care Partnership and NHS Fife are responsible for the provision of Community Nursing, and Managed Services (treatment room support, Primary Care Nurse, Health Visiting, Clinical Psychology, Sexual Health, Pharmacy, Allied Health Professionals, Child Health, Stop Smoking, Community Midwifery, Mental Health and Addictions, Out-Patient Services and Facility Management), detailed in table 4 below.

2.1.4   A constrained range of Voluntary Sector activity is delivered from the Health Centre, including drug and alcohol support services (supporting clinic activity etc). The constraining factor is accommodation availability.

2.1.5   The local Community Council supported by local Councillors and Members of Scottish and UK Parliament have a local campaign group to support the realisation of a new health centre. The campaign notes the need for modern infrastructure to enable the local delivery of an integrated model to meet the significant health and wellbeing needs of the community.

2.1.6   The services provided from the existing Lochgelly Health Centre are primarily provided in support of the population needs of the people of Lochgelly and surrounding areas, with 79% of the resident population registered (see figure 2 - interzone map) with the Practices. In accordance with NHS Fife's statutory obligation to provide access to Primary Medical Services there is a formal requirement to continue provision of these services within this geographic area.

Figure 2

Map of Lochgelly East, Lochgelly West, Lumphinnans, Ballingry, Lochore & Crosshill Interzones
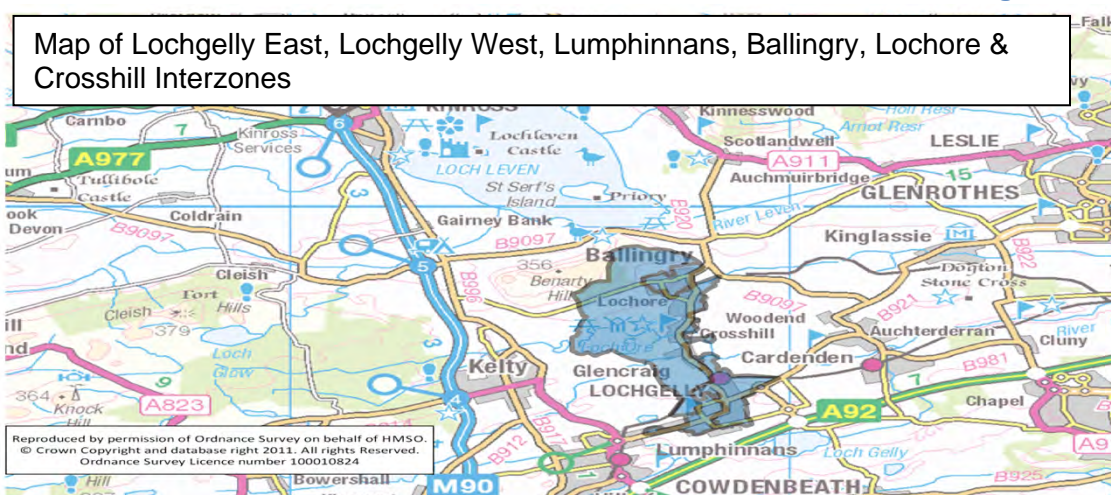
2.1.7   The General Practitioners together with the multi-disciplinary team manage the widest range of health problems; providing both systematic and opportunistic health promotion, diagnoses and risk assessments; dealing with multi-morbidity; coordinating long-term care; and addressing the physical, social and psychological aspects of patients' wellbeing throughout their lives.

2.1.8   As figure 1 (page 5) above portrayed the General Practitioners and multidisciplinary team working in the hub model are integrally involved in deciding how health and social services should be organised to deliver safe, effective and accessible care to patients in their community. Practice based multi disciplinary team working is identifying people who could benefit from a case management approach and supporting people to access the right support where there is:

- Complexity in their care and support arrangements through locality multi disciplinary teams, or
- Clinical complexity providing rapid access to assessment through the locality community health and wellbeing hub teams.

2.1.9   The combined Practice population of 10,728 (April 2019), has grown by 1.6% over the past 18 months. The current demographics of the population (based on 2011 census, 2016 SIMD datazone data and ISD Practice data 2019) are:

- 50.9% female: 49.1% male
- 18.0% are over the age of 65 and 18.2% are 0-15 years (slightly higher than the average for Fife)
- 45.4% of patients live in the most deprived quintile, with 0.9% living in the least deprived quintile
- 20.9% of the wider locality population are income deprived, compared to the Fife average of 12.4%, 24.3% of children (under 16) live in poverty compared to the Fife average of 17.9%
- 27.6% of the Practice's patients have one or more long term condition compared to Fife rate of 7.16%
- Fife has the highest rate of under 18 and under 20 pregnancy rates in Scotland. The Cowdenbeath locality has the second highest rate of teenage pregnancy under 18 (three year aggregates to 2017) within Fife.

2.1.10 Table 3 below notes a range of health indicators for the Lochgelly practice population (where available, or the wider locality where not available) compared to Fife (Fife has seven localities); this demonstrates the relative poor health of the population. The health outcomes for the people supported by the Lochgelly practices are consistently lower than the rates for Fife, in a number of instances these are the highest rates / poorest outcomes in Fife.

2.1.11 The Lochgelly area populations' experience higher rates of emergency hospital and multiple admissions. Along with higher rates of admission related to COPD, coronary heart disease and alcohol related hospital stays.

2.1.12 In SCOTPHO analysis of QoF data 2017/18 the Lochgelly area comes out in the top three in 12 of 17 measures when compared with the seven Fife localities.

2.1.13 Mental Health is the fourth highest of the health impacts on the population of Fife (after Cancer, Cardiovascular disease and Neurological conditions); those who are socially disadvantaged have an increased probability of experiencing mental ill health. For example, in 2010/2011, there were twice as many GP consultations for anxiety in areas of deprivation than in more affluent areas in Scotland (62 consultations vs. 28 per 1,000 patients). The impact of mental health difficulties in the Lochgelly community is evidenced in the data below and the current range of services seeking to access accommodation in the health centre (detailed in table 4).

Table 3

Indicator	Lochgelly area	Wider Locality	Fife	Comparative notes
Premature mortality Cancer related		337 per 100,000		(5th of 7)
		180 per 100,000		(2nd of 7)
CHD related		70 per 100,000		(2nd of 7)
Patients (65+) with multiple emergency admissions		6,087 per 100,000		(1st of 7)
New and unplanned repeat A&E attends	297.4 per 1,000.		264 per 1,000	
Potentially avoidable admissions		20.2 per 100,000		(2nd of 7)
Median 11/15-5/19 Falls related admissions (65+)		2.5 per 1,000	2.05 per 1,000	(1st of 7)
Cancer rate (QOF)	3.06	2.85	2.85	(Lochgelly has the 3rd highest compared to the 7 localities)

Indicator	Lochgelly area	Wider Locality	Fife	Comparative notes
CHD rate (QOF)	4.65	4.67	3.94	(Lochgelly has the 3rd highest compared to the 7 localities)
Hypertension rate (QOF)	18.45	17.54	15.36	(Lochgelly has the highest compared to the 7 localities)
Asthma Rate (QOF)	7.17	7.58 (2nd of 7)	6.94	(Lochgelly has the 3rd highest compared to the 7 localities)
COPD rate (QOF)	3.4	3.61 (2nd of 7)	2.58	(Lochgelly has the 3rd highest compared to the 7 localities)
COPD admissions (standardised rate)	Prac. 1 - 2.7 Prac. 2 - 7.2 Prac. 3 - 5.6	5.3	3.1	Two of the three practices are above Fife levels (Crude & standardised rates).
Diabetes rate (QOF)	7.11	6.51 (2nd of 7)	5.56	(Lochgelly has the highest compared to the 7 localities)
Alcohol related mortality		17.1 per 100,000		(3rd of 7)
Mental Health rate (QOF)	0.96	0.85	0.86	(Lochgelly has the highest compared to the 7 localities)
Mental Health Prevalence		5,132 per 100,000 (1st of 7)		
Psychiatric Admissions (episodes)	29.7 per 1,000 (2018)	25.7 per 1,000 (2018)	24.5 per 1,000 (2018)	Lochgelly levels are above all Fife localities for both patients and episodes
Depression rate (QOF)	12.47	11.57	8.93	(Lochgelly has the highest compared to the 7 localities)
Dementia rate (QOF)	1.00	1.09	0.81	(Lochgelly has the 2nd highest compared to the 7 localities)
Stroke and TIA rate (QOF)	2.81	2.7	2.46	(Lochgelly has the 2nd highest compared to the 7 localities)
Developmental disorders		856 per 100,000 (2nd of 7)		

2.1.14 Projections for future demand for primary care and community services with Lochgelly are driven by the population projections which see the older population growing by 45% by 2041 and by the known negative impact on health of the relative socio economic deprivation the community experiences. Housing developments are seeing the construction of circa 420 new homes by 2025 (potentially an additional 1,050 people). The local development plan includes potential for the development of a further 4070 homes within the Lochgelly Health Centre catchment area. The infrastructure is therefore required to enable services to develop the community health and wellbeing model to support the anticipated increase in the needs detailed in table 3 rather than seeking to continue to do more of the same.

2.1.15 The current workforce delivering services, health, social and voluntary sector activity is outlined below at table 4 along with potential future workforce required to deliver integrated primary care and community services. Recent and continuing changes to the workforce are being phased in line with population growth and service model developments and are taking into account the requirements to implement the GMS (2018) contract and enhance the primary healthcare team, community health and social care teams and health visitor pathway. The Meadows Practice provides training placements for medical students.

<div align="right">Table 4</div>

	Existing Provision (whole time equivalent)	Recent change	Future provision * Incl. new roles
General Practitioners (5)	4.5	- 1wte	
Advanced Nurse Practitioner (2) + trainee	2	+1wte	
Nurse Practitioner (1)	0.8	+0.8wte	
Practice Nursing (3)	1.7	-1.05wte	
Primary Care Mental Health Nurse	1	+1	
Practice Phlebotomist (1)	0.39		
Practice Manager (3)	2.9		
Admin staff (11)	9.6	-0.27	
Community Nursing Team (9+ 2 student/rotational Intermediate Care team colleague)	6.87 (+2)		Redesign of Community Nursing + caseload weighting necessitate change
Community Phlebotomist (1)	0.5		
Community Teams Admin Staff	0.9		
Medical Students	0.2		
Primary Care Pharmacist	1		+4 requiring an office and access to consultation accommodation
Visiting teams	**Sessions per month**	**Future provision * Incl. new roles**	
Addiction Services	12		
Clinical Psychology	33		
Fife Intensive Rehabilitation and Substance Misuse Team	16		
Phlebotomy (Bloods)	16		
Respiratory Nurse Base + Clinic	1 wte + 3 clinics		
Paediatric Clinic	6		
Asthma Clinic	4		
Fife Forum	8		
Continence Clinic	4		
ADAPT (Alcohol and drug triage service)	4		
Stop Smoking	4		
Psychiatry	8		
Health Visitors Baby Clinic	4	13 staff and the full range of centre based Health Visiting activity:	
Health Visitor Review Clinic	12 + Wellbeing		

	meetings when required	majority currently delivered from an adjacent smaller village
Immunisation Team	8	Potentially evening Flu clinics
Midwife Clinic	12	
Safe Space	4	
Dietician	2	
Orthoptic Clinic	4	
Podiatry	16	
Diabetic Foot Check (DAR's)	6	
Dermatology	4	
Minor Surgery Clinic	As required circa 2 per week	
Depot Clinic (QMH Nurses)	1 hr per week	
Treatment Room	20	
Fife Alcohol Advisory Service	4	
Social Workers / Social Care Workers		MDT time Child Protection meetings
Mental Health Nursing	8	
Contraception and Sexual Health	4	
Alcohol and Drug Drop in	4 (evenings)	
Wider voluntary sector		A wider range of voluntary sector services e.g. citizens advice supporting income maximisation
First Contact Physiotherapist		0.55wte

2.2 SERVICE DETAILS

2.2.1　The accommodation in Lochgelly (Building report at Appendix 1), provided over one level with a total floor area of 760m2, supports:

- General Practitioner activity associated with the Lochgelly Meadows Practice (Circa. 19,000 appts PA and a Practice population of circa. 5,011)

- Nurse activity associated with the Lochgelly Meadows Practice (Circa. 4,000 appts PA)

- General Practitioner activity associated with the Lochgelly Medical Practice (Circa. 10,000 appts PA and a Practice population of circa. 3,511)

- Nurse activity associated with the Lochgelly Medical Practice (Circa. 7,000 appts PA)

- General Practitioner activity associated with the Lochgelly (Dr Thomson) Practice (Circa. 5,400 appts PA and a Practice population of circa. 2,206)

- Nurse activity associated with the Lochgelly (Dr Thomson) Practice (Circa. 900 appts PA)

- Community nursing "treatment room" activity (16 appts per day, 22 at busiest times, Circa. 4,100 appts PA), Phlebotomy provide 37 appts 4 days per week, Circa 6,500 PA) with the team visiting about 30 people at home per day.

- Primary Care nursing activity (Average 30 appts per week - 1560 PA)

- Minor surgical procedures undertaken by a specialist General Practitioner (Circa. 100 episodes PA)

- Practice Phlebotomy services (Circa. 5,500 episodes PA)

- Midwifery ante-natal clinic activity (Circa. 750-800 appts PA)

- Psychology out-patient services (Circa. 1000 appts PA)
- Targeted sexual health services for younger people (Circa. 300 appts PA)
- Dietetic consultations (Circa. 204 episodes PA)
- Podiatry services (Circa. 1010 appts PA)
- Stop Smoking sessions (Circa. 470 appts PA)
- Paediatric consultation activity (Circa. 170 appts PA)
- Mental Health: Nursing Psychiatry and Psychology
  - West Fife Community Outreach Team (Circa. 200 appts PA).
  - Addictions – sessions outlined above
  - Psychiatry – sessions outlined above
- Voluntary Sector services – sessions outlined above

2.2.2   General Practitioner Practices have access to a known number of consulting rooms/areas on a daily basis, with visiting services scheduled ahead as far as possible, based on room availability. This situation is complicated by a lack of inter-service flexibility and the particular challenge associated with low patient numbers in a wide range of different clinics, most notably high 'session utilisation' (all rooms are booked all the time they are available) but poor 'in-session utilisation'.

2.2.3   Whilst the General Practitioner Practice and Health and Social Care Partnership are working collaboratively to modernise, integrate and expand services to improve outcomes and support the population growth, development is severely constrained by the existing premises. For example the respiratory nurse would be able to see circa three times more patients if clinic space was available, supporting more proactive case management, with medical colleagues and thereby reduce emergency admissions further.

2.2.4   In summary, baseline data indicates that services delivered from the existing Lochgelly Health Centre amount to a total of circa 70,000 attendances per annum; circa 270 attendances per day or around 15 patients / clinical room activity per day. Whilst this is considerably less than the theoretical capacity associated with these clinical spaces, this situation occurs as a result of an overall lack of administrative / support areas within the building and the resultant extensive use of consulting space for administrative and clinical support activities. For example GPs use their consulting rooms also as office space, meaning the rooms cannot be used by another clinician outwith their clinical sessions.

2.2.5   As the Health Centre runs at 100% capacity services often double book rooms in case cancellations arise – this includes clinical services, voluntary sector support groups, teams seeking to deliver mandatory staff training and centre based teams seeking to meet together. The AEDET review exercise confirmed that the layout and fabric of the building place considerable limitations on effective and safe service delivery (page 38).

2.2.6   Where services are not / cannot be delivered locally in Lochgelly, patients are referred to different locations that include: Queen Margaret Hospital, Dunfermline; Victoria Hospital, Kirkcaldy; Rosewell Clinic, Lochore. For example the majority of Health Visiting activity including Wellbeing Meetings is delivered from Rosewell Clinic; impacting on access inequities.

2.2.7   Out of Hours Primary Care is delivered from four Urgent Care Centres in Fife. The Partnership does not have plans to extend the number of Urgent Care Centres. The Practices and Community Teams offer a small number of clinics / sessions into the evening. The restrictions of the building do not lend themselves to safe and simple access in the evening.

2.2.8   The model of care is developing in line with the new General Practitioner Contract, with the Primary Care Development implementation plan progressing along with the Business Planning process. Accommodation is not available to support the local delivery of physiotherapy, mental health nursing, primary care pharmacists, social prescribing, etc. For example the Local Area Co-ordinator (voluntary sector member of the team sign posting people to local community provision) is not able to work from Lochgelly as frequently as required. To meet the areas needs within the GMS (2018) there will be three levels of pharmacotherapy input, this will see the resource based in Lochgelly grow from 1 whole time equivalent to 5.

2.2.9   Nationally, a re-provisioning exercise is in process to replace existing GP IT systems, with suppliers having until February 2020 to complete development of their respective systems in line with NHS National Services Scotland requirements. After this, a transition exercise will commence across all boards, with Fife's transition scheduled to commence summer 2020. This will facilitate the Lochgelly practices to be paperlite.

2.3 STRATEGIC CONTEXT

2.3.1   NHS Fife Clinical Strategy sets the strategic direction with Fife Health and Social Care Partnership that is focused on local early, preventative care. In working with partners to improve the health of local people and the services they receive, while ensuring that national clinical and service standards are delivered across the NHS system we will strengthen primary care and community services.

2.3.2   Our vision requires a flexible and responsive model that works with people to define the outcomes they want to achieve, enabling people to maximise their health and wellbeing by utilising their own and community assets, adding and adapting services responsively to meet and sustain outcomes.

2.3.3   Our development of the community health and wellbeing hub model is designed to flexibly and responsively layer services where required, adjusting support and care incrementally, as locally as possible. In light of the changing demography this has focused initially on supporting people to minimise and modify the impact of frailty and factors leading to frailty(including younger people frail because of long term conditions, addictions etc). Providing holistic assessment and care management, focused on individual outcomes, anticipatory planning and supporting a reducing in

unscheduled care.   Fife has a population of 371,910 (2018 mid year population estimates, NRS), with slightly above the Scottish average for the over 65's age group described in Table 5.

	Total Population	65+	75+	85+
Fife	371,910	20%	9%	2%
Scotland	5,438,100	19%	8%	2%

2.3.4   Fife H&SCP has seven localities. Lochgelly is within the Cowdenbeath locality. The Cowdenbeath locality sits within the West Division of the (H&SCP. The H&SCP is developing a locality clinical model with General Practitioner Clusters focused on the needs of the locality population. Table 6 demonstrates the percentage of locality populations over 75.

Table 6

	Population over 75	75+
City of Dunfermline	3928	7%
Cowdenbeath	3360	8%
Glenrothes	4109	8%
Kirkcaldy	5549	9%
Levenmouth	3560	10%
North East Fife	7192	10%
South West Fife	3845	8%

2.3.5   Figure 3 notes the anticipated change in the localities population over the next 25 years. The total population within Cowdenbeath Locality is projected to increase by 5% by just around 2,000 by the year 2041. Most of the areas' population growth is expected to take place in the older people age group, an increase of circa 45% which will place an increasing demand on health and social care.

Figure 3

Population - **2016**	41,288
Population estimate – **2041**	43,300

By 2041

0-15	↓8% (600)
16-64	↓4% (1,000)
65+	↑45% (3,600)
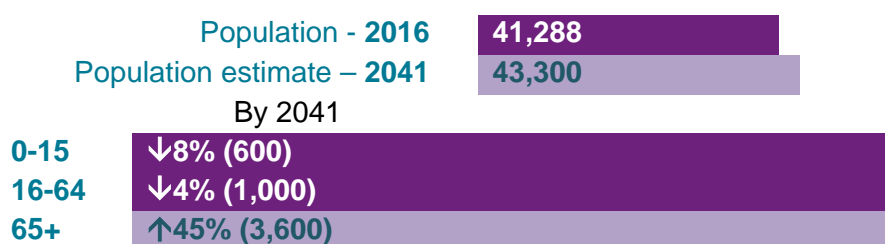
2.3.6   The local and national goal, supported by NHS Fife's Clinical Strategy (2016-21), and the Fife Health and Social Care Partnership's Strategic Plan for Fife 2019-2022 (draft) is to provide safe, effective and sustainable care at home or as close to home whenever possible. The integrated model being implemented will support robust, holistic health (primary and community) and social care, with third sector services having a strong focus on early intervention, prevention, anticipatory care and supported self management.

2.3.7   The proposal for investment into fit for purpose health and social care facilities in Lochgelly will not only address the current restrictions upon local delivery of clinical, community and third sector services and deficiencies in facilities at the existing

Lochgelly Health Centre but also enable the delivery of the above integrated model within the Lochgelly area.

2.3.8 The well rehearsed pressures in General Practice in Scotland can be illustrated by the following indicators:
- 10% of the population consults with a GP Practice clinician every week
- 34% of all GPs are aged 50 and over in 2015, compared with 29% in 2005
- 37% increase in female General Practitioners and 15% decrease in male GPs over the ten-year period to 2015
- 40% of female GPs leave the profession by the age of 40
- 2015 – 1 in 5 GP training posts unfilled

2.3.9 Fife's Primary Care Improvement Plan sets out the ambitions for reshaping primary care and General Practice in implementing the new GMS 2018 Contract. This is facilitating the development of General Practitioners as expert medical generalists within expanded Primary Health Care Teams, by implementing new roles and ways of working. This is underpinned by the guiding principles of:

- Contact: accessible care for individuals and communities
- Comprehensiveness: holistic care of people – physical and mental health
- Continuity: long term continuity of care enabling an effective therapeutic relationship
- Co-ordination: overseeing care from a range of service providers

2.3.10 Care pathways are patient (not disease) centred to meet the challenge of shifting the balance of care, realising Realistic Medicine and enabling people to remain at or near home wherever possible. Local accessibility and the need to provide a wider range of services to people in their local communities and to develop greater local integration is being hampered by the accommodation available within the Lochgelly area. The effect of which is evidenced in the continued reliance upon the traditional medical model of relatively high acute hospital attendance and admission rates.

2.3.11 Local accessibility and improved joint working with other health and social care partners as part of a wider whole system will facilitate integration of health and social care and enable more effective delivery of health and wellbeing outcomes. This will be underpinned by Practice multi disciplinary team working, supported by responsive wider locality teams in reaching to deliver local care.

2.3.12 Key national and local documents have influenced the development of our health and care model and thereby this proposal, although this is not an exhaustive list. It should be noted that along with Caithness and Ayrshire Fife's Community Health and Wellbeing Hub programme has been selected as a national pathfinder site to support a Once for Scotland approach to delivering the shift in the balance of care from hospital to community.

National
- Commission on the Future Delivery of Public Services (The Christie Report) (June 2011)
- 2020 Vision for Health and Social Care (September 2011)
- Healthcare Quality Strategy (2012)
- A National Clinical Strategy for Scotland (February 2016)

- Health and Social Care Delivery Plan (December 2016)
- Property Asset Management Strategy (2017)
- NHS in Scotland 2016 – Audit Scotland Report (October 2016)
- Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland (August 2017)
- General Medical Services Contract (2018)
- Health and Social Care Integration – Audit Scotland (November 2018)
- Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future (2017)

Local

- Health and Social Care Partnership Strategic Plan for Fife Plan (draft 2019-2022)
- NHS Fife Clinical Strategy (2016-21)
- NHS Fife Estates Rationalisation Strategy (2017)
- NHS Fife Operational Delivery Plan (2018/19)
- Let's really raise the bar: Fife Mental Health Strategy (draft) (2019-2023)

2.3.13 This proposal interacts with these key local and national strategies in terms of:

Quality Strategy ambitions in relation to:
- Person centred care - through improving access to Primary Care and providing more care closer to home;
- Safe – reducing risk of infection through provision of modern fit for purpose accommodation;
- Effective – bringing together a wider range of health and care services to make more effective use of resources.

2020 Vision aspirations are that everyone can live longer healthier lives at home, or in a homely setting with focus on improving quality of care, improving the health of the population and providing better value and sustainability.

Technology Enabled Care projects are being tested within the current service model to modernise primary care, support earlier identification and self management.

NHS Fife's Clinical Strategy and **Operational Delivery Plan** are focused on delivering person centred care, closer to home where possible. The proposed development will support the local provision of health and social care services within Lochgelly, facilitating person centred care and support.

The **2018 General Medical Services Contract** refocuses the role of General Practitioners as expert medical generalists and recognises that general Practice requires collaborative working, with enhanced multidisciplinary teams that are required to deliver effective care, joint working between General Practitioner Practices in clusters and as part of the wider integrated health and social care landscape. Better care for patients will be achieved through:
- Maintaining and improving access;
- Introducing a wider range of health professionals to support the expert medical generalist;
- Enabling more time with the General Practitioner for patients when it is really needed; and
- Providing more information and support to patients.

The **Public Bodies (Joint Working) (Scotland) Act 2014** aims to improve outcomes for people by creating services that allow people to stay safely at home for longer with a focus on prevention, anticipation and supported self-management, and provide opportunities to co-locate health and care services working together for the local population. Fife's local Health and Social Care Strategy describes how the nine National Outcomes for Integration can be met through prevention, local earlier integrated working focused on peoples own outcomes.

Promoting the wellbeing of children is central to the work of Health Visitors and this is supported by the new Universal Health Visiting Pathway and the Named Person role conferred by the **Children and Young People (Scotland) Act (2014)**.The Universal Health Visiting Pathway sets the standard for health visiting and the minimum core visits that families with children aged 0-5 years can expect from their Health Visitor, regardless of where they live. This will require an increase in the Health Visiting establishment and new ways of working for full implementation.

The Scottish Government's **Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future** (2017) sets the direction for nursing in Scotland through to 2030 and focuses on personalising care, preparing nurses for future needs and roles, and supporting nurses. Within this framework redesign in community nursing is supporting the implementation of the Chief Nursing Officer Directorates paper on Practice and Community Nursing to integrate locally to support prevention and early intervention.

Fife Health and Social Care Partnership, established on 1st April 2016, is refreshing its strategic plan, this includes revised Vision, Mission and Values. The plan is focused on delivering proactive, integrated support and therefore will seek to secure an outcome focused model delivered locally aimed at securing improved outcomes through early identification and intervention:

- *The Vision is* To enable the people of Fife to live independent and healthier lives.
- The **Mission** is "We will deliver this (vision) by working with individuals and communities, using our collective resources effectively. We will transform how we provide services to ensure these are safe, timely, effective and high quality and based on achieving personal outcomes."
- Our **Values** are: Person-focused - Integrity – Caring - Respectful - Inclusive - Empowering

    2.3.14 This will support local delivery of the national outcomes for integration.

    2.4 **DRIVERS FOR CHANGE**

    2.4.1 The following is a full list of the main drivers causing the need for change, the effect that these issues are having on the current service provision and an assessment of why it is believed action is required now.

Table 7

Driver for change:	What effect is it having, or likely to have, on the organisation?	Why action now:
The clinical and social care model have developed and implementation is being circumscribed	Primary, Community and Voluntary sector services cannot provide the integrated model of care they and the community recognise is required now and for the future.

Existing facilities lack the number and range of support areas necessary to | The model of integrated care is being undermined now: preventing locally based, proactive care.

Lack of essential support areas (e.g. clean and dirty utility areas) represents a real and unacceptable risk to the Board in key areas such as Healthcare Associated |

Driver for change:	What effect is it having, or likely to have, on the organisation?	Why action now:
	deliver safe and effective services, the physical capacity of the building is 100% utilised and oversubscribed.	Infections and patient safety that can only be addressed through significant investment. Time from Initial Agreement to occupation of a new facility could take circa 4 years.
	Services cannot be delivered locally for local patient need; Existing physical capacity is unable to deliver essential baseline change and re-design.	Local health inequality issues will continue to be difficult to support. NHS Fife/Fife H&SCP will fail to deliver the GMS (2018) and the community health and wellbeing hub model within Lochgelly unless this is planned for.
	Pressure on existing staff, accommodation and services will inevitably increase.	Sustainability of primary care is a key priority for the Partnership and NHS Fife. There is a need to plan to provide a sustainable service for the future
Poor clinical and non clinical functionality and space restrictions in existing accommodation (configuration)	Existing facilities fall far below the required standards in terms of how they are configured and laid out. The Equality Act (2010) compliance within the building is poor.	Existing facility configuration and layout presents unacceptable risks, as well as poor local performance, functional in-efficiency and suboptimal patient experience. Wheelchairs, mobility scooters and double buggies cannot access parts of the building, including the waiting area. The waiting areas are too small.
	Premises are functionally inadequate and compromise pro-active patient care.	No scope exists to re-organise parts of the service to improve the experience.
	Some consulting rooms are very small and do not meet current standards. These are very restrictive / unsuitable for patients and staff.	Poor patient and staff experience. Does not meet current recommended standards.
Clinical and social care functionality (capacity) issues	Capacity is unable to cope with current, let alone future projections of need. Patients are required to make repeated appointments to meet with different members of their multi disciplinary team and to access healthcare out-with the local area.	Service sustainability and development is at risk and an increasing number of patients will travel to other venues for appointments.
	Facilities lack the number and range of support areas necessary to deliver modern, integrated, safe and effective services	There are no rooms available to deliver training, accommodate local multi disciplinary team meetings, etc. There is no accommodation to support local access to a wider range of visiting community services to support for example income maximisation.
Building issues (Including statutory compliance and backlog maintenance)	Existing facilities fall far below the required standards in terms of how they are configured and laid out. Physical characteristics of the building prevent safe and effective patient care: small treatment rooms below minimum standards.	Building configuration and layout present unacceptable risks as well as poor performance and functional inefficiency. Redesign of building will allow for improved care, staff experience and financial performance.

Driver for change:	What effect is it having, or likely to have, on the organisation?	Why action now:
	Increased safety risk from outstanding maintenance and inefficient service performance.	Building condition, performance and associated risks will continue to deteriorate if action is not taken now.

2.5 INVESTMENT OBJECTIVES

2.5.1 This section identified the 'business need' in relation to the current arrangements described in section 2.1. These were discussed at the Architecture & Design Scotland (A&DS) facilitated workshop to develop the project design statement. A wide range of stakeholders including clinical and managerial staff along with community representatives were involved in a workshop to describe the difference between 'where we are now' and 'where we want to be'.

Table 8

Effect of the need for change on the organisation:	Investment Objectives
Existing service arrangements are affected by lack of clinical support service facilities.	Ensure equal access to a patient centred approach by enabling delivery of and access to local integrated anticipatory and preventative care for patients. Secure accommodation to deliver required group based activities.
Implementation of integrated models of care is undeliverable locally in the current environment	Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in capacity.
Pressure on existing staff, accommodation and services will inevitably increase.	Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people's health within the local community.
The facilities available, 100% occupancy, combined with significant population change, restrict the ability of the parties to deliver the full range of integrated services locally.	Enable earlier access to proactive and anticipatory care through local delivery via integrated seamless service across health and social care. This will reduce referrals to other services. Care will be driven by patient need rather than limitations on capacity.
Existing configuration, as a result of a circa 1970's building, which has been modified and extended with a 'best fit' approach means poor accommodation e.g. service users who rely on wheelchair access or have a mobility problem have extreme difficulty in both accessing and traversing the facility.	Delivery of safe and effective care with dignity by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all. Improved staff wellbeing.
Increased safety risk from outstanding maintenance and inefficient service performance.	Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate.

2.6 **PROPOSED BENEFITS**

2.6.1 There is a clear emphasis on General Practice provision and the development of the community health and wellbeing hub model within the Partnership's Strategic Plan and NHS Fife Clinical Strategy. The proposed investment in infrastructure will enable the Lochgelly Medical Practices to fully participate in the required programmes of care, enable full access to the development of Primary Care Improvement Plan and thereby improve outcomes for individuals, their families and the community, experience of staff and the reputation of the organisation.

2.6.2 Benefits for each of the investment objectives described in section 2.5 above are mapped to the expected benefits in the context of the Scottish Government's five Strategic Investment Priorities (Safe; Person-Centred; Effective Quality of Care; Health of Population; Efficient: Value and Sustainability).

2.6.3 To ensure that resources are effectively exploited and that any investment made provides agreed benefits a benefits register has been developed. This register (see appendix 3) identifies the expected benefits, indicates a baseline and target measurement and also gives a priority level to each benefit. A Benefits Realisation Plan will be developed as part of the Outline Business Case.

<div align="right">Table 9</div>

	Investment Objective	Benefit	Investment Priority
1.	Ensure equal access to a patient centred approach by enabling delivery of and access to local integrated anticipatory and preventative care for patients. Secure accommodation to deliver required group based activities.	General Practitioner Practice Multi Disciplinary Team, wider community hub team and voluntary sector have access to accommodation to meet population needs locally.	Person-Centred Health of Population Integrated Care
2.	Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in capacity.	Services delivered locally based on need.	Person Centred Efficient Effective Integrated Care
3.	Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people's health within the local community.	Higher staff retention levels. Higher staff morale/lower absence rates. Increased flexibility of roles. Career progression. Improved workforce planning across the health and social care pathway. Supports training, education and development. Improved patient centred communication within the wider team.	Person Centred Efficient Effective Value and Sustainability Integrated Care
4.	Enable earlier access to proactive and anticipatory care through local delivery via integrated seamless service across health and social care. This will reduce referrals to other services. Care will be driven by	Access to wider staff skills, support and experience on one site. Reduces unnecessary hospital referrals. Reduces patient risk.	Effective Quality of Care Person Centred Integrated Care

	patient need rather than limitations on capacity.		
5.	Delivery of safe and effective care with dignity – by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all. Improved staff wellbeing.	Improves patient experience addressing privacy and dignity issues. Improves staff safety through provision of primary care & community services on one site allowing for available support for patients and staff. Ease of compliance with standards e.g. Equality Act (2010), HAI Fit for purpose flexible accommodation meeting all guidelines e.g. room sizes.	Safe Person Centred Quality of Care Integrated Care
6.	Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate.	Increased local provision and access to treatment making best use of available resources by having the infrastructure to deliver more proactive prevention and early intervention focused support, maximising MDT working to facilitate access for people and thereby reducing the call upon unscheduled care.	Effective Quality of Care Efficient: Value and Sustainability

1 STRATEGIC RISKS, CONSTRAINTS AND DEPENDENCIES

1.1 RISKS

1.1.1 Recognising that one of the main reasons when change projects are unsuccessful in terms of cost and time overruns and/or failing to deliver the expected benefits is the failure to properly identify and manage the project risks, a Project Risk Register has been developed. Risks at the Initial Agreement Stage of the Project have each been assigned an owner and mitigation action identified (appendix 3).

1.1.2 The key areas of risk relate to:
- Capital envelope does not support the preferred way forward.
- Clinical and care models may change and not be adequately planned for
- The programme may be delayed: further impacting on service delivery
- Engagement: in terms of maintaining positive stakeholder engagement
- Acquisition of land: initial discussions have been held with Fife Council in relation to the possible purchase of land.

1.2 CONSTRAINTS AND DEPENDENCIES

1.2.1 Financial: given the current climate it is recognised that the project is likely to be constrained financially. The affordability of the project will continue to be fully tested through each of the approval stages; this will include the development of a fully detailed revenue model within the Outline Business case. Once the project budget is set, the project will require to be delivered within this.

1.2.2 Programme: given the risks associated with the current arrangements, there is a need to deliver the project as quickly as possible.

1.2.3 Quality: the project will require to comply with all applicable healthcare guidance and achieve the Achieving Excellence Design Evaluation Tool (AEDET) pre-defined target criteria across all categories.

1.2.4 Sustainability: as the preferred option is a new build there will be a requirement to achieve British Research Establishment Environment Assessment Method (BREEAM) 'excellent'.

1.2.5 Site: as the preferred option is a new build within a built-up area delivery of the project will be restricted and constrained. Careful planning will be required to plan how the project can be delivered efficiently and safely with minimal disturbance to surrounding residents and local businesses.

1.2.6 Dependencies associated with the build phase will be tested in development of the Outline Business Case.

1.2.7 These risks will then be reviewed in more detail at the Outline Business Case stage. The process of risk management will continue throughout the life of the project and then transfer to the operational management of the organisation.

1.3 CRITICAL SUCCESS FACTORS

1.3.1 In addition to the Investment Objectives set out in section 2, the stakeholders have identified several factors which, while not direct objectives of the investment, will be critical for the success of the project.

Table 10

Requirement	Description	Critical Success Factor
Strategic fit	Meets agreed clinical and investment objectives, related business needs and service requirements	• From Patient perspective: 　• a facility that is easily accessible, bright, welcoming and airy. 　• designed so that patients can be treated with dignity particularly in terms of confidentiality. • Promotes sustainability of Primary Care provision, Realistic Medicine and delivery of 2018 GMS Contract • Consistent with NHS Board's Clinical Strategy • Supports delivery of NHS Scotland Quality Strategy • Facilitates integration of health and social care services, delivered locally
Value for money	Maximise the return on the required investment and minimise risks	• Service model maintains or reduces revenue costs in the longer term through earlier intervention • Service model enables effective decision making in allocation of resources • Building design maximises efficiency and sustainability
Potential achievability	Is likely to be delivered in relation to the required level of change Matches the available skills required for successful delivery	• The skills and resources are available to implement new ways of working • The Partnership and the Practice are able to embed new ways of working • NHS Fife are able to deliver the programme to agreed budget and timescales • Technology enablers are available and utilised
Supply side capacity and capability	Matches the ability of service providers to deliver required services	• Service providers are available with skills, materials and knowledge • The project is likely to attract market interest from credible developers
Potential affordability	Available capital and revenue resources are sufficient to support the successful delivery of the proposed facility and services	• Solution is affordable to all stakeholders

1 ECONOMIC CASE

1.1 DO NOTHING/ DO MINIMUM OPTION:

1.1.1 It is not feasible to continue with the existing arrangements ('Do Nothing') as outlined in Section 2, because the building is not fit for purpose. The do nothing option scored lowest throughout the option appraisal process. The building and footprint likewise mean that a do minimum option is not feasible.

<div align="right">Table 11</div>

Strategic Scope of Option	Do Nothing
Service Provision:	Primary Care services in Lochgelly are delivered from the existing Lochgelly Health Centre. The facility has previously been considerably modified and extended.
Service Arrangements:	Three separate Primary General Medical Services practices, Community Health and Voluntary Sector services
Service Provider and workforce arrangements:	For the services detailed above at section 2 the workforce arrangements will continue with General Practitioner services Community Health and Social Care and Voluntary Sector services delivered in the building. The developing integrated multi disciplinary model will be circumscribed with inequity of access and travel implications for patients. Poor accommodation will continue to be managed as a risk in terms of staff health and safety.
Supporting assets:	- The existing Lochgelly Health Centre has a baseline area of 760m^2 and features a mixture of traditional General Practitioner/consulting spaces that includes:4 x restricted separate reception and records areas at a total of 100m^2 (Associated with the 3 x separate Practices and NHS consulting elements) 2 x waiting areas (total 26m^2) with inadequate space to meet even baseline needs and no age-specific provision 17 x (reasonably sized but poorly configured) consultant/treatment rooms located throughout the facility with little/no functional relationship to each other or the different patient groups they relate to 1 x interview room 1 x group room, although this is in effect a former waiting area with no windows that is far from fit for purpose and can consequently only be used for very short periods, therefore this has virtually no capacity for e.g. staff meetings, staff training and group work (e.g. breastfeeding support) 5 x small and disparate offices (total 74m^2) 1 x staff room (23m^2) servicing the whole facility and all staff groups Clinical Functionality Capacity issues have been identified as those problems associated with a lack of local space (area) that is essential to safe, effective and appropriately compliant service delivery. Areas originally designed to provide essential support functions have been lost in a drive to maximise clinical consultation space. Whilst the facility technically has sufficient space to support baseline clinical activity, in reality it is unable to do this as a consequence of a chronic lack of storage, waiting, quiet / interview, phlebotomy, administrative and office space. In addition, the existing facility lacks any form of clean utility room, dirty utility room, disposal hold, Domestic Services Room (DSR) or clinical storage facilities. There is no dedicated teaching, group space nor consulting rooms capable of supporting a GP training function. There are no administration areas capable of supporting wider staff teaching and learning or undertaking on-line training and assessment packages. The facility has nowhere that a patient can be managed should their visit become protracted; they become unwell; and / or they require acute management prior to transfer out to another facility by ambulance. This results in delays to clinical activity as it means consultations being delayed or suspended and is compounded due to the extremely poor access to all existing clinical areas. (None of these can be accessed by a trolley through the main entrance should this be required, with the only other entrance – at the rear – only being

	accessible by a number of steps. This impacts poorly on patient dignity and confidentiality). The building configuration is poor from access, service configuration, safety and security perspectives.
Public & service user expectations:	Delivery of effective General Practitioner and Primary Care, physical and mental health services in Lochgelly from one building in a good central location which is all on one level. Services delivered by a wide range of professionals. Strong desire to increase 'targeted' delivery to address inequalities. Single shared staff room Access to adjacent car parking spaces in a free Council car park.

1.2 ENGAGEMENT WITH STAKEHOLDERS

1.2.1   It was key to have the support of key stakeholders from health and social care staff and also leaders from the local community to define the change required and create the vision for change.

1.2.2   Stakeholders supported this through their participation in the Option Appraisal Exercises, Achieving Excellence Design Evaluation Toolkit AEDET and Design Statement workshops.

1.2.3   This will ensure that the vision is shared, is communicated to all who will be impacted by the change and the support from those who have an emotional commitment to the services provided in their community.

1.2.4   Further detailed information on the engagement and involvement with stakeholders completed to date, and proposed throughout the programme is included at section 7.

1.3 SERVICE CHANGE PROPOSALS

1.3.1   The initial scope for the Lochgelly Health Centre project was to explore design and scope options to provide a suitable health and social care facility in Lochgelly which was of a suitable size and condition to meet with the growing needs of the existing Practices, community health and social care team and voluntary sector services.

Long List

1.3.2   The theoretical long-list of options was initially generated by the NHS and Local Authority teams with the support of Hubco and its advisers, and reviewed throughout the process. This long-list was based on the cross-referencing of strategic theoretical service options available with local site / facility considerations.

1.3.3   Strategic theoretical option themes included:

Table 12

Strategic Scope	Summary
1 Service Provision	• Do nothing (The status quo) • Build entirely new, minimise any use of existing buildings (full build)
2 Service Arrangements	• Don't have any specific General Practitioner / health facilities locally
3 Service provider/ workforce	• Utilise only 'operational' solutions to address existing problems
4 Supporting Assets	• Build new but also make use of existing facilities to support the overall model (reduced build) • Combine a new build or refurbishment proposal with other new / existing developments across the public sector • Use and/or refurbish one or more existing local buildings/facilities
5 User Expectations	• The expectations of the public and service users

1.3.4 The following core long-list of options, in addition to Option 1 do nothing/minimum described above at Table 11, was agreed:

Option	Description	Commentary
Option 2	**Don't have any Health Centre building – use existing available public sector estate.**	This option was not short-listed as it was completely incapable of delivering the preferred service model, would not deliver the health & social care hub required and result in an even more fragmented service than at present. It was also reliant upon making use of existing spaces that lack both the capacity and functionality to deliver any of the services being delivered now and in the future.
Option	**Description**	**Commentary**
Option 3a	**An operational solution utilising only the existing Health Centre**	Whilst a number of operational solutions are being considered by the Board to address acute short-term crises – and this option is not mutually exclusive – it is not capable of addressing anything other than capacity concerns in the very short-term and certainly not any of the physical/facility issues identified. It was consequently not short-listed.
Option 3b	**An operational solution utilising the existing Health Centre plus space in the adjacent Lochgelly Centre**	This option was assessed as a variation on option 3a), with space in the Lochgelly Centre providing potential additional scope to improve capacity concerns in the short-term. It was not short-listed for the same reasons.
Option	**Description**	**Commentary**
Option 4a	**Refurbish & extend the existing Health Centre facility**	This option was originally agreed for short-listing and was subsequently developed into drawings. Unfortunately this work-up highlighted that there was insufficient space to support the required extension (which would have to be on a single level on the adjacent car park site). It was consequently proven unfeasible and not short-listed.
~~**Option 4b**~~	~~**Refurbish the existing Jenny Grey facility**~~	In contrast to the previous option, refurbishment of the Jenny Grey facility was not initially thought feasible, however architect work up developed a scheme that appeared credible with good use of space and only minimal compromise. This option was consequently short-listed.
Option	**Description**	**Commentary**
Option 5a	**Reduced new build on existing Health Centre site (plus use of space in existing Health Centre facility)**	This option involved building a reduced new facility on the existing site that retained the existing facility. It was a theoretical option only and clearly not feasible as the existing Health Centre occupies its entire curtilage. The option was consequently not short-listed.
Option 5b	**Reduced new build on existing Health Centre site (plus use of space in Lochgelly Centre)**	This option involved building a reduced new facility on the existing site that also made use of space in the adjacent Lochgelly Centre. The option was not short-listed as it offered no benefits over a reduced new build on the adjacent car park site but introduced significant cost, disruption and operational challenges associated with de-cant to support demolition and re-building. The option was consequently not short-listed.

Option	Description	Commentary
Option 5c	**Reduced new build on adjacent (car park) site (plus use of space in Lochgelly Centre)**	This option involved a reduced new build on the adjacent car park site that made use of space (primarily group rooms) in the adjacent Lochgelly Centre. It was deemed feasible and consequently short-listed.
Option 5d	**Reduced new build on Lochgelly North School site (plus use of space in shared new development)**	This option involved a reduced new build on the existing (disused) Lochgelly North School site that would be aligned to potential (very early stage) local authority proposals relating to the construction of a pre-school nursery on the site. It was deemed feasible and consequently short-listed.
Option 5e	**Reduced new build on Jenny Grey site (plus use of space in _other_ facilities TBC)**	This option involved building a reduced new facility on the existing Jenny Grey site that also made use of space in appropriate existing local facilities. In the event, no such facilities could be found and consequently the option was not short-listed
Option	**Description**	**Commentary**
Option 6a	**Full new build on existing site**	This option involved a full new build on the existing site that was entirely self-contained. It was not short-listed as it offered no benefits over a full new build on the adjacent car park site but introduced significant cost, disruption and operational challenges associated with de-cant to support demolition and re-building
Option 6b	**Full new build on adjacent car park site**	This option involved a full (self-contained) new build on the adjacent car park site. It was deemed feasible and consequently short-listed.
Option 6c	**Full new build at Lochgelly North School site**	This option involved a full (self-contained) new build on the Lochgelly North School site. It was deemed feasible and consequently short-listed.
Option 6d	**Full new build at Jenny Grey**	This option involved a full (self-contained) new build on the existing Jenny Grey site. It was deemed feasible and consequently short-listed
Option 6e	**Full new build at Francis Street**	This option involved a full (self-contained) new build on the Francis Street site. It was deemed feasible and consequently short-listed.

1.3.5 The benefits criteria against which the long list were assessed were initially drafted by the wider planning team in light of the strictures placed upon the clinical model by the facility associated challenges identified. These were refined during the option appraisal events into an agreed list based on global stakeholder opinion.

1.3.6 Importantly, this list was also developed with the support of the stakeholder group reviewing options related to a similar business case being developed for Kincardine in order to ensure that both projects, which have similar objectives and timescales, were able to benefit from each other's work through the development of an agreed list of benefits criteria that were weighted independently.

1.3.7 In summary, the benefits criteria reflected the ability of each identified option to, noted in order of highest to lowest weighting:

- Deliver an optimal physical environment
- Be readily accessible
- Support flexibility and sustainability
- Support local and national service strategies
- Deliver wider community & public benefits

1.3.8 The Partnership is committed to delivering services that are integrated and maximise opportunities for local delivery. It has been formally confirmed that there is an on-going requirement to continue to deliver General Practitioner, primary care and local clinical services from Lochgelly.

1.3.9 Specific site/facility considerations included:

- The existing NHS owned Health Centre site in Lochgelly
- The adjacent Local Authority owned (car park) site in Lochgelly
- A site at the Local Authority owned Lochgelly North School
- The Jenny Grey site (A Local Authority care home recently reprovided)
- A Local Authority owned site at Francis Street

1.3.10 Whilst a number of other potential sites were raised and considered, they were all excluded at this stage as they were either demonstrably too small and / or not in public sector ownership. On this latter point it was noted that a site that was not currently in the ownership of the public sector would only be considered if none of the public sector sites was deemed appropriate based on the appraisal process.

Short List

1.3.11 The short list initially included Options 1, 4b, 5c, 5d, 6b, 6c, 6d and 6e.

1.3.12 In reflection of the complexity of the process and relatively early stage in the development it was however agreed to combine a number of these options. Specifically:

- Option 6b was combined with option 5c for evaluation purposes, with the amended option 5c becoming new build on adjacent (car park) site plus/minus use of space in Lochgelly Centre. This combined option referenced the fact that the required land take for both options was the same, with only the volume of accommodation required on a second floor different, whilst acknowledging the significant additional work still required to understand the actual opportunities and threats associated with potentially accessing the Lochgelly Centre.

- Option 6c was combined with option 5d for evaluation purposes, with the amended option 5d becoming new build on the Lochgelly North Schools site that 'had the potential to make use of space in a shared new development' if this is taken forward by the Local Authority. This combined option referenced the fact that the area available was capable of delivering both options whilst acknowledging that the nursery proposal was still only embryonic.

1.3.13 The short list options finally agreed and short-listed for scoring (by location) were:

Site	Option	Commentary
Current Site/Adjacent Car Park Area:	Option 1	Do nothing (The status quo)
	Option 5c	Build a new Health Centre on the adjacent (car park) site (plus/minus make use of space in Lochgelly Centre)
Jenny Grey Site	Option 4b	~~Create a new Health Centre by refurbishing the existing Jenny Grey facility~~
	Option 6d	Build a new Health Centre on the Jenny Grey site by demolishing the existing facility
Lochgelly North School Site	Option 5d	Build a new Health Centre on the Lochgelly North School site (with potential to make use of space in a shared new nursery development)
Francis Street Site	Option 6e	Option 6e) Build a new Health Centre on the Francis Street site

1.4 INDICATIVE COSTS

1.4.1 Indicative costs for each of the options on the Short List have been prepared as per guidance in the Scottish Capital Investment Manual by Hubco. The non preferred options are based on BCIS Tender Price Indices – updated to 4th quarter 2020. The preferred option is based on elemental cost/m2 from other recent health centre projects and the current Schedules of Accommodation (updated to 4th quarter 2020)

	Description	Capital Costs (£)	Whole Life Capital Costs (£)	Whole Life Operating Costs (£)	Est. NPV (£)	Est. EUV (£)
1	**(1) Do Nothing/Base**	-	-	5,465,940	2,311,661	91,099
2	**(5c) Car Park**	7,025,717	1,639,332	19,613,953	11,871,118	467,823
3	**(6d) Jenny Grey**	6,959,207	1,623,802	19,526,538	11,799,393	464,996
4	**(4b) ~~Jenny Grey Refurbishment~~**	-	-	-	-	-
5	**(6e) Francis Street**	6,835,692	1,594,962	19,364,198	11,666,192	459,747
6	**(5d) North School**	7,244,244	1,690,358	21,488,830	12,763,618	502,995

1.5 OPTION APPRAISAL

1.5.2 The following table 13 outlines how the advantages and disadvantages of the short list were assessed against the benefits criteria through an Option Appraisal exercise undertaken with representatives of all stakeholder groups. Stakeholders worked in groups, and through a process of discussion / debate within groups, with the intention of seeking consensus agreement around the relative merits of each option and scores to be applied. Table 14 then summarises the options relationship to the investment objectives.

Table 13

Option	Advantages: Strengths & Opportunities	Disadvantages: Weaknesses & Threats
Option 1: Status Quo	Established location	Building and curtilage no longer fit for purpose. Not suitable for further development Is no longer an option.
Option 5c: Car Park	Central, established location. Accessible site. Overlooked- supports security. Visible site. Community setting. Improves town landscape. Community setting.	Two storey. Further site investigations required due to mining. Constrained town centre site. Loss of car parking during construction. Reduced car parking Access roads may be unsuitable for construction traffic. Site ground conditions make development very expensive. Infrastructure issues – sewers do not support new development /network issues.
Option 4b: Refurb. Jenny Grey	~~Relatively close to town centre.~~ ~~Reuse of existing public sector estate.~~ ~~Space for optimum parking / site servicing.~~ ~~Good access.~~ ~~Overlooked- supports security.~~ ~~Potential capital savings.~~ ~~Community setting.~~ ~~Flexibility of expansion options on site.~~ ~~Potential complimentary use of site.~~ ~~Potential to have segregated staff access.~~	~~Decant costs.~~ ~~Possibly too overlooked. Further site investigations required due to mining.~~ ~~Access roads may be unsuitable for construction traffic.~~ ~~Does not meet more detailed briefing requirements due to restrictions of existing structure.~~
Option 6d: New Build Jenny Grey	Relatively close to town centre. Large flat site, optimum parking/site servicing. Good access. Overlooked- supports security. Adjacent to open amenity site. Community setting. Flexibility of expansion options on site. Potential complimentary use of site. Potential to have segregated staff access.	Overlooking could impact on patient privacy. Further site investigations required due to mining. Access roads may be unsuitable for construction traffic. Perceived impact on local amenity space.
Option 5d: North	Relatively close to town centre. Large flat site, optimum parking/site servicing.	Further site investigations required due to mining. Access roads may be unsuitable for

Option	Advantages: Strengths & Opportunities	Disadvantages: Weaknesses & Threats
School	Good access. Overlooked - supports security. Potential complimentary use of site. Uses a site with established community function Uses infrastructure of potentially suitable capacity of site.	construction traffic. Site ground conditions make development very expensive. Infrastructure issues – sewers do not support new development /network issues. Hidden from primary routes. Demolitions required on site. Potential impact on programme/approvals from adjacent developments
Option 6e: Francis St	Central location. Accessible, ample site. Overlooked- supports security. Visible site. Community setting. Increased flexibility. Enables segregated access	Possibly too overlooked. Further site investigations required due to mining. Access roads may be unsuitable for construction traffic. Site ground conditions make development very expensive. Infrastructure issues – sewers do not support new development /network issues.

Table 14

Investment Objectives	Option 1: Status Quo	Option 5c: Car Park	Option 4b: Refurb. Jenny Grey	Option 6d: New Build Jenny Grey	Option 5d: North School	Option 6e: Francis St
Ensure equal access to Primary Care and Community Services for the whole population.	No	Yes	No	Yes	Yes	Yes
Ensure the right staff skill mix and service capacity are available to deliver strengthened and tailored local capacity to manage people's health within their local community.	No	Yes	No	Yes	Yes	Yes
Ensure appropriate workforce including increased flexibility of roles /development of new roles to support implementation of GMS (2018) and Community Health and Wellbeing Hub.	No	Yes	No	Yes	Yes	Yes
Provide a more integrated seamless service across health and social care, including the capacity to deliver group based activities locally.	No	Yes	No	Yes	Yes	Yes
Improve the patient and user experience - deliver services locally based on local patient need. Reducing the number of referrals to other services and the requirement for additional attendances because there is not the capacity to provide integrated care.	No	Yes	No	Yes	Yes	Yes
Accommodation that complies with all legal standards and regulatory requirements and gives equality of access for all. Support delivery locally of the National Outcomes for Integration.	No	Yes	No	Yes	Yes	Yes
To deliver safe and effective care with dignity - provide facilities which ensure the safe delivery of healthcare in line with guidelines and standards.	No	Yes	No	Yes	Yes	Yes
To deliver services more effectively and efficiently - facilitate better joint working to ensure right care is delivered at the right time and in the most appropriate setting.	No	Yes	No	Yes	Yes	Yes
Weighted score	256	431	435	632	431	879
Preferred / Possible / Rejected						Preferred

1.6 THE PREFERRED OPTION

1.6.1   The Option 6e) (listed as Option5) New Build at Francis street, represents a clearly favoured option for all stakeholders, with 6d) a clear 2nd place.

1.6.2   The proposal has the support of representative service users, carers, staff, the General Practitioner Practice and all other key stakeholders.

1.6.3   It is recommended that NHS Fife proceeds to Outline Business Case, exploring Option 6e (option 5): New Build at Francis street site in more depth.

Figure 4

Indicative Site Plan for New Build at Francis Street.

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1.7 DESIGN QUALITY OBJECTIVES

1.7.1   A key part of the development of the Initial Agreement Document was to ensure that stakeholders were fully engaged in the NHS Scotland Design Assessment Process (NDAP).

1.7.2   There were two key strands to this work;

1)   A multi-stakeholder event where the Achieving Excellence, Design Evaluation Tool (AEDET) was completed for the existing unit.

2)   An NDAP Design Statement was developed to capture the 'non-negotiable' points that need to be addressed by the project.

1.7.3   AEDET on Existing Property: An AEDET Workshop was held on 21 February 2017.

1.7.4   The existing unit at Lochgelly was reviewed. A Benchmark Score was achieved with the resultant Target Score as below.

Descriptor		Benchmark	Target
Functionality	Use	1.4	4.5
	Access	1.1	4.4
	Space	1.0	4.2
Build Quality	Performance	1.4	4.4
	Engineering	1.3	3.4
	Construction	0.0	4.0
Impact	Character and Innovation	1.0	4.4
	Form and Materials	1.3	4.4
	Staff and Patient Environment	1.1	4.3
	Urban and Social Integration	1.3	4.5

AEDET Refresh Benchmark Summary
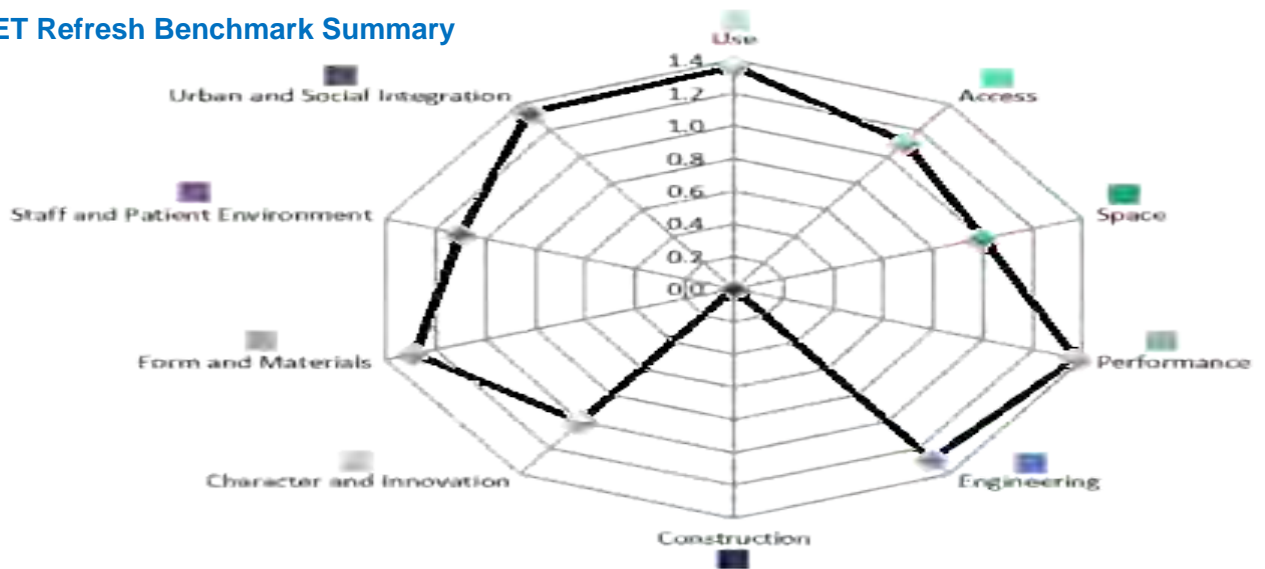
AEDET Refresh Target Summary
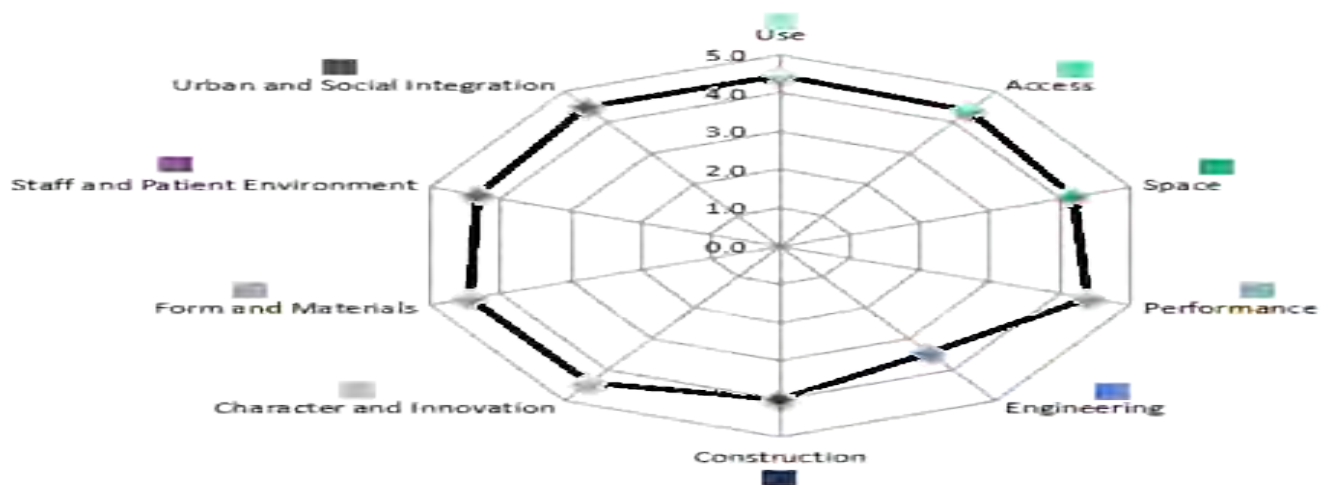
1.7.5 NDAP Design Statement**:** A multi-stakeholder event was held on Friday 3 March 2017.

1.7.6 This event was facilitated by Architecture and Design Scotland (A&DS) where the group discussed the non-negotiable in terms of requirements from the perspective of patients, staff and visitors. These are summarised below:

<u>The Patients Perspective</u>

The patient's perspective was reviewed in terms of their initial approach to the centre through to waiting for their appointment. There was a consensus on the expectations for a facility that was easily accessible, bright, friendly and airy. It was agreed that the facility should be designed so that patients could be treated with dignity particularly in terms of confidentiality.

<u>The Staff Members Perspective</u>

Staff groups were clear that they would want the facility to enable different staff groups' paths to cross. Staff want to feel safe in accessing and egressing the facility. Suitable investment in information technology and teaching facilities is also expected as well as staff change, shower and communal staff room facilities.

<u>The Visitor / Carer Perspective</u>

It was agreed that carer's should be able to accompany patients and be easily accommodated in the waiting and consulting spaces with access to support information at hand.

A smaller private waiting space is required to support patients and carers who are challenged by open spaces or who themselves are exhibiting challenging behaviours.

1.8 DESIGN STATEMENT

1.8.1 The event enabled participants to clearly describe the attributes the building must possess, this will support the development of the detailed business case. The business objectives the project seeks to achieve are:

- To provide current clinical service requirements locally and reduce the number of referrals to other service providers and additional attendances required.
- Deliver group based activities. A key strand of NHS Fife's Clinical Strategy is to reduce health inequalities by reconfiguring services and resources so that there is equity of access to services across Fife and across all patient groups. Care should be provided at home or as close to home as possible. Delivering services in a group environment will allow a greater number of NHS Fife residents to be supported in their management of their own well-being.
- To meet Outcome 3, 5 and 9 of the National Outcomes for Integration, i.e. that people who use Health and Social Care Services have positive experiences of those services, and have their dignity respected; health and social care services contribute to reducing health inequalities; and resources are used effectively and efficiently in the provision of health and social care services
- Improve safety and effectiveness of accommodation by improving the physical condition and quality of the healthcare estate.

2 COMMERCIAL CASE

2.1 **OUTLINE COMMERCIAL CASE**

2.1.1 The indicative costs for the preferred option at this stage are £6,835,692 excluding VAT. The current building is owned by NHS Fife, it is therefore anticipated that NHS Fife will lead on the procurement, supported by the IJB, through the Scottish Futures Trust hub initiative.

2.1.2 Hub East Central is the designated procurement vehicle for health projects in excess of £750k in the NHS Fife Board area.

2.1.3 The East Central HubCo can deliver projects through one of the following options:

- Design and Build contract (or build only for projects which have already reached design development) under a capital cost option
- Design, Build, Finance and Manage under a revenue cost option

2.1.4 Design and Build, using NHS Capital is likely to be the most suitable vehicle for this project.

3   THE FINANCIAL CASE

3.1 Based on the current costs and assumptions identified in Section 4.5 below, NHS Fife considers the project to be affordable within the current available capital resources estimated within the Local Delivery Plan. This builds in a significant contingency into the scheme to cover optimism bias and other possible infrastructure and enabling costs. Should Capital costs increase over the agreed budget, the Board would require to acquire Capital funding from elsewhere within the Board's Capital Programme.

3.2 Fife Health & Social Care Partnership has agreed to fund the revenue consequences; which are affordable within the revenue resources available. Should Revenue costs increase, then these additional costs would require to be funded within the Partnership's overall revenue resource envelope.

3.3 In order to make this assessment an overall affordability model has been developed covering all aspects of projected costs including estimates for:
- Capital costs for preferred option (including construction and equipment);
- Non-recurring revenue costs associated with the project;
- Recurring revenue costs (pay and non-pay) associated with existing services i.e. baseline costs;
- Changes to revenue costs associated with service redesign as a direct result of the development.

3.4 **CAPITAL AFFORDABILITY**

3.5 The total capital cost comprises the projected construction cost, supplied by HubCo, plus optimum bias and professional fees.

3.6 The estimated capital cost associated with each of the short listed options is detailed in table 16 below:

Table 16

	Option 5c: Car Park	Option 4b: Refurb. Jenny Grey	Option 6d: New Build Jenny Grey	Option 5d: North School	Option 6e: Francis St
Construction Cost	3,669,025		3,634,025	681,125	3,569,025
Preliminaries	660425		654,125	302,722	642,425
Fees Stage 1 & 2 & Construction	293,522		290,722	143,793	285,522
Hubco Items	139,423		138,093	124,873	135,623
Contractor OHP	121,078		119,923	283,802	117,778
Contingency / Risk	275177		272,552	20,000	267,677
Planning & Warrant (Inc Mark Ups	20,000		20,000	16,000	20,000
Survey Fees (Inc Mark Ups)	16,000		16,000	126,403	16,000
Inflation BCIS TPI 3Q19 - 4Q20 @ 347	122,588		121,426	681,125	119,270
Optimum bias	880,566		872,166	908,166	856,566
Professional fees	827,913		820,175	853,335	805,806
Total capital costs	**7,025,717**		**6,959,207**	**7,244,244**	**6,835,692**

3.7 To provide the above Indicative Costs at this Initial Agreement Stage, the following assumptions have been made:

1. The options are based on elemental cost/m2 from other recent health centre projects and the current Schedules of Accommodation (updated to 4th quarter 2020)
2. The optimum bias % applied is based on the Green Book recommendation of 24% for a standard build
3. For the Jenny Grey Refurbishment option it had been assumed that this building was at least 30 years old. Life cycle adjustments have been made downwards to reflect this.
4. No costs identified for council requirements e.g. bus stops, crossings.
5. Land will be available on a long-term lease from Fife Council therefore no costs for land purchase have been included.
6. No costs included for demolition as assuming Fife Council would demolish existing buildings and clear land where appropriate with a corresponding adjustment on any lease costs.
7. Advisers' costs (included within the Capital Cost figures) are based on recent Hubco calculations.
8. Discounted Cash Flow (used to calculate NPV and EUV) - after 30 years the discount rate adjusts to 3%
9. Life cycle costs are based on maximum life for a new build

3.8 For comparison, the present backlog maintenance costs recognised for Lochgelly Health Centre are £255,000. This represents the estimated cost (excl. VAT, professional fees and enabling costs) to complete all presently recognised backlog maintenance to bring the asset up to 'satisfactory condition'. It does not allow for replacing of any assets due to functionally unsuitability.

3.9 **REVENUE AFFORDABILITY**

3.9.1 The estimated revenue cost for both the baseline (do nothing) and the short list options are included below:

Table 17

Revenue Cost	Cost per Annum (£k)					
	Option1: Status Quo	Option 5c: Car Park	Option 4b: ~~Refurb. Jenny Grey~~	Option 6d: New Build Jenny Grey	Option 5d: North School	Option 6e: Francis St
Non Pay						
Equipment	260			1500		
Heating Fuel and Power	17,336			35097		
Property Maintenance	10,577			13518		
Property Rates	30,032			54072		
Water Charges				5132		
Facilities Costs						
Pay: Support services	23,946			58256		
Non Pay:						
Bedding and Linen	710			1369		
Cleaning	482			929		
Equipment	942			1816		
General Services	684			1385		
Post Carriage and Telephones	70			142		
Printing and Stationery	222			449		

Revenue Cost	Cost per Annum (£k)					
	Option1: Status Quo	Option 5c: Car Park	Option 4b: ~~Refurb. Jenny Grey~~	Option 6d: New Build Jenny Grey	Option 5d: North School	Option 6e: Francis St
Property Maintenance	959			2034		
Surgical Sundries	50			256		
Other misc non pay	4,831					
Total Estates & Facilities Costs	**91,099**			**175,956**		
Depreciation charge	30,449			**266,435**		
Notes/Assumptions	Actual costs 2018/19	1) Revenue Costs for proposed site are based on current plans of a two storey build of 1502m2. 2) One-off equipment purchases required in year 1 of £8,400.				

3.9.2   The H&SCP estimates that the ability to deliver a more integrated, proactive model locally will support revenue efficiencies. It is not expected that there will be any revenue implication for overall GMS costs on NHS Fife and so has been excluded from this table.

3.9.3   Any changes General Practitioners make to the provision of services within the General Practitioner Practice are being developed through Primary Care Improvement Fund.

3.9.4   A full affordability analysis will be undertaken at OBC stage to confirm whether the Capital and Revenue costs associated with the new facility are affordable within the available funding levels.

4 THE MANAGEMENT CASE

4.1 GOVERNANCE ARRANGEMENTS

4.1.1 Governance will be taken forward in line with the Scottish Capital Investment Manual (SCIM) guidelines, through the NHS Fife Capital and Investment Group and Finance, Performance and Resources Committee.

4.1.2 As the estimated costs of this project are outwith the Board's delegated limited for capital expenditure of £1.5m, there is a requirement to seek the Scottish Governments approval through the Capital Investment Group (CIG).

4.1.3 Under the SCIM guidelines, approval of this Initial Agreement will lead towards developing an Outline Business Case (OBC) to enable the preferred way forward to be identified.

4.2 PROPOSED PROJECT RESOURCES

4.2.1 Fife HSCP, together with NHS Fife and the Lochgelly Medical Practices, will utilise a Project Board to develop the business case and manage the process through to approval. The Project Board will comprise:

Table 18

Role	Individual	Capability and Experience
Project Sponsor	Nicky Connor, Interim HSCP Director	Experience in leading and ownership of developments.
Project Owner	Claire Dobson, Divisional General Manager	Experience from delivery of range of capital redesign programmes
Belinda Morgan	Clinical Services Manager	Experience in modernisation of service delivery models in community care and in project management
Facilities Manager NHS Fife	Jim Rotherham	Experience in delivering similar projects such as Linburn Rd.
Head of Estates	Appointee pending	Experience from delivery of range of capital redesign programmes
Finance Business Partner	Gordon Cuthbert, Finance Business Partner	Responsible for providing financial guidance and scrutiny
Capital Finance/ Planning	Individuals will be identified from a pool of staff who have experience of similar projects	
NHS Fife eHealth	Representatives will be invited to sit on the project team to ensure collaborative working and identification of any risks and opportunities with regard to technology.	
Lochgelly Medical Practices	The Partners and Practice Managers provide Primary Care expertise and have sound understanding of local community needs	
Other health care professionals will be consulted / co opted as required		

4.2.2 The remit of the Project Board is:
- To assist the Project Sponsor and Project Owner with the decision-making process and ongoing implementation of the project.

- To assist the Project Owner with preparing to meet the assurance needs of the Finance, Performance & Resources Committee, as well as any further enquiries from IJB / NHS Fife's Board with regard to the project.

4.2.3　The Project Team will be further developed at OBC stage when key suppliers have been procured.

4.2.4　Those individuals identified in table 14 above have been heavily involved in developing this Initial Agreement Document and they will continue to be involved in leading the project through subsequent stages, providing continuity and a stable environment for the project to achieve its objectives. Users of the Health Centre / Practice have been consulted and will continue to be involved as the project progresses.

4.2.5　A blend of resources will be utilised to deliver this project. The Project Board, Project Director, Stakeholders and Clerk of works will be internal resources, whilst the Project Manager and Cost Advisor are likely to be procured through utilisation of external suppliers. The Board has used this blend of resource successfully on other projects and feels that it creates a good balance between control, risk transfer, capability and availability. The Board is experienced in delivering projects of this nature within the selected procurement route and is ready to move the project forward to the next stage upon IAD approval.

4.3　PROJECT PLAN

4.3.1　A detailed Project Plan will be produced for the OBC.　At this stage, the Project Board is aiming to achieve the milestones shown in table 19 below:

Table 19

Key Milestones	Date
Appointment of Advisors by SFT	January 2016
Appointment of Local Care Consultants / Local Care Pathfinder	May 2017
Initial Agreement approval	October 2019
First Project Board	December 2019
Outline Business Case approval	February 2020
Full Business Case approval	October 2020
Construction Commences	December 2020
Construction completion	May 2022
Commence service	July 2022

4.4　STAKEHOLDER ENGAGEMENT AND SUPPORT

4.4.1　This proposal impacts on adults, children and young people and their carers who live in the Lochgelly area who require access to Primary Medical Services, community health and social care and voluntary sector services. It also impacts upon clinical and support staff currently working within the Health Centre, Medical Practice and locality teams who cannot currently access accommodation in Lochgelly.

4.4.2　Table 20 below details the engagement that has taken place to date and the support for the proposal, including the identified preferred solution, received from the stakeholders.

4.4.3　Further engagement with the identified stakeholders in line with SCIM guidance will be undertaken as the project progresses.

Table 20

Stakeholder Group	Engagement that has taken place	Confirmed support for the proposal
NHS Fife	The Health Board is fully supportive of this	The Health Board agreed

Stakeholder Group	Engagement that has taken place	Confirmed support for the proposal
Board	proposal, with Michael Kellet, HSCP Director, taking the lead role in its development.	priority for development in May 2017. The Initial Agreement was previously approved by the NHS Fife Board in May 2017.
Patients / service users	Service user and carers representatives have been informed to support their full engagement in the option appraisal. Patients have identified a range of 'non-negotiables' that cannot be supported from the current accommodation. Ongoing engagement and specific engagement to support the development of the Clinical Strategy and through the Health and Social Care Joining Up Care Proposal consultation informed the development of the model of care.	There is a preference from service users for the development to be accessible, bright, friendly and supportive of their dignity and confidentiality. Community groups, individuals and stakeholder groups have shaped the community health and wellbeing hub model.
Medical Practices	The Medical Practices deliver Primary Medical services to their Practice population under a 17J contract. The Practice Managers and General Practitioners have been actively involved in the process of developing options and plans for the proposal.	The Practices fully support the Initial Agreement and intend to continue service provision in accordance with the developments within the new GMS.
Staff / Resource	Staff affected by this proposal include: Lochgelly Medical Practice, Meadows Practice and Dr Thompson Medical Practice, Nursing and Administrative staff. Community service staff including District Nurses, Health Visitors, AHPs, Clinical Psychology, Mental Health Nursing, Psychiatry, Pharmacy, Physiotherapy, Partner Voluntary Sector services, admin and clerical, Social Work and staff from partner health and social care services.	There is support for the proposal from all staff groups.
General public	The general public will be affected by this proposal as potential service users or by being neighbours of the existing or proposed future facility. The public were supportive of the Community Health and Wellbeing model within the Joining Up Care Consultation. A Communication and Engagement Plan is being developed to ensure ongoing Stakeholder communication.	Lochgelly area Community Councils have been engaged and are supportive of this development

5 CONCLUSION

5.1 **REVIEW OF STRATEGIC ASSESSMENT**

5.1.1 The Project Team have reviewed the Strategic Assessment (Appendix 1) and the position in terms of the need for change, the benefits that need addressed, the links with National Investment Priorities and the prioritisation scoring, the position remains unchanged.

5.2 **PREFERRED OPTION**

5.2.1 Overall, the non-financial option appraisal process has identified that the current preferred strategic option is for the service to be delivered from a new build facility.

5.2.2 All of the stakeholder groups engaged in this process:

- Are likely to support Option **6e)** as an overall preferred option, unless something radical changes.
- Do not support the "do nothing" option in any way.
- See little difference between the relative merits of options 5b), 5d) and 4b).

5.2.3 NHS Fife and Fife Health and Social Care Partnership have summarised the need for change in and around the facilities in Lochgelly under a number of defined headings within the IAD. These are:

- Integrated clinical and care functionality (capacity) issues which have been identified as those problems associated with a lack of local space (area) that is essential for safe, effective, timely and appropriately compliant service delivery, e.g., a lack of clinical support, administrative support, group, sanitary, teaching, group work and specialist areas
- Service capacity related issues that predicate the need for change based on a lack of available physical capacity across the service delivery model that are hampering the delivery of integrated care locally
- Clinical functionality (configuration) issues that seriously challenge the delivery of safe and effective modern services, e.g., access issues, room design, sound attenuation, security, patient flow, etc
- Building and fabric issues including overall condition, suitability, statutory compliance issues and backlog maintenance

Appendix 1 – Strategic Assessment

PROJECT: LOCHGELLY

What are the Current Arrangements:
Integrated and comprehensive patient care and treatment for the residents of Lochgelly is severely compromised by a facility that is not fit for purpose

What is the need for change?	What benefits will be gained from addressing these needs?	How do these benefits link to NHSScotland's Strategic Investment Priorities?		What solution is being considered
	Identify Links	Identify Links	Prioritisation Score	
1 Primary and community health and care services are limited in an identified area of high deprivation	a) Services developed in partnership for all patients including complex needs	Person Centred	5	**Service Scope / Size** — Fuller range of primary and community health and care services
2 Patients are required to make repeated visits for care due to limited collaborative working	b) Improve patient safety and reduce risk	Safe	5	**Service Arrangement** — Integration of health and social care services and co-location of supporting services provided locally
3 Emerging integrated models of care undeliverable in current environment	c) Improve anticipatory and preventative care for patients	Effective Quality of Care	4	**Service Providers** — Existing GPs, NHS staff, integrated health & social care and voluntary service providers
4 Premises are functionally inadequate and compromise pro-active patient care	d) A community asset based model that promotes self management & wellbeing	Health of Population	4	**Impact on Assets** — Potential new and enhanced facility
5 Physical characteristics of building and inadequate infrastructure prevents safe and effective patient care: below HAI standards	e) Promotes a professional and cohesive working environment with integrated systems	Value & Sustainability	5	**Value & Procurement** — Hub – value circa £5-6million
	f) Improved financial performance			
	g) Significantly improves functional suitability of the healthcare estate	TOTAL SCORE	91	

V0.6 – Last updated 11.03.2016

Lochgelly Health Centre Condition Report

Current configuration / layout of Lochgelly Health Centre

NHS Fife Estates maintain records on the suitability and condition of buildings in its estate. Below is the current information relating to the Lochgelly Health Centre building.

Status	Occupied
GIA (m^2)	779
Land Value	£70,200
Net Book Value	£560,353
Tenure	Owned

	Building	Engineering	Statutory	Fire
Backlog (C and Below)	£121,746	£0	£133,280	£0
Quality		C (Not Satisfactory)		
Space Utilisation		O (Overcrowded)		
Functional Suitability		C (Unsatisfactory)		

- Figure used from surveys were complete in December 2012

Appendix 2 - Benefits Register

						2. Prioritisation (RAG)
	1. Identification					
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
Person-centred Benefits						
P1	Supports people in looking after and improving their own health and wellbeing.	Quantitative	Maintenance of PC team consultation rate/1,000 population	4852	4852	4
P2	Ensures that people who use health and social care services have positive experiences and their dignity respected.	Qualitative	Targeted client questionnaire designed to measure overall experience of health and social care delivery	Current patient experience questionnaires	Future patient experience questionnaires	4
P3	Improves the physical condition of the healthcare estate	Quantitative	Estate physical condition survey assessment	C	A	5
P4	Improves utilisation of the healthcare estate	Quantitative	Estate utilisation assessment	Over-crowded (100% utilisation)	80%	5
P5	Improves functional suitability profile of the healthcare estate	Quantitative	Estate functional suitability assessment	C	A	5
P6	Reduces the age of the Healthcare Estate	Quantitative	Estate age/life expectancy	77 Years/<5 Years	<10 years/>25 years	4
P7	Improves access to all clinical areas - in particular for those with mobility issues	Qualitative	Measured accessibility to all patient/clinical areas	Baseline issues as identified in SA, IA and design brief	Equality Act (2010) Compliance and AEDET scores	5
P8	Improves access to age appropriate waiting areas	Qualitative	Availability of a child-specific waiting area that is appropriate to the size of the facility	No child-specific waiting	Child-specific waiting available	4
P9	Improves way-finding and access to a main reception point	Qualitative and Quantitative	(i) IA AEDET Score (ii) Number of reception points	(i) 1.1 (ii) 4	(i) 4.4 (ii) 1	4
P10	Addresses confidentiality concerns related to hearing private conversations, between rooms, associated with existing facility	Quantitative	Ability to hear normal volume conversations from adjacent rooms or outside with windows open	Possible to hear conversations at normal volume	Only possible to hear raised voices or shouting	5
P11	Address confidentiality concerns at Reception	Qualitative	Ability to hear conversations at reception area from waiting area	Conversations currently take place in public at reception	Provision of private spaces for sensitive conversations	5

P12	Increases the number and range of services available on-site, thereby reducing hand-off's and additional attendances	Quantitative	(i) Access to social care services on site (ii) Access to social work services on site (iii) Access to LA services on site (iv) Access to voluntary (sign-posting) services on site (v) Access to other relevant targeted clinical services on site	(i) No access (ii) No access (iii) No access (iv) Minimal access (v) Minimal access	(i) Sessional access (ii) Sessional access (iii) Sessional access (iv) Daily access (v) Sessional access	5

					2. Prioritisation (RAG)
			1. Identification		
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
	Safety Benefits					
S1	Reduces adverse harmful events	Quantitative	(i) Number of adverse incidents recorded on Datix(ii) Severity of adverse incidents recorded	**2015/2016** (i)　　　**3** (ii)　　　**1** minor harm (falling ceiling tiles) **2** no harm (verbal abuse no appts; leak from skylight) **2016/2017** (i)　　　**2** (ii)　　　**1** no harm (verbal abuse from patient - lone worker receptionist); **1** minor harm (IT system failure - different system to other Practices - no adequate available rooms, full day clinic cancelled) **2017/2018** (i)　　　**2** (ii)　　　2 no harm (2 children running around after close and heavily pregnant colleague tripped twice on raised lino flooring within staff cupboard) Incidents and ongoing risks practices have relayed to Project Team: • Patient collapse blocking door way – no screens or privacy (2013) • Uneven flooring in Office area/Room 1 since 2016 • Reception ceiling tiles fell onto PC due to water ingress2018 • Display materials fell off wall onto patient 2018	Zero events relating to the building / facilities	5
S2	Increases safety of people receiving care and support e.g. feeling safe and secure	Qualitative and quantitative	Addressing baseline issues as identified in SA, IA and design brief	Baseline issues as identified in SA, IA and design brief	All issues addressed	5
S3	Improves statutory compliance	Quantitative	Backlog maintenance costs/m2 associated with statutory compliance elements	72%	100%	5
S4	Reduces backlog maintenance	Quantitative	Backlog maintenance	£335/m2	Zero	5

Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
S5	Reduces significant and high risk backlog maintenance	Quantitative	Significant and high risk backlog maintenance costs/m2	£191/m2	Zero	5
S6	Reduces Infection risk through addressing design, area, fabric and equipment issues	Quantitative	(i) Domestic Monitoring Tool (ii) Compliance with local HAI audits	(i) 97% (ii) Several non-compliant issues	(i) 100% (ii) Zero non-compliant issues	5
S7	Increasing facility flexibility by rationalising IT systems.	Quantitative	Number of different Practice-based IT systems in use	3	1	2

	1. Identification					2. Prioritisation (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
	Effective Quality of Care Benefits					
E1	Improve the capacity to deal with emergency clinical incidents	Qualitative and quantitative	Reduces the impact of clinical emergencies by providing suitable space and equipment	0	1	4
E2	Improves the Functional Suitability of the Healthcare Estate	Quantitative	Estate functional suitability assessment	C	A	5
E3	Supports increased local access to pharmacy support.	Quantitative	Number of pharmacist hours available per Practice/week	1wte	5wte	3
E4	Increases access to group opportunities.	Quantitative	(i) The number of group work sessions held locally (ii) The number of people attending group work sessions held locally	(i) 0 (ii) 0	(i)10 (ii) 15 (per group)	5

	1. Identification					2. Prioritisation (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
	Health of the Population Benefits					
H1	Supports smoking cessation initiatives (12 weeks post quit)	Quantitative	(i) Number of smoking cessation appts delivered locally (ii) Number of clients still not smoking 12 week after session completion	(i)470 (ii) 40	(i)500 (ii) 50	3
H2	Supports antenatal access	Quantitative	(i) Number of ante-natal appointments held locally (ii) DNA rates	i) 902 ii) 100	i) 950 ii) 50 (enabling to patient-led care model where more care will be delivered in the community)	4
H3	Supports the integration of general and mental health services	Quantitative	Number of mental health appts held locally PA	1200	2000	4
H4	Supports child healthy weight interventions	Quantitative	(i) Number of child healthy weight appts held locally PA	Zero currently provide from the HC - interventions are provided on an outreach basis	Option available of providing interventions from the HC	4
H5	Supports sexual health interventions	Quantitative	Number of sexual health appts held locally PA	300	480	4

	1. Identification					2. Prioritisation (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
Value & Sustainability Benefits						
V1	Optimises resource usage	Quantitative	(i) Consultations/clinical room/day (ii) Number of staffed reception points	(i) 12 (ii) 4	(i) 24 (ii) 1	4
V2	Optimises service delivery model parameters by staff group	Quantitative	Overall consultation rate/1,000 population	4852	4852	4
V3	Optimises overall running cost of buildings	Quantitative	Facility running costs/m2 and per appt	£67.44/m2	< national average	5
V4	Optimises cleaning costs	Quantitative	Cleaning costs/m2 and per appt	£30/m2	< national average	3
V5	Optimises property maintenance costs	Quantitative	Property maintenance costs/m2 and per appt	£10.27/m2	< national average	5
V6	Optimises energy usage costs	Quantitative	Energy usage & associated costs/m2 and per appt (Kj & £)	£25.92/m2	< national average	5
V7	Optimises FM & support services costs	Quantitative	FM and support services costs/m2	Contained in V5	Contained in V5	3
V8	Optimises waste costs	Quantitative	Waste costs	£835 per annum	In line with Waste Action Plan	4
V9	Reduces financial burden of backlog maintenance and/or future lifecycle replacement expenditure	Quantitative	Backlog maintenance costs/m2	£335/m2	Zero	5
V10	Reduces carbon emissions and/or energy consumption	Quantitative	(i)Detailed energy/building assessment (ii)BREEAM rating	(i) G (ii) N/A	(i) A (ii) 'Excellent'	5
V11	Reduces local medicine/prescribing costs	Quantitative	Medicines cost/registered patient	Lochgelly: £125 Meadows: £122 Thompson: £118	Move towards the Scottish average	5
V12	Paper records storage area/capacity minimised on site	Quantitative	Area (m2) associated with paper records storage	80m2	0m2	5

	1. Identification					2. Prioritisation (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance

	Wider/Social Benefits					
W1	Supports wider town and community planning		Fits with Local Authority planning.	Zero	Actively contributes to Lochgelly Plan within project boundaries.	3

Scale / RAG	Relative Importance
1	Fairly insignificant
2	↕
3	Moderately important
4	↕
5	Vital

Appendix 3 Risk Register

Project Risk Log

Project Title: LOCHGELLY HEALTH CENTRE

Project Manager:
Last Revised date: Junly 2019
Version Number: V4.1

	Identification			Assessment			Control		Monitoring		
Ref #	RISK DESCRIPTION	FINANCIAL NON-FINANCIAL UNQUANTIFIABLE	CONSEQUENCE 01-May	LIKELIHOOD 01-May	RISK SCORE	PROPOSED TREATMENT / MITIGATION	ACTION TAKEN	OWNER / INDIVIDUAL	TYPE	Status
IA Stage											
1	May fail to identify all stakeholders.		3	2	6	All Stakeholders who need to be engaged will be identified by the Project Board. Board will continue to ensure ongoing stakeholder engagement through a range of tailored methods.	All Stakeholders who need to be engaged have been identified.	Project Chair	NHS	
2	May fail to engage with Stakeholders.		4	3	12	Engagement arranged as required. All User Group Workshops to be arranged to include Key Stakeholders. Communication regarding Local Care Consultancy shared with practices and involvement in workshops.	Procedures arranged for engaging with wider stakeholders e.g. Option Appraisal and AEDET. Attendance monitored to ensure consistent engagement.	Clinical Services Manager	H&SCP	
3	Stakeholders have different aspirations.		3	4	12	Groups arranged to ensure key stakeholders discuss aspirations. Core team to mange discussions and agree project aspirations with Project Board decision if required	All discussions facilitated to ensure stakeholder involvement with discussion on aspiration versus need.	Project Chair	NHS	
4	May fail to define appropriately the clinical and service needs, particularly as these change over time with specific practice sustainability and GMS contract developments.		4	3	12	Ensure clinical and other service stakeholder involvement, including representation on Project Board, to allow effective modeling of multiple scenarios resulting in an agreed Clinical Output Specification and Accommodation Schedule	Clinical land other services representation requested and delivered where necessary. Fife wide representative sought	**Project Chair**	NHS	
5	The brief/requirement may suffer from scope creep.		3	3	9	Ensure continual review of requirements/needs	Project leads monitoring development of project with project board involvement where required.	Project Chair	NHS	
6	May fail to adequately determine the overall programme.		4	5	20	Project team to identify programme at initial stage	Initial programme dates being developed for Initial Agreement	Project Chair	NHS	
7	Stakeholder review / acceptance /governance timescales may affect the programme.		4	3	12	Ensure appropriate governance arrangements adhered to with realistic timescale for acceptance.	Project leads developing indicative programme that ensure governance structure followed.	Project Chair	NHS	
8	There may be insufficient funds to deliver the full Clinical / Service Requirement.		4	3	12	Indicative costs for options to be developed based on Schedule of Accommodation required	Costs being developed Developing clinical model is utilising existing resources in a different way. Project Team will ensure proposal compliments GMS Contract	Head of Finance	NHS	
9	Preferred site acquisition may be time consuming causing delay.		4	3	12	Ensure early engagement with Local Authority	Local authority representatives involved in workshops and meetings. Ongoing engagement with local authority colleagues.	Project Chair	NHS	
10	Support from the local community could diminish causing a reputational risk.		3	2	6	Public involvement to be secured	Community representation agreed for all workshops where appropriate e.g. AEDET and NDAP. Extensive on-going public consultation.	Clinical Services Manager	NHS	
11	Project development does not allow for future expansion of local community resulting in service delivery not being appropriate.		4	5	20	Ensure all proposed plans are flexible and allow for future expansion.	All proposed sites chosen with future expansion capability	Project Chair	NHS	
12	Insufficient management to lead and project support capacity support delivery of the project		4	3	12	Ensure responsibilities clearly identified. Roles and responsibilities assigned and governance structure agreed. Seeking support from HUBco Central as per originial contract for business case.	Project Board developed.	Project Chair	NHS	
13	Project may be required to incorporate elements/all of services delivered from Rosewell Clinic resulting in increased costs and time		4	3	12	Explore possible alternative accommodation.	Tentative discussions planned	Project Chair	NHS	

DATE OF REPORT:	04/09/2019
TITLE OF REPORT:	**Review of Integrated Performance Report and Quality Report**
EXECUTIVE LEAD:	Carol Potter, Director of Finance Chris McKenna, Medical Director Helen Buchanan, Director of Nursing and AHPs
REPORTING OFFICER:	Susan Fraser, Associate Director of Planning and Performance

Purpose of the Report (delete as appropriate)		
For Decision	For Discussion	For Information

SBAR REPORT

Situation

Performance reporting to the board has been on the form of separate Integrated Performance Report and Quality Report (IPQR). A review was requested to bring these two reports together into one document.

This paper provides the committees with an overview of the changes that have been made to the reporting of performance and quality in NHS Fife.

Background

The Integrated Performance Report (IPR) is its current state was introduced 3 years ago and brought together performance and finance reporting to the board. Alongside the development of the IPR, a Quality Report (QR) was developed by Clinical Governance to report on quality and safety issues across NHS Fife.

There is some duplication across the two report with only 2 quality measures being reported in the IPR, namely, SABs and Complaints. However, the Quality Report contains more information than reporting against agreed measures so an exercise was undertaken to explore what information was suitable and relevant for the new report. This exercise also covered existing content that could not be reported in this way.

The existing format of the IPR and QR has been well received by the committee but the time has come to refresh the reports. A review was commissioned by the Chief Executive with the outcome of the production of a report that highlighted the key performance, finance and quality issues that the board should be aware of. Work has been ongoing since early 2019 to develop and produce a fully integrated performance and quality report that presents information accurately, succinctly and issues are escalated as appropriate.

This review was carried out in full consultation with the lead directors for the reports and the non executive chairs of the committees at every stage of development.

Assessment

The approach taken for the review was to develop a report that has presented information in a consistent manner that was readable and easy to interpret. The format will be the same with a full scorecard at the beginning of the document with a further drill down for measures that are not being met.

A standard one page template for the drill down analysis was designed that provides the board with a consistent look and feel including a trend graph, a table with further breakdown and when available, Scotland benchmark. This was straightforward for the performance measures and some of the financial measures.

However, the content of the Quality Report was reviewed and alternative reporting considered. It is proposed that the following indicators are reported in the new report regardless of their status.

- Adverse events
- HAI
- Complaints
- Hospital Standard Mortality Rates (HSMR) (new dataset)
- Deteriorating Patient (in development)
- Patient Experience (in development)

HSMR is included in the first version of the IPQR as the data was published on 13 August 2019. The drill down is not fully completed due the time pressure but a fuller analysis will be in the next version in September. As the data is published on a quarterly basis, HSMR will only be included in the IPQR when new data is published unless there are follow up actions.

For the topics in the QR that are not covered in the above list, the Clinical Governance Oversight Group has been identified as the key group that these topics will be reported. The following are the topics that will be reported through the Clinical Governance Oversight Group and escalated if necessary or reported to Clinical Governance Committee in a different manner:

- Care Opinion
- Safer Use of Medicines Policy and Procedures
- Duty of Candour
- Participation Standards
- Clinical Policies and Procedures Compliance
- More detailed analysis of Quality measures

Separate reports with accompanying SBARs will be presented at the Clinical Governance Committee:

- HAIRT Report
- Duty of Candour Annual Report

The scorecard at the beginning of the IPQR will contain all the measures that are being monitored on a monthly basis but it was agreed with the committee chairs that only those measures that are deteriorating should be drilled down within the report and additional information provided. In order to clarify when measures can be added or removed from the IPQR, guidance has been written to ensure any movement in performance is sustained and not due to random variation. Initially, all measures in the quality section will be reported regardless

of performance.

The new design of the IPQR has been agreed in collaboration with the Medical Director and Director of Nursing and AHPs throughout the development phase as well as the Chairs of the Clinical Governance Committee and Finance, Performance and Resource Committee. A board development session has been arranged for 28 August 2019 with the non executive directors to share the new design and to discuss the data analysis.

Recommendation

The Committee is invited to:

- **Note** the new Integrated Performance and Quality Report

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

Fife Integrated Performance & Quality Report

Produced in August 2019

NHS Fife

Introduction

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

The IPQR comprises of the following sections:

I. Executive Summary

    a.   LDP Standards & Local Key Performance Indicators (KPI)

    b.   National Benchmarking

    c.   Indicatory Summary

    d.   Assessment

II. Performance Assessment Reports

Clinical Governance

Finance, Performance & Resources
    Operational Performance
    Finance

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 (ESIPR), is presented at each NHS Fife Board Meeting, while Board members are sent a courtesy copy of the IPQR each month.

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 including current and previous performance and benchmarking against other NHS Boards.

a. LDP Standards & Key Performance Indicators

The current performance status of the 28 indicators within this report is 12 (43%) classified as **GREEN**, 3 (11%) **AMBER** and 13 (46%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits or considerably below standard/trajectory.
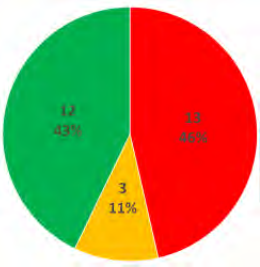
There are four indicators that consistently exceed the Standard performance; C Diff infection rate, IVF Treatment Waiting Times (regional service), Antenatal Access and Drugs & Alcohol Waiting Times. Other areas of success should also be noted…

- Inpatients Falls with Harm, consistently below the target level, at 1.47 per 1,000 Occupied Bed Days

- The SAB infection rate (measured on a rolling 3-month basis) is significantly lower than the Improvement Trajectory for 2019/20

- New Outpatient Waiting Times achieved above Standard performance for third month in succession with 95.4% waiting less than 12 weeks

- Patient TTG (Patients Waiting at Month End), continuing to be above the Improvement Trajectory for 2019/20

- Cancer 31-Day DTT achieving the Standard in June

b. National Benchmarking

National Benchmarking is based on whether indicator is in upper quartile (▲), lower quartile (▼) or mid-range (◄►); based on 11 mainland NHS Boards. The current benchmarking status of the 24 indicators within this report has 5 (21%) within upper quartile, 12 (50%) in mid-range and 7 (29%) in lower quartile. There are indicators where national comparison is not available or not directly comparable.

c. Indicator Summary

Section	LDP Standard	Standard	Target 2019/20	Reporting Period	Year Previous		Previous		Current			Reporting Period	Fife		Scotland
Clinical Governance	N/A	Major and Extreme Adverse Events	N/A	Month	Jun-18	49	May-19	60	Jun-19	55	↑		N/A		
	N/A	HSMR	N/A	Year Ending	Mar-18	N/A	Dec-18	N/A	Mar-19	1.01		2018/19	1.01	◀▶	1.00
	N/A	Inpatient Falls with Harm	2.16	Month	Jun-18	2.45	May-19	1.57	Jun-19	1.47	↑		N/A		
	N/A	Pressure Ulcers	0.42	Month	Jun-18	0.82	May-19	0.55	Jun-19	0.68	↓		N/A		
	N/A	Caesarean Section SSI	2.5%	Quarter	Mar-18	3.3%	Dec-18	1.7%	Mar-19	6.5%	↓	QE Mar-19	6.5%	▼	1.6%
	0.32	HAI - C Diff	0.32	Quarter Ending	Jun-18	0.17	May-19	0.18	Jun-19	0.16	↑	2018	0.19	▲	0.27
	0.24	HAI - SABs	0.34	Quarter Ending	Jun-18	0.45	May-19	0.30	Jun-19	0.26	↑	2018	0.43	▼	0.33
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Jun-18	73.6%	May-19	75.7%	Jun-19	70.9%	↓	2017/18	77.5%	◀▶	74.4%
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Jun-18	32.1%	May-19	48.0%	Jun-19	51.8%	↑	2017/18	49.7%	◀▶	52.8%
		Patient Experience													
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Jun-18	100.0%	May-19	100.0%	Jun-19	100.0%	↔		N/A		
	95%	4-Hour Emergency Access	96%	Month	Jun-18	96.8%	May-19	94.5%	Jun-19	94.9%	↑	Jun-19	94.9%	▲	90.3%
	N/A	Delayed Discharge (% Bed Days Lost)	7%	Month	Jun-18	3.5%	May-19	8.5%	Jun-19	6.8%	↑	QE Dec-18	7.5%	◀▶	7.1%
	95%	New Outpatients Waiting Times	95%	Month	Jun-18	92.0%	May-19	96.4%	Jun-19	95.4%	↓	Mar-19	98.2%	▲	75.0%
	100%	Diagnostics Waiting Times	100%	Month	Jun-18	95.8%	May-19	99.5%	Jun-19	99.5%	↔	Mar-19	99.9%	▲	84.0%
	100%	Patient TTG (Patients Waiting)	80%	Month	Jun-18	86.2%	May-19	88.2%	Jun-19	87.0%	↓	QE Mar-19	89.6%	▲	70.1%
	90%	18 Weeks RTT	84%	Month	Jun-18	80.3%	May-19	82.6%	Jun-19	83.4%	↑	Mar-19	76.9%	◀▶	77.3%
	95%	Cancer 31-Day DTT	95%	Month	Jun-18	93.8%	May-19	93.3%	Jun-19	95.0%	↑	QE Mar-19	95.2%	◀▶	94.9%
	95%	Cancer 62-Day RTT	94%	Month	Jun-18	86.2%	May-19	86.6%	Jun-19	82.9%	↓	QE Mar-19	84.8%	◀▶	81.4%
	29%	Detect Cancer Early	27%	Year Ending	Dec-17	22.4%	Sep-18	27.9%	Dec-18	27.6%	↓	2017, 2018	25.1%	◀▶	25.5%
	80%	Antenatal Access	80%	Month	Apr-18	83.0%	Mar-19	90.9%	Apr-19	92.8%	↑	2018/19	91.5%	▲	84.9%
	100%	Smoking Cessation	100%	YTD	Mar-18	58.7%	Feb-19	88.0%	Mar-19	88.6%	↑	YT Dec-18	78.8%	◀▶	84.7%
	90%	CAMHS Waiting Times	88%	Month	Jun-18	72.1%	May-19	66.7%	Jun-19	76.5%	↑	QE Mar-19	72.8%	◀▶	73.6%
	90%	Psychological Therapies Waiting Times	82%	Month	Jun-18	70.9%	May-19	66.2%	Jun-19	66.3%	↑	QE-Mar-19	67.6%	▼	77.4%
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Jun-18	80.7%	Mar-19	66.1%	Jun-19	75.0%	↑	2018/19	66.1%	▼	85.6%
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Apr-18	96.0%	Mar-19	95.0%	Apr-19	92.1%	↓	QE-Mar-19	92.6%	◀▶	93.2%
	N/A	Dementia Post-Diagnostic Support	TBD	Annual	N/A	N/A	2016/17	88.2%	2017/18	85.3%	↓	2016/17	88.2%	◀▶	83.5%
	N/A	Dementia Referrals	TBD	YTD	Dec-17	497	Sep-18	406	Dec-18	586	↓	2016/17	59.8%	▲	41.4%
	N/A	Freedom of Information Requests	85%	Quarter Ending	Jun-18	N/A	May-19	66.2%	Jun-19	61.1%	↓		N/A		
Finance	N/A	Revenue Expenditure	£0	Month	Jul-18	N/A	Jun-19	£3.130m	Jul-19	£5.228m	↓		N/A		
	N/A	Capital Expenditure	£7.394m	Month	Jul-18	N/A	Jun-19	£0.422m	Jul-19	£0.653m	↑		N/A		
Staff Governance	4.00%	Sickness Absence	4.89%	Month	Jun-18	4.69%	May-19	5.66%	Jun-19	5.55%	↑	2018/19	5.51%	▼	5.39%

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d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Scotland Comparison	
Inpatient Falls Reduce falls with harm by 20%	2.16	May-19	2.16	Jun-19	1.47	N/A	N/A

While overall, falls with harm rate has been static, the data highlights an increase in falls with harm in a few focussed areas within the ASD. Work is underway to explore the reasons for this including appropriate completion of the falls prevention and management bundle through audit, local environment assessment, patient profile including those patients who have boarded in other wards.

Pressure Ulcers 50% reduction by December 2019	0.42	May-19	0.42	Jun-19	0.68	N/A	N/A

There remains standard variation in the data with no sustained improvment in Pressure Ulcer development, with a rise in incidents from 0.55 in May to 0.58 in June. There remains continuous activity across Fife, with particular focus being on the use of comfort rounds and targeted refresher education sessions on the use of comfort rounds within HSCP.

Caesarean Section SSI We will reduce the % of post-operation surgical site infections to 2.5%	N/A	Dec-18	2.5%	Mar-19	6.5%	QE Mar-19	▼

Quarterly performance varies significantly, and eradicating variation as well as reducing the infection rate is being targeted through improvement work. The identified actions are long-term but some impact should be apparent as the year progresses.

SAB (MRSA/MSSA) Rate of SAB (including MRSA) cases are 0.24 or less per 1,000 acute occupied bed days	0.24	Never Met	0.34	QE Jun-19	0.26	2018	▼

Performance has improved significantly during the first half of 2019.
HPS are now reporting on performance using split Healthcare/Community measures, and these will need to be considered as we move forward.
The Improvement Actions by their nature are long-term, although some impact should be apparent as this year progresses.

Complaints - Stage 2 At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Jun-19	51.8%	FY 2017/18	◀ ▶

Variable monthly performance, but slightly improving towards the target for 2019/20
Regular meetings are being held with ASD colleagues to review issues and style of draft responses, and education is being provided on an ad hoc basis (as well as formally to FY2 doctors).

Executive Lead Comments

No comments received

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Scotland Comparison	
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jun-19	8%	Jun-19	6.8%	Dec-18	◀▶

Increasing delays at monthly census points throughout FY 2018/19, with knock-on affect on bed days lost
Actions have been identified to address key delay reasons such as the time (and location) for social care assessments. A Moving On Policy is also being developed to cover the situation where families of patients in delay are refusing choices and/or where there is no availability of the assessed resource.

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Scotland Comparison	
4-Hour Emergency Access 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Nov-18	95%	Jun-19	94.9%	Jun-19	▲

Performance has been just below the Standard since the start of 2019, although consistently better than the Scottish average.
The PerformED Group has been formed to analyse attendance trends and identify where improvements can be made and this, along with complementary work within AU1 and ECAS, is expected to have a positive impact in reducing 4-hour breaches as we move towards the challenging winter period.

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Scotland Comparison	
Patient TTG All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	80%	Jun-19	87.0%	QE Mar-19	◀▶

The LDP Standard addresses patients treated each month, but we are measuring performance in terms of the % of patients waiting over 12 weeks at month end. This provides a better view of ability to manage waiting times.
The first tranche of additional SG funding has been confirmed, and work has started on key projects around Clinical Space and Theatre Utilisation, which will support a sustainably improved performance.

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Scotland Comparison	
Cancer 62-Day RTT 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	94%	Jun-19	82.9%	QE Mar-19	◀▶

There is significant monthly variation and generally poor performance against the Cancer 62-Day RTT Standard.
All pathways are being reviewed, with specific focus on the prostate pathway via the work of the Urology Improvement Group. The latter is showing a positive impact.
The overall governance structure and format of weekly meetings are also being reviewed.

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Scotland Comparison	
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	Never Met	100%	Year To Mar-19	88.2%	QE Dec-18	▲

The final figures for 2018/19 show that we achieved just under 90% of the target, better than in previous years.
Improvement actions focusing on hard-to-reach communities and pregnant women are in place to ensure that the 2019/20 target of 473 quits will be achieved.

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Scotland Comparison	
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	88%	Jun-19	76.5%	QE Mar-19	▲

After a consistent improvement in 2018, performance has been variable since the start of this year
The addition of the Primary Care Mental Health cohort had a positive impact, but these fixed-term contracts have ended and recruitment is having to restart. Additional evening clinics are planned for later this year, while the creation of Team Leader rolse is having a beneficial affect in waiting times management.

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Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Scotland Comparison	
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	82%	Jun-19	66.3%	QE Mar-19	▲
Continuing to report monthly performance between 65% and 70% Single point of access is in place for 4 out of 6 Community Mental Health Teams, while we are monitoring the impact on capacity of the Extended Group Programme (introduced in November 2018). An evaluation of the impact of implementing a pilot nurse-led mental health triage system at a small number of GP Cluster Areas is also underway.							
FoI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	N/A	85%	QE Jun-19	61.1%	N/A	N/A
Although performance has fallen sharply in the last quarter, plans have now been put in place to provide a more efficient system for logging and managing requests (including those passed on to the IJB). We are also looking to improve resilience within Corporate Services to reduce dependency on individuals.							

Executive Lead Comments

Acute waiting times for new outpatients, Patient TTG and Diagnostics are currently performing in the upper quartile compared with other mainland Scottish NHS Boards. In terms of AOP performance, TTG is better than target but Outpatients is behind target.

Urology remains challenging for 31 and 62 day Cancer Waiting Time target. The work within Urology Improvement Group to review the pathways is expected to be completed by January 2020 as is currently on track.

Emergency Access standard remains a challenge for Fife. Improved patient flow is key to achieving 95% and review of AU1 Assessment Pathway, redevelopment of ECAS and implementation of OPAT service all underway and are due to be completed by October 2019.

Bed Days Lost to Delays has reduced to 6.8%, under 5% target for March 2020, with the number of patients in delay at census 53. A review of timeliness of social work assessments is under way and a trusted assessor's model within VHK for patients transferring to STAR/Assessment Beds is on track for completion by October.

Mental Health Waiting Times continue to be a challenge with both CAMHS and Psychological Therapies below AOP trajectories. All improvement actions are currently on track to deliver by agreed timescales.

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Scotland Comparison	
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Jul-19	+ £5.228m	N/A	N/A

The revenue position for the 4 months to 31 July reflects an overspend of £5.228m. This comprises an overspend of £5.718m on Health Board retained budgets; and an underspend of £0.490m aligned to the Health budgets delegated to the Integration Joint Board (IJB). The key financial challenge in this reported position is the overspend of £5.915m within the Acute Services Division (of which £1.979m overspend relates to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but remain managed by the NHS Board). The key driver of the overspend is the shortfall in the level of savings identified and delivered.

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Scotland Comparison	
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£7.394m	N/A	£7.394m	Jul-19	£0.653m	N/A	N/A

The total Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 4 months to July shows investment of £0.653m, equivalent to 8.83% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

Executive Lead Comments

As previously reported, further work is required as a matter of priority to ensure that savings are identified and deliverable for the Acute Services Division, in support of the Health Board's statutory requirement to break even. External expertise is being provided through Deloitte LLP to robustly support and challenge the team to design and implement an effective savings programme, with a strong focus on what/when/how much in terms of specific savings proposals. A workshop is scheduled for mid August with a formal update to the Executive Directors Group and Finance, Performance & Resources Committee in September.

It is important to note that at this point there has been **no IJB risk share** factored into the year to date position. However, as reported through the Integration Joint Board, there is a £6.5m gap on the savings programme for 2019/20. **If the risk share methodology was applied**, this would add a further £1.6m to the in year overspend position (i.e. 4/12ths of 72% of the £6.5m gap), thus potentially **increasing the overspend for the period to £6.8m**.

We continue dialogue with colleagues in the Health Finance Directorate on the impact of any application of the risk share arrangement, on the financial consequences for the NHS Fife Board in relation to the delivery of the statutory financial requirement to break even.

In line with previous years, we are required to report a forecast outturn for the year, to Scottish Government, through the monthly Financial Performance Returns (FPR). At this early stage in the year, it is difficult to be entirely definitive on the likely outurn, however initial indications suggest the **position ranges from an optimistic outturn overspend of £4.4m to a mid range overspend of £8.8m**. This does not include the impact of the risk share arrangement for the IJB position i.e. a further £4.68m (i.e. 72% of the £6.5m gap), *nor* does it include any beneficial impact of the work commissioned to drive savings within the Acute Services Division. **For the purposes of reporting to SGHSCD, therefore, we are proposing to escalate a potential overspend of £9m, being our optimistic forecast (recognising the Acute position may improve)** plus **the risk share impact of the shortfall in the overall IJB savings.** It is important to note that the most recent forecast overspend on the IJB budget was in excess of the initial £6.5m budget gap; being more than £9m).

Within the Scottish Government reporting template we are required to highlight the level of any potential brokerage required to deliver a break even position. Board members are asked to note that we have included a funding request of £4.68m in this respect; this assumes the impact of the social care overspend would require additional external funding and the overspend on the Health Board retained budgets would be managed through local management action.

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Staff Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Scotland Comparison	
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.89%	May-19	5.66%	FY 2018/19	▼

Performance has exceeded 5% since July 2018
Extensive support for management of attendance continues to be offered and improvement trajectories for individual business units are being monitored monthly. The early intervention of Occupational Health for mental health-related absence has been in place since March.

Executive Lead Comments

We continue to progress work in partnership with our staff representative colleagues to improve performance in this area. This includes jointly presented "myth busting sessions" which will also support the application of the newly agreed Circular dealing with this issue.

Our workshops which include discussion of best practice examples from within the Board; the art of having "Good Conversations", supporting staff resilience and the need to be aware of and support in a timeous way any colleagues who are experiencing mental health related issues have been extremely well received

II. Performance Exception Reports

Clinical Governance

Finance, Performance & Resources – Operational Performance

Finance, Performance & Resources – Finance

Staff Governance

Clinical Governance

Adverse Events

Major and Extreme Adverse Events

YE Jun-19
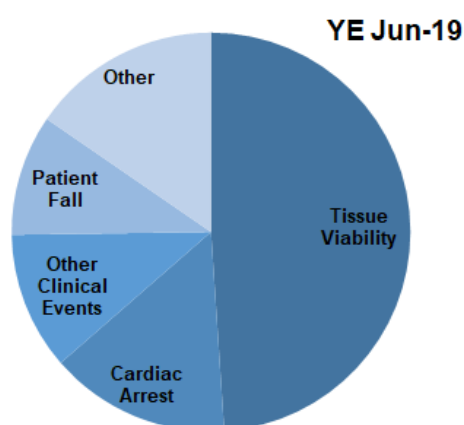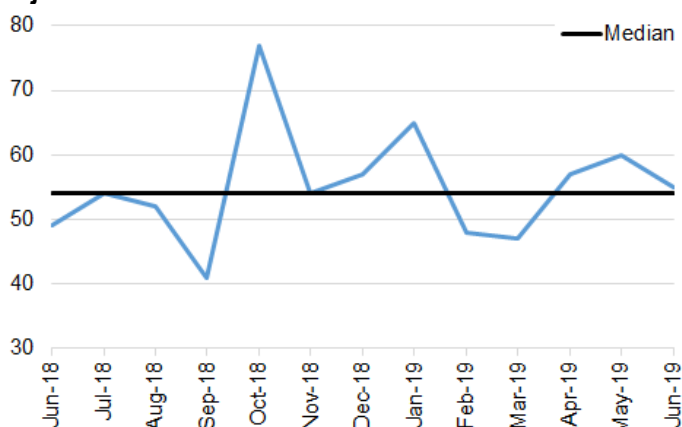
All Adverse Events

	Month	2018							2019					
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
ALL	NHS Fife	1339	1414	1401	1202	1467	1287	1239	1347	1263	1280	1232	1290	1219
	Acute Services	553	545	596	522	614	614	577	628	585	573	536	598	559
	HSCP	709	801	737	634	772	631	619	668	627	663	645	623	615
	Corporate	77	68	68	46	81	42	43	51	51	44	51	69	45
CLINICAL	NHS Fife	915	904	932	809	966	925	869	972	873	893	851	936	814
	Acute Services	503	492	532	469	570	566	518	566	523	523	484	555	509
	HSCP	386	387	380	321	373	348	340	390	338	354	356	346	287
	Corporate	26	25	20	19	23	11	11	16	12	16	11	35	18

Commentary

All Adverse Events are managed in accordance with GP/I9 NHS Fife Adverse Events Policy and there are systems in place to manage the events and take oversight within the Acute Division and the Health and Social Care Partnership

There is nothing exceptional to report.

Current Challenges	

Improvement Actions	Progress	Timescale	Status
1.			

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 is more than predicted.

Reporting Period; April 2018 to March 2019ᴾ

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	25,362	25,362	702,449	3.6%	1.00
NHS Fife	1,669	1,655	38,011	4.4%	1.01
Queen Margaret Hospital	49	40	7,426	0.7%	1.24
Victoria Hospital	1,545	1,545	30,328	5.1%	1.00

Crude Mortality Rate
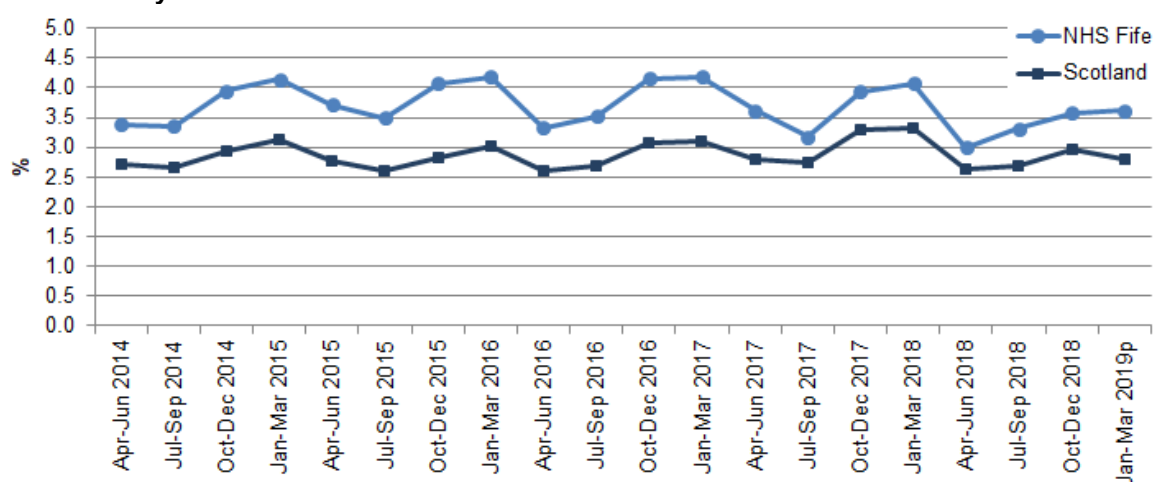
Commentary

HSMR is a measure which promotes reflection on patient care within boards. The reference point is a value of 1, and this hould be used by Boards to reflect when a value is greater or less than this. A high value of the HSMR is not sufficient evidence on which to conclude that a poor quality or unsafe service is being provided. It should be regarded as a trigger for review and further understanding.

The provisional NHS Fife HSMR for the whole of FY 2018/19 was 1.01, which is in line with Scottish performance.

Current Challenges	The QMH HSMR is significantly above the reference point

Improvement Actions	Progress	Timescale/ Status
1.		
2.		
3.		

Clinical Governance

Inpatient Falls with Harm

Reduce Inpatient Falls With Harm rate per 100,000 Occupied Bed Days (OBD)
Improvement Target for 2019/20 = 2.16 per 100,000 OBD

Local Performance
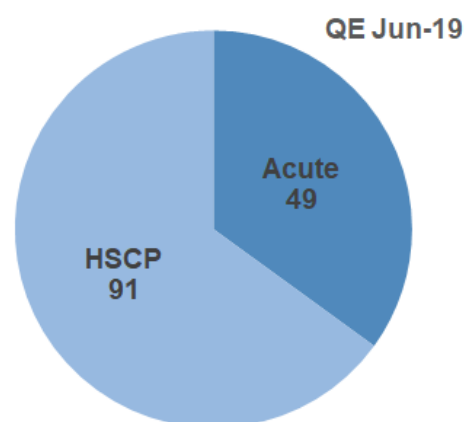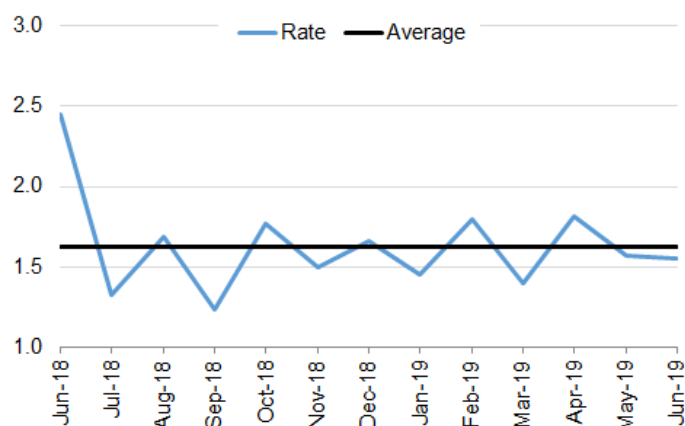
Service Performance

Month	2018							2019					
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	2.45	1.32	1.69	1.24	1.77	1.49	1.66	1.45	1.80	1.40	1.81	1.57	1.55
Acute Services	1.20	0.74	1.32	0.63	1.21	1.22	1.49	1.19	1.62	0.84	1.17	0.89	1.73
HSCP	3.40	1.78	1.99	1.73	2.22	1.72	1.80	1.69	1.95	1.85	2.34	2.15	1.40

Commentary

While falls with harm rate has been static overall, the data highlights an increase in a few areas within the ASD. Work is underway to explore the reasons for this including appropriate completion of the falls prevention and management bundle through audit, local environment assessment and patient profile, including those patients who have boarded in other wards.

Current Challenges	Need to continue to review the performance with increased demands in in-patient settings and bed modelling within the acute setting. Bed Modelling is underway and aimed to be complete in August. – ***Actions 1, 2 and 3***

Improvement Actions	Progress	Timescale/ Status
1. Review the Falls Toolkit and Falls Flowchart	A short life working group has reviewed and refreshed the falls toolkit for NHS Fife and has also developed significant new risk assessment, care plan and flowcharts for post falls assessment and the use of bed or chair alarms. These new pieces of work have been consulted upon across the acute and community hospitals and have been approved.	Jul 2019 Complete
	Formal re-launch of the new toolkit is planned for 10th September but roll out is already underway across the organisation	Sep 2019 On Track
2. Develop Older People's Knowledge and Skills Framework	Framework (relevant to all clinical areas that care for older people across our acute and community hospitals) has been piloted with a number of health professionals within the acute hospital and the feedback is extremely positive. Formal launch planned for 10th September	Aug 2019 On Track
3. Falls Audit	A tool has been developed and tested in community in-patient beds and this will be utilised in acute setting First run of audit week beginning 12th August	Aug 2019 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 2019) = **0.42 per 1,000 Occupied Bed Days***

Local Performance
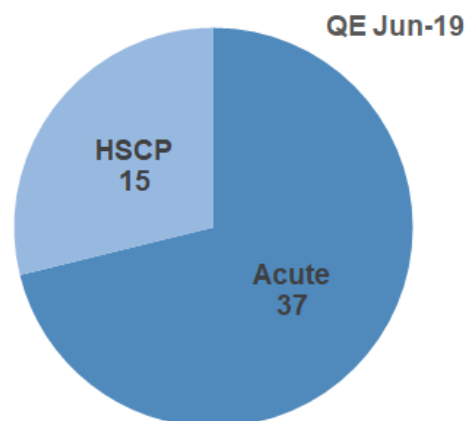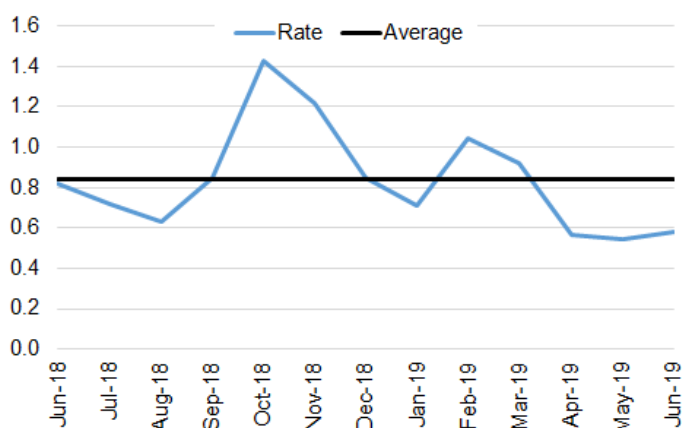
Service Performance

Month	2018							2019					
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	0.82	0.71	0.63	0.85	1.43	1.22	0.85	0.71	1.04	0.92	0.57	0.55	0.58
Acute Services	1.29	1.31	1.01	1.73	2.49	1.99	1.57	1.12	1.54	0.91	0.70	0.89	1.25
HSCP	0.46	0.25	0.32	0.13	0.56	0.57	0.25	0.36	0.61	0.92	0.45	0.25	0.27

Commentary

There remains standard variation in the data with no sustained improvment in Pressure Ulcer development, with a rise in incidents from 0.55 in May to 0.58 in June. There remains continuous activity across Fife, with particular focus being on the use of comfort rounds and targeted refresher education sessions on the use of comfort rounds within HSCP.

Current Challenges	Reducing number of pressure ulcers across all NHS Fife Wards – **Actions 1 and 3**
	Reducing the random monthly variation in HSCP wards – **Actions 2 and 3**

Improvement Actions	Progress	Timescale/ Status
1. All identified wards will undertake a weekly audit of compliance with SSKIN bundle	All wards are completing SSKIN bundle on a weekly basis, continued support to ensure consistent compliance is ongoing	Dec 2019 On Track
2. Fife-wide task group commissioned to review SBAR/LAER reporting	The task group have completed the recommendation of SBAR/LAER reporting and will now follow the governance struture for approval	Oct 2019 On Track
3. Improvement collaborative project extended to December 2019 across identified wards	All 10 wards continue to work within the QI programme	Dec 2019 On Track

Clinical Governance

SSI Caesarean Section

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
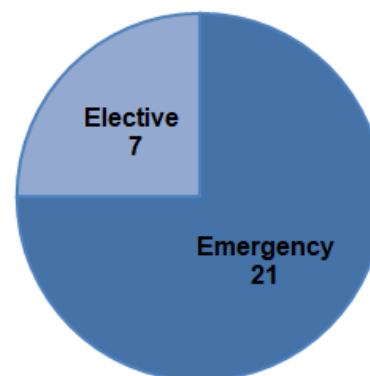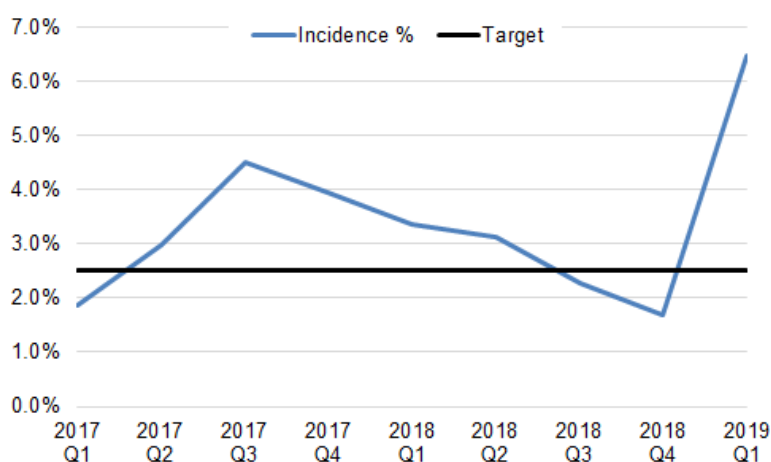
Service Performance

	2017 Q1	2017 Q2	2017 Q3	2017 Q4	2018 Q1	2018 Q2	2018 Q3	2018 Q4	2019 Q1
NHS Fife	1.9%	3.0%	4.5%	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%
Scotland	1.4%	1.2%	1.3%	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%

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
1. Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan	Improvement Plan updated in light of exception report received for Q1 2019 New case ascertainment methodology to be adopted from October	Mar 2020 On Track
2. Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	A number of strategies are in place: • Family Health Team • Winning By Losing • Smoking Cessation Analysis of data currently ongoing to determine what impact these initiatives are having on pregnant women in Fife with a high BMI	Mar 2020 On Track

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Clinical Governance

HAI SAB (including MRSA)

Rate of 0.24 cases or less per 1,000 Acute Occupied Bed Days (AOBD)
Improvement Target for 2019/20 = 0.34

Local Performance | Quarter Ending
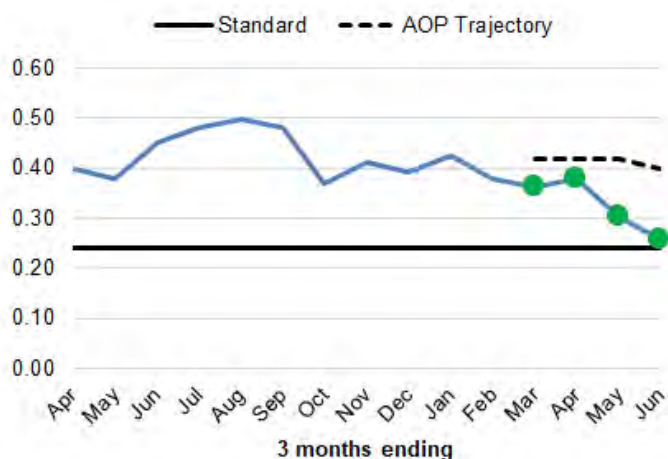
Acquired Location QE Jun-19
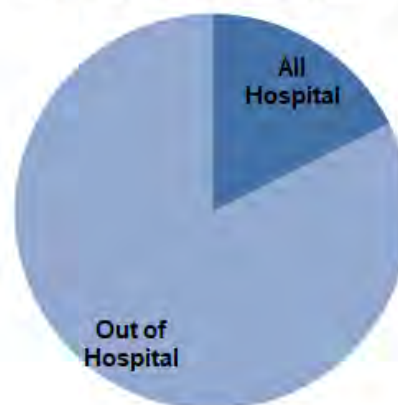
National Benchmarking | Year Ending

	2018/19										2019/20			Sep-19
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Target
NHS Fife	0.39	0.39	0.41	0.42	0.42	0.44	0.43	0.42	0.42	0.42	0.41	0.40	0.37	0.38
Scotland	0.34			0.33			0.33							

Current Challenges	Increase in number of VAD-related infections – *Action 1*
	Increase in number of SAB in diabetic patients – *Action 2*
	Increase in number of SAB in People Who Inject Drugs (PWID) – *Action 3*

Improvement Actions	Progress	Timescale/ Status
1. Complete work mandated by Vascular Access Strategy Group	Improved systems and processes in place to manage VAD including policies, procedures, pathways, eHealth solutions and training and education Governance arrangements are more robust, and will provide assurance and data for improvement Teams continue to work on the reduction in the number of VAD associated SAB: incidence charts are used to support teams in QI	Mar 2020 On Track
2. Design a new programme of work focusing on reducing the risk of SAB in diabetic patients	First meeting with key stakeholders to discuss SAB prevention in the diabetic community scheduled for September 2019	Mar 2021 On Track
3. Reduce the number of SAB in PWIDs	First meeting with key stakeholders to discuss SAB prevention in the PWID community scheduled for September	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
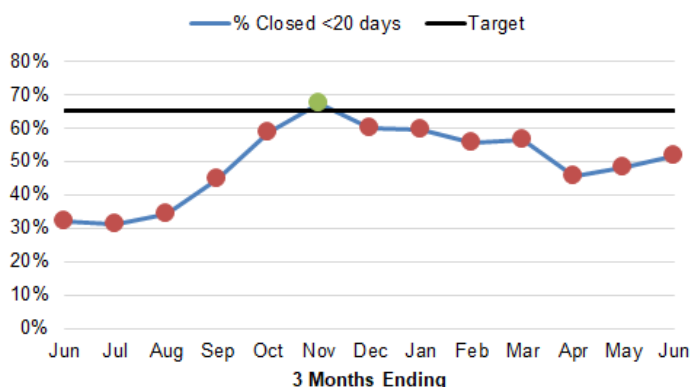
Local Performance by Directorate/Division
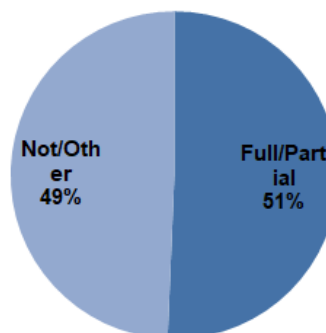
3-Month Ending	2018/19										2019/20		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	32.1%	31.0%	34.4%	44.5%	58.7%	67.5%	59.8%	59.6%	55.8%	56.5%	45.5%	48.0%	51.8%
Acknowledged < 3 Days	73.8%	70.7%	72.1%	79.6%	88.9%	94.0%	95.7%	92.7%	95.2%	93.5%	97.4%	97.3%	97.6%
ASD	30.8%	33.8%	40.9%	50.5%	67.1%	75.6%	70.7%	69.0%	62.7%	60.3%	52.6%	59.6%	67.2%
HSCP	16.7%	7.1%	16.1%	27.8%	37.5%	38.7%	26.5%	35.3%	38.2%	44.4%	21.1%	11.1%	8.7%

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
1. 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
2. Deliver education to service to improve quality of investigation statements	Yearly education delivered to FY2 doctors and student nurses. *Ad Hoc* training sessions are also delivered when required.	Mar 2020 On Track
3. 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	Oct 2019 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
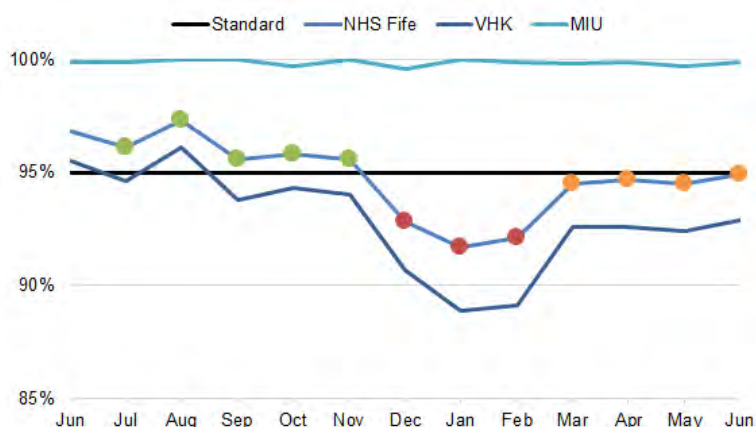
Breach Reason Jun-19
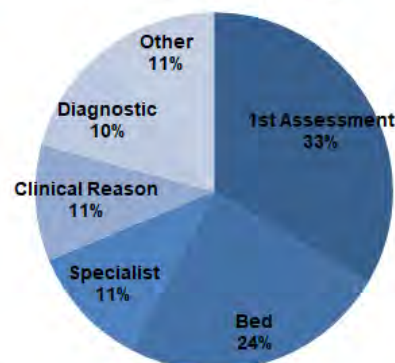
National Benchmarking

Month	2018/19										2019/20		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	96.8%	96.1%	97.3%	95.6%	95.8%	95.6%	92.8%	91.7%	92.1%	94.5%	94.7%	94.5%	94.9%
Scotland	92.8%	93.0%	92.0%	90.9%	92.2%	91.3%	89.6%	88.8%	89.3%	91.3%	89.9%	90.7%	90.3%

Current Challenges	
	Variation in 4-Hour Emergency Access Performance - *Action 1*
	Patient Flow – *Action 2*
	ECAS and OPAT Services and Capacity – *Action 3*

Improvement Actions	Progress	Timescale/ Status
1. Formation of PerformED group to analyse performance trends	Group identifying trends and engagement meetings have commenced with services external to ED. Continue to revise what changes can be made internally following review of data.	Jan 2020 On Track
2. Review of AU1 Assessment Pathway	AU1 attendances and admissions contribute to approximately 20% of EC admissions. New flow model providing better control of occupancy of the area and continue to revisit the ANP call handling from GPs.	Oct 2019 On Track
3. Development of services for ECAS and implementation of OPAT	Review of attendances and flow within the ECAS area and engagement with acute physicians regarding occupancy and demand. Microbiologist to support OPAT commencing September, however, nursing support continues to be assessed v budget.	Oct 2019 On Track

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Finance, Performance & Resources – Operational Performance

Delayed Discharges

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 = **7%***

Local Performance

% Bed Days Lost — Target
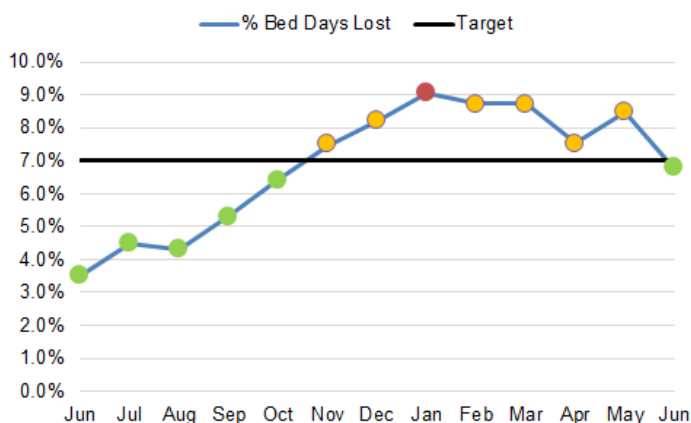
Length of Delay | Jun-19
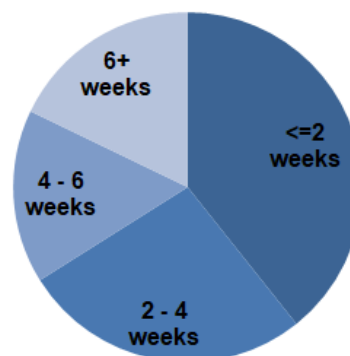
National Benchmarking

Quarter Ending	2017/18				2018/19		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	5.5%	6.5%	5.0%	4.1%	4.2%	4.8%	7.5%
Scotland	5.7%	6.1%	6.4%	6.0%	6.6%	7.0%	7.1%

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 – ***Action 2***

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.	Oct 2019 On Track
2. Review timescales of social work assessments	Patients requiring single carer for homecare will now be assessed at home. Homecare assessments to be completed within 48 hours. Social work are reviewing timescales.	Sep 2019 On Track
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	Nov 2019 On Track

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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 = 80% (Patients Waiting <= 12 Weeks at month end, as per Scottish Government Waiting Times Plan)

Local Performance
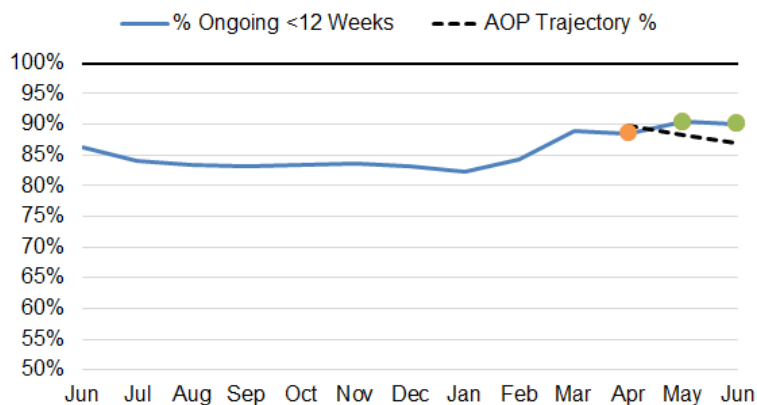
Ongoing Breaches Jun-19

National Benchmarking

	2018/19										2019/20			Sep-19
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Target
NHS Fife	86.2%	84.1%	83.3%	83.3%	83.4%	83.5%	83.3%	82.4%	84.4%	89.0%	88.5%	90.4%	90.1%	84.8%
Scotland	70.9%			68.1%			67.5%	66.6%	66.8%	70.1%				

Current Challenges	Recurring gap in IP/DC capacity – *Actions 1, 2 and 3*
	Difficulty in recruiting to Specialist Consultant posts – *Actions 1 and 2*
	Difficulty in staffing additional in-house activity - *Actions 1, 2 and 3*

Improvement Actions	Progress	Timescale/ Status
1. Secure resources in order to deliver waiting times improvement plan for 19/20	Letter confirming first allocation of funding received	Oct 2019 On Track
2. Develop and deliver Clinical Space redesign Improvement programme	Meetings established , Bed Modelling exercise underway	Mar 2020 On Track
3. Theatre Action Group develop and deliver plan	Monthly meetings established, action plan in place. Enabled the provision of additional theatre sessions to support new Consultant Urologist appointments.	Mar 2020 On Track

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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
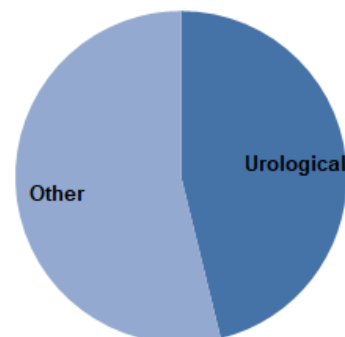
National Benchmarking

| | 2018/19 | | | | | | | | | | 2019/20 | | | Sep-19 |
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Target
NHS Fife	86.2%	82.2%	80.2%	88.2%	85.6%	86.6%	90.2%	93.1%	85.6%	75.6%	84.4%	86.6%	82.9%	**92.0%**
Scotland	82.4%	82.7%	79.7%	80.2%	81.6%	81.0%	83.4%	79.9%	79.9%	81.6%	80.4%	81.1%	82.6%	

Current Challenges	Urology 62 day performance (Prostate) – ***Actions 1 and 2***
	Cancer Waiting Times 'education' – ***Action 2***
	Delays to steps in pathways for 1st OPA, diagnostic investigations and reporting – ***Action 2***
	Number of breaches in various specialties – ***Action 3***

Improvement Actions	**Progress**	**Timescale/ Status**
1. Urology Improvement Group review prostate pathway to minimise wait between each step	Improvements implemented have delivered a reduction in waits to 1st OPA, MRI, TRUS biopsy, and histopathology turnaround times. CNS coordinating bundle booking where appropriate. Completed actions implemented immediately.	Jan 2020 On Track
2. Improvement in cancer governance structure and redesign of weekly PTL meeting together with organisation-wide education sessions to ensure clear focus on escalation processes and organisational expectations to improve cancer waiting times performance	Governance structure agreed. Meetings to be arranged and ToRs finalised. CWT education package under development. SOP to be reviewed. Further metrics introduced into the PTL meeting to allow services to manage cancer referral demand and capacity. There is a focus to ensure escalations are acted upon in a timeous fashion.	Oct 2019 On Track
3. Robust review of timed cancer pathways to ensure up to date and with clear escalation points	Current pathways to be distributed to teams for review and specific escalation points to be agreed	Jan 2020 On Track

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Finance, Performance & Resources – Operational Performance

Smoking Cessation

In 2018/19, we will deliver a minimum of 490 post 12 weeks smoking quits in the 40% most deprived areas of Fife
*Improvement Target for 2019/20 = **473***

Local Performance
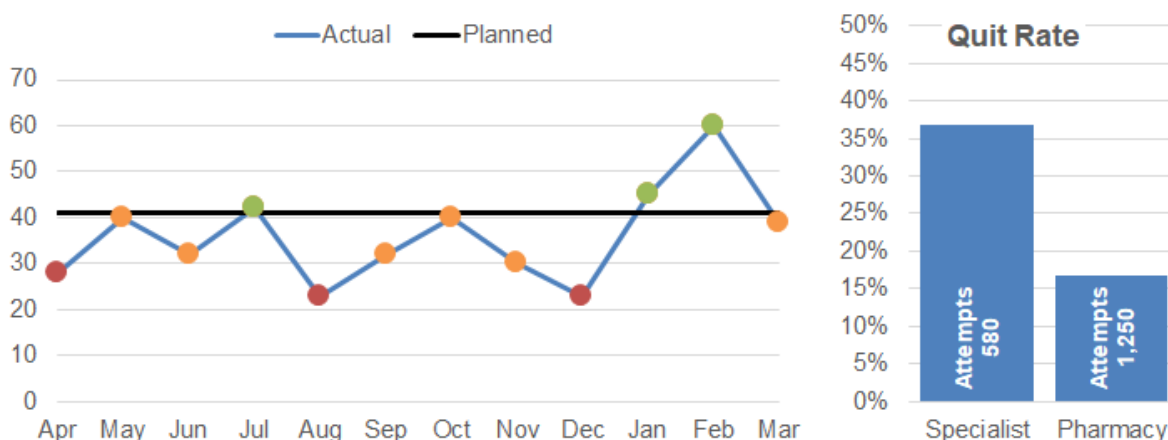
National Benchmarking

	2018/19											
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
NHS Fife	68%	83%	81%	87%	80%	80%	83%	82%	79%	82%	88%	89%
Scotland			87%			85%			85%			

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***

Improvement Actions	Progress	Timescale/ Status
1. Outreach development with Gypsy Travellers in Thornton	Progress has been delayed due to unrest in the community, but we are hoping to re-engage in the next few months	Mar 2020 On Track
2. 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	Mar 2020 On Track
3. '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

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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
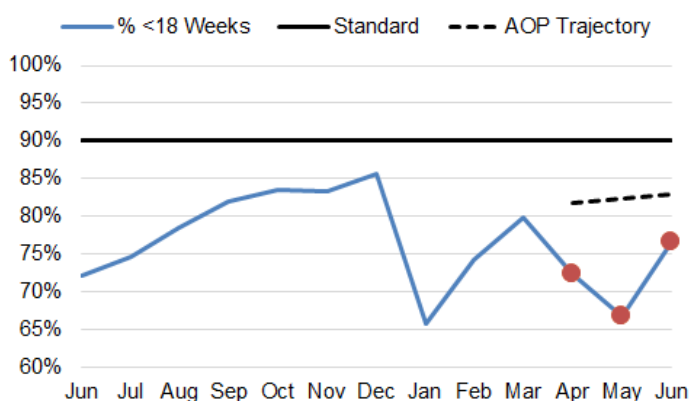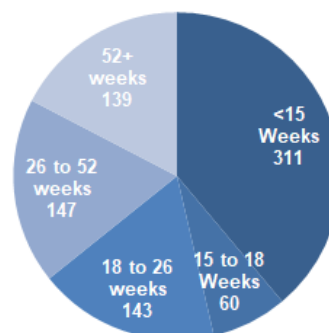
Legend: — % <18 Weeks — Standard --- AOP Trajectory

Waiting List (800) Jun-19

- 52+ weeks 139
- 26 to 52 weeks 147
- 18 to 26 weeks 143
- 15 to 18 Weeks 60
- <15 Weeks 311

National Benchmarking

| Month | 2018/19 | | | | | | | | | | 2019/20 | | | Sep-19 |
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Target
NHS Fife	72.1%	74.6%	78.4%	82.0%	83.5%	83.3%	85.5%	65.7%	74.3%	79.8%	72.3%	66.7%	76.5%	**85.0%**
Scotland	69.7%	70.2%	66.3%	70.7%	72.9%	68.3%	78.6%	72.1%	73.4%	75.6%				

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
1. Introduction of Primary Mental Health Worker (PMHW) First Contact Appointments System and Group Therapy Programme	Started in April 2019 following SG Action 15 funding. Four additional staff were recruited on 1-year contracts. Impact has been extremely positive with significant amount of C&YP signposted following assessment to alternative service providers. New staff have since moved on to permanent posts, and recruitment has restarted. This is experiencing significant delay. Group programme under way, resulting in 158 C&YP being allocated group places between September and December.	Mar 2020 On Track
2. Waiting List Additional Staffing Resource	Additional evening clinics to start in September; it is anticipated that additional C&YP will be allocated individual therapy	Sep 2019 to Feb 2020 Not Started
3. Introduction of Substantive Team Leader Role	Posts in place. Active allocation of appointments underway. Team leaders identifying patients for prioritisation and for evening clinics.	Mar 2020 On Track

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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
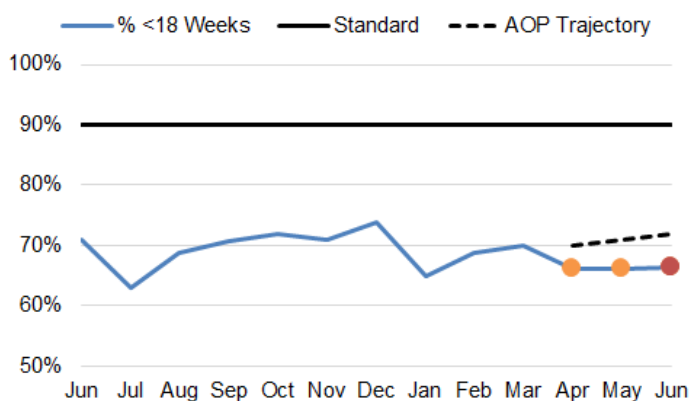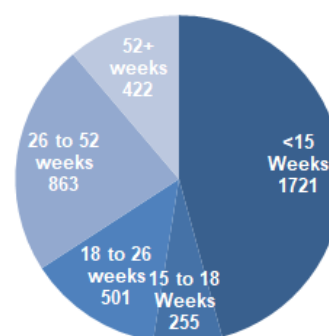
Legend: — % <18 Weeks — Standard --- AOP Trajectory

Waiting List (3762) Jun-19
- 52+ weeks 422
- 26 to 52 weeks 863
- 18 to 26 weeks 501
- 15 to 18 Weeks 255
- <15 Weeks 1721

National Benchmarking

| Month | 2018/19 | | | | | | | | | | 2019/20 | | | Sep-19 |
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Target
NHS Fife	70.9%	62.9%	68.7%	70.7%	71.9%	70.8%	73.9%	65.0%	68.7%	69.8%	66.1%	66.2%	66.3%	**75.0%**
Scotland	76.0%	75.9%	74.8%	75.8%	75.6%	74.6%	77.5%	75.3%	77.7%	79.6%				

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 – ***Action 3***
	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	Underway in 4 of 6 CMHTs; working with e-health to develop SCI gateway option to facilitate	Dec 2019 On Track
2. Introduction of Extended Group Programme in primary care, accessible by self-referral	Group programme and self-referral introduced November 2018 via Access Therapies Fife website. Monitoring impact on capacity.	Sep 2019 On Track
3. Redesign of Day Hospital provision to support CMHTs	Implementation of redesign underway. Further progress required to impact on capacity for delivery of PTs.	TBD
4. Implementation of mental health triage nurse pilot programme in Primary Care (Action 15 SG)	Staff in post in selected GP Cluster areas; service being well-utilised; evaluation underway (interim report due Sep 2019)	Oct 2019 On Track

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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
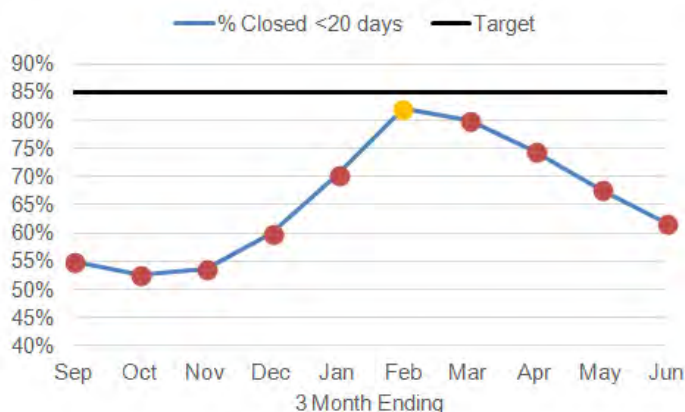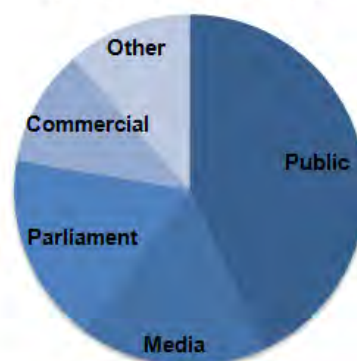
Service Performance

Monthly	2018/19									2019/20		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Health Board	63.6%	53.1%	48.4%	55.6%	55.4%	76.0%	83.7%	80.4%	76.2%	56.5%	56.8%	55.6%
IJB							100.0%	100.0%	55.6%	100.0%	86.7%	71.4%

Current Challenges	Performance deteriorating and variable due to delays in the return of responses from services and pressure on corporate support for finalising responses – ***Actions 1, 2 and 3***

Improvement Actions	Progress	Timescale/ Status
1. Map pathway out and identify areas that have recurring issues with delayed responses	New spreadsheet created to improve ongoing tracking of enquiries and stages of delay	Aug 2019 Complete
2. Improve FoI case recording and monitoring of timeliness of responses	Revised spreadsheet being tested and refined	Aug 2019 On Track
3. Review enhanced cover arrangements for corporate administration of requests, to improve resilience	Not yet started	Sep 2019

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

Memorandum	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	416,395	424,019	132,262	137,980	5,718	4.32%	2,531	3,187
Integration Joint Board - Health	346,358	346,884	115,422	114,932	-490	-0.42%	-1,455	965
Total	762,753	770,903	247,684	252,912	5,228	2.11%	1,076	4,152

Commentary

The revenue position for the 4 months to 31 July reflects an **overspend of £5.228m**. This comprises an overspend of £5.718m on Health Board retained budgets; and an underspend of £0.490m aligned to the Health budgets delegated to the Integration Joint Board (IJB). The key financial challenge in this reported position is the overspend of £5.915m within the Acute Services Division (of which £1.979m overspend relates to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but remain managed by the NHS Board). The key driver of the overspend is the shortfall in the level of savings identified and delivered.

As previously reported, further work is required as a matter of priority to ensure that savings are identified and deliverable for the Acute Services Division, in support of the Health Board's statutory requirement to break even. External expertise is being provided through Deloitte LLP to robustly support and challenge the team to design and implement an effective savings programme, with a strong focus on what/when/how much in terms of specific savings proposals. A workshop is scheduled for mid August with a formal update to the Executive Directors Group and Finance, Performance & Resources Committee in September.

It is important to note that at this point there has been **no IJB risk share** factored into the year to date position. However, as reported through the Integration Joint Board, there is a £6.5m gap on the savings programme for 2019/20. **If the risk share methodology was applied**, this would add a further £1.6m to the in year overspend position (i.e. 4/12ths of 72% of the £6.5m gap), thus potentially **increasing the overspend for the period to £6.8m**.

We continue dialogue with colleagues in the Health Finance Directorate on the impact of any application of the risk share arrangement, on the financial consequences for the NHS Fife Board in relation to the delivery of the statutory financial requirement to break even.

In line with previous years, we are required to report a forecast outturn for the year, to Scottish Government, through the monthly Financial Performance Returns (FPR). At this early stage in the year, it is difficult to be entirely definitive on the likely outurn, however initial indications suggest the **position ranges from an optimistic outturn overspend of £4.4m to a mid range overspend of £8.8m**. This does not include the impact of the risk share arrangement for the IJB position i.e. a further £4.68m (i.e. 72% of the £6.5m gap), *nor* does it include any beneficial impact of the work commissioned to drive savings within the Acute Services Division. **For the purposes of reporting to SGHSCD, therefore, we are proposing to escalate a potential overspend of £9m, being our**

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optimistic forecast (recognising the Acute position may improve) plus the risk share impact of the shortfall in the overall IJB savings. It is important to note that the most recent forecast overspend on the IJB budget was in excess of the initial £6.5m budget gap; being more than £9m).

Within the Scottish Government reporting template we are required to highlight the level of any potential brokerage required to deliver a break even position. Board members are asked to note that we have included a funding request of £4.68m in this respect; this assumes the impact of the social care overspend would require additional external funding and the overspend on the Health Board retained budgets would be managed through local management action.

1.   Financial Framework

1.1   The Financial Plan for 2019/20 was approved by the Board on 27 March 2019, with the related Annual Operational Plan approved on 29 May 2019.

2.   Financial Allocations

Revenue Resource Limit (RRL)

2.1   On 1 August 2019 NHS Fife received confirmation of July core revenue and core capital allocation amounts. The revised core revenue resource limit (RRL) has been confirmed at £692.701m. A breakdown of the additional funding received in month is shown in Appendix 1 and Appendix 2 shows details of anticipated allocations expected to be received.

Non Core Revenue Resource Limit

2.2   NHS Fife also receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The Anticipated non core RRL funding of £33,832m is detailed in Appendix 3.

Total RRL

2.3   The total current year budget at 31 July is therefore £770.903

3.   Summary Position

3.1   At the end of June, NHS Fife is reporting an overspend of £5.228m against the revenue resource limit. Table 1 below provides a summary of the position across the constituent parts of the system: an overspend of £5.718m is attributable to Health Board retained budgets; and an underspend of £0.490m is attributable to the health budgets delegated to the Integration Joint Board.

3.2   Key points to note from Table 1 are:

3.2.1   Acute Division overspend of £5.915m, driven largely as a result of non delivery of savings (£3.100m);

3.2.2   The aforementioned Acute Division overspend includes £1.979m overspend relating to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but which remain managed by the NHS Board;

3.2.3   Underspend across Estates & Facilities; and

3.2.4   Underspend of £0.490m against the Health budgets delegated to the IJB.

Finance, Performance & Resources – Finance

Table 1: Summary Financial Position for the period ended July 2019

Memorandum	Budget			Expenditure			*Variance split by*	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	*Run Rate £'000*	*Savings £'000*
Health Board	416,395	424,019	132,262	137,980	5,718	4.32%	*2,531*	*3,187*
Integration Joint Board - Health	346,358	346,884	115,422	114,932	-490	-0.42%	*-1,455*	*965*
Total	762,753	770,903	247,684	252,912	5,228	2.11%	*1,076*	*4,152*

	Budget			Expenditure			*Variance split by*	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	*Run Rate £'000*	*Savings £'000*
Acute Services Division	197,074	199,775	67,797	73,712	5,915	8.72%	*2,815*	*3,100*
IJB Non-delegated	8,137	8,141	2,847	2,822	-25	-0.88%	*-43*	*18*
Estates & Facilities	72,826	72,668	23,745	23,639	-106	-0.45%	*-137*	*31*
Board Admin & Other Services	53,110	66,945	29,281	29,357	76	0.26%	*38*	*38*
Non Fife & Other Healthcare Providers	85,946	85,946	28,627	29,408	781	2.73%	*781*	*0*
Financial Flexibility & Allocations	23,894	29,614	917	0	-917	-100.00%	*-917*	*0*
Health Board	440,987	463,089	153,214	158,938	5,724	3.74%	*2,537*	*3,187*
Integration Joint Board - Core	371,725	393,044	131,925	131,431	-494	-0.37%	*-1,459*	*965*
Integration Fund & Other Allocations	13,074	3,542	0	0	0	0.00%	*0*	*0*
Sub total Integration Joint Board Core	384,799	396,586	131,925	131,431	-494	-0.37%	*-1,459*	*965*
IJB Risk Share Arrangement	0	0	0	0	0	0.00%	*0*	*0*
Total Integration Joint Board - Health	384,799	396,586	131,925	131,431	-494	-0.37%	*-1,459*	*965*
Total Expenditure	825,786	859,675	285,139	290,369	5,230	1.83%	*1,078*	*4,152*
IJB - Health	-38,441	-49,702	-16,503	-16,499	4	-0.02%	*4*	*0*
Health Board	-24,592	-39,070	-20,952	-20,958	-6	0.03%	*-6*	*0*
Miscellaneous Income	-63,033	-88,772	-37,455	-37,457	-2	0.01%	*-2*	*0*
Net position including income	762,753	770,903	247,684	252,912	5,228	2.11%	*1,076*	*4,152*

4. Operational Financial Performance for the year

Acute Services

4.1 The Acute Services Division reports a **net overspend of £5.915m for the year to date**. This reflects an overspend in operational run rate performance of £2.815m, and unmet savings of £3.100m. Within the run rate performance, pay is overspent by £2.106m. 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 workforce planning tool. Balancing finance and other performance targets across the Acute Services whilst seeking to identify recurring efficiency savings proved challenging. Further details of the position, by Directorate are set out below:

Table 2: Acute Division Financial Position for the period ended July 2019

	Budget			Expenditure			*Variance split by*	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	*Run Rate £'000*	*Savings £'000*
Acute Services Division								
- Planned Care & Surgery	67,161	68,566	23,483	25,061	1,578	**6.72%**	*439*	*1,139*
- Emergency Care & Medicine	73,578	74,518	25,792	28,354	2,562	**9.93%**	*1,698*	*864*
- Women, Children & Clinical Services	53,542	53,853	17,982	19,483	1,501	**8.35%**	*404*	*1,097*
- Acute Nursing	647	667	196	180	-16	**-8.16%**	*-16*	
- Other	2,146	2,171	344	634	290	84.30%	*290*	
						0.00%		
Total	197,074	199,775	67,797	73,712	5,915	8.72%	*2,815*	*3,100*

Finance, Performance & Resources – Finance

Estates & Facilities

4.2 The Estates and Facilities budgets report an **under spend of £0.106m** which can be broken down into under spend of £0.137m on run rate and unmet savings of £0.030m. The run rate net under spend is generally attributable to vacancies, energy and water and property rates, and partially offset by an overspend on property maintenance.

Corporate Services

4.3 Within the Board's corporate services there is **an overspend of £0.076m** .This comprises an under spend on run rate of £0.038m as offset by unmet savings of £0.038m. Further analysis of Corporate Directorates is detailed per Appendix 4.

Non Fife and Other Healthcare Providers

4.4 The budget for healthcare services provided out with NHS Fife is **overspent by £0.781m.** This remains an area of increasing challenge particularly given the relative higher costs of some other Boards. Further detail is attached at Appendix 5.

Financial Plan Reserves & Allocations

4.5 Financial plan expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year, and therefore form part of devolved budgets. A number of residual uplifts are held in a central budget and will be subject to robust scrutiny and review each month. The detailed review of the financial plan reserves at Appendix 6 allows an assessment of financial flexibility for the year to date. As in every financial year, this 'financial flexibility' allows mitigation of slippage in savings delivery, and is a crucial element of the Board's ability to deliver against the statutory financial target of a break even position against the revenue resource limit.

Integration Services

4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £0.490m for the year to date**. This position comprises an under spend in the run rate performance of £1.455m; together with unmet savings of £0.965m. The underlying drivers for the run rate under spend are vacancies in community nursing, health visiting, school nursing, community and general dental services across Fife Wide Division. The aforementioned under spend is partly offset by locum costs within mental health services, inpatient service costs within East and West.

4.7 The key financial risk in relation to the Health & Social Care Partnership is the overall gap on the IJB budget of £6.5m (comprising an under delivery of £7.2m on social care and over delivery of £0.7m on delegated health budgets) and the increasing overspend on social care budgets seen in the first quarter of the year. The Integration Scheme for the IJB describes the steps required to manage any overspend:

"Process for resolving budget variances in year - Overspend

8.2.1 The Director of Health & Social Care will strive to deliver the outcomes within the total delegated resources. Where there is a forecast overspend against an element of the operational budget, the Director of Health & Social Care, the Chief Finance Officer of the Integration Joint Board, Fife Council's Section 95 Officer and NHS Fife's Director of Finance must agree a recovery plan to balance the total budget. The recovery plan shall be subject to the approval of the Integration Joint Board.

8.2.2 The Integration Joint Board may increase the payment to the affected body, by either:

- *utilising an underspend on the other arm of the operational Integrated Budget to reduce the payment to that body; and/or*

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> - *utilising the balance on the integrated general fund, if available, of the Integration Joint Board in line with the reserves policy.*
>
> *8.2.3 If the recovery plan is unsuccessful and there are insufficient integrated general fund reserves to fund a year-end overspend, then the Parties with agreement of the Integration Joint Board shall have the option to:*
>
> - *Make additional one-off payments to the Integration Joint Board; or*
> - *Provide additional resources to the Integration Joint Board which are then recovered in future years, subject to scrutiny of the reasons for the overspend and evidence that there is a plan in place to resolve this.*
>
> *8.2.4 Any remaining overspend will be funded by the Parties based on the proportion of their current year contributions to the Integration Joint Board.*

4.8 In previous years, and in agreement with Fife Council colleagues, we have managed the overspend on the IJB through the risk share arrangement described at 8.2.4 of the Integration Scheme. However, as discussed and agreed through the Finance, Performance & Resources Committee in February 2019, the Annual Operational Plan for 2019/20 was predicated on the assumption that the Chief Executive and Director of Finance would actively pursue discussions with the Director of Health & Social Care and Fife Council colleagues that the risk share approach would not be the immediate option. Instead, the application of an earlier clause (ie a further recovery plan per 8.2.1, or each party to cover their own position per 8.2.3) was preferable.

Income

4.9 A small over recovery in income of £0.002m 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 July-19

	Annual Budget	Budget	Actual	Net over/ (under) spend
Pan-Fife Analysis	**£'000**	**£'000**	**£'000**	**£'000**
Pay	366,117	122,615	123,377	762
GP Prescribing	74,106	24,102	23,903	-199
Drugs	30,815	10,989	10,606	-383
Other Non Pay	367,951	130,668	132,483	1,815
IJB Risk Share	0	0	0	0
Efficiency Savings	-12,470	-4,152	0	4,152
Commitments	33,156	917	0	-917
Income	-88,772	-37,455	-37,457	-2
Net underspend	**770,903**	**247,684**	**252,912**	**5,228**

Pay

5.2 The overall pay budget reflects an overspend of £1.8152m. There are under spends across a number of staff groups which partly offset the overspend position within medical and dental staff; the latter being largely driven by the additional cost of supplementary staffing to cover vacancies and also nursing.

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5.3 Against a total funded establishment of 7,669 wte across all staff groups, there was 7,713 wte staff in post in July.

Drugs & Prescribing

5.4 Across the system, there is a net under spend of £0.582m on medicines of which an underspend of £0.199m is attributable to GP Prescribing and an under spend of £0.383m relating to sexual health and rheumatology drugs. The GP prescribing position is based on 2018/19 trend analysis and April & May 2019 actual information.

Other Non Pay

5.5 Other non pay budgets across NHS Fife are collectively overspent by £1.815m.The overspends are in purchase of healthcare, other supplies, property & hotel expenses and surgical sundries. These are offset by under spends 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. As reported to the Board in March, 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.

Table 4: Savings 2019/20

Savings 2019/20	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved to date £'000	*Outstanding £'000*
Health Board	10,873	863	438	1,301	9,572
Integration Joint Board	6,460	1,435	2,127	3,562	2,898
Total Savings	**17,333**	**2,298**	**2,565**	**4,863**	**12,470**

7 Key Messages / Risks

7.1 As described above, the most significant financial risk is the non-delivery and identification of savings; particularly within the Acute Services Division and the impact of the IJB overspend if the risk share arrangement is enacted.

7.2 At this early stage in the year, it is difficult to be entirely definitive on the likely outurn for the year, however initial indications suggest the position ranges from an optimistic year end overspend of £4.4m to a mid range overspend of £8.8m. This does not include the impact of the risk share arrangement for the IJB position i.e. a further £4.7m, nor does it include any beneficial impact of the work commissioned to drive savings within the Acute Services Division.

7.3 For the purposes of reporting to SGHSCD, we are proposing to escalate a potential overspend of £9m, being our optimistic forecast (recognising the Acute position may improve) plus the risk share impact of the shortfall in the overall IJB savings.

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 £5.228m for the year to 31 July 2019;

- **Note** the additional overspend of £1.6m for the year to 31 July 2019, which would result if the risk share arrangement was applied to the current full year gap for the Integration Joint Board;

  and

- **Note** the *potential* (draft) outturn position of £9m reflecting an optimistic forecast (recognising the Acute position may improve) plus the risk share impact of the shortfall in the overall IJB savings.

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Finance, Performance & Resources – Finance

Appendix 1 – Core Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non-Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
May-19	Opening	662,752			662,752	
	May Adjustments	-696		-229	-925	
Jun-19	June Adjustments	16,293	3,774	6,265	26,332	Year 2 funding
Jul-19	Advanced Breast Practtioner in Radiography Pilot			36	36	
	General Dental Services Element of Public Dental Service		2,091		2,091	Annual Allocation- Salaried Dental Service
	Impementation of Best Start			75	75	Additional funding
	Family Nurse Partnership			1,276	1,276	Annual Allocation
	Breastfeeding PfG Year 2			78	78	2 year of Programme for Government
	Patient Advice & Support Service			-39	-39	Annual Contribution
	Excellence in Care			70	70	Funding for EIC Lead
	Excellence in Care eHealth			20	20	eHealth funding to support EIC Lead
	Increase provision of Insulin pumps for adults and CGMs			162	162	3 year of funding to increase access to insulin pump therapy and increase availability of Continious Glucose Monitors
	Mental Health Strategy Action 15 Workforce First Tranche		811		811	First 70% of annual allocation
	Discovery		-38		-38	Annual Contribution
	Total Core Revenue Allocation	**678,349**	**6,638**	**7,714**	**692,701**	

Appendix 2 – Anticipated Core Revenue Resource Limit Allocations

	£'000
CAMHS Regional post	35
Distinction Awards	230
Research & development	843
NDC Contribution	-844
Community Pharmacy Pre-Reg Training	-44
New Medicine Fund	3,005
Golden Jubilee SLA	-24
Waiting List	1,675
NSD risk share	-2,566
Scotstar	-321
PET scan	-477
Depreciation to Non-core	-12,820
Primary Medical Services	50,114
Mental Health Bundle	620
Primary Medical Services Bundle	1,718
Community Pharmacy Champions	19
Capacity Building CAMHS & PT	456
Mental health innovation fund	288
Veterans First Point Transisition Funding	114
Pharmacy Global Sum Calaculation	-1,346
Men C	-16
Primary Care Fund GP sub Committee	34
ADP	1,157
Primary Care Improvement Fund	2,520
Total	44,370

Appendix 3 – Anticipated Non Core Revenue Resource Limit Allocations

	£'000
PFI Adjustment	3,374
Donated Asset Depreciation	119
Impairment	8,000
AME Provision	2,000
IFRS Adjustment	5,019
Non-core Del	2,500
Depreciation from Core allocation	12,820
Total	**33,832**

Appendix 4 - Corporate Directorates

Cost Centre	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	10,430	3,317	3,340	23
Nhs Fife Chief Executive	207	72	81	9
Nhs Fife Finance Director	5,114	1,692	1,540	-152
Nhs Fife Hr Director	3,013	1,008	977	-31
Nhs Fife Medical Director	6,330	1,871	1,821	-50
Nhs Fife Nurse Director	3,417	1,124	1,445	321
Nhs Fife Planning Director	1,901	638	569	-69
Legal Liabilities	15,519	12,828	12,922	94
Public Health	2,092	686	642	-44
Early Retirements & Injury Benefits	629	92	64	-28
External & Internal Audit	151	50	53	3
Regional Funding	217	107	107	0
Depreciation	17,926	5,796	5,796	0
Total	**66,946**	**29,281**	**29,357**	**76**

Appendix 5 – Non Fife & Other Healthcare Providers

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	95	32	19	-13
Borders	43	15	17	2
Dumfries & Galloway	24	8	20	12
Forth Valley	3,089	1,028	1,110	82
Grampian	349	116	104	-12
Highland	131	44	73	29
Lanarkshire	111	37	51	14
Scottish Ambulance Service	98	33	35	2
Lothian	30,600	10,200	9,982	-218
Greater Glasgow	1,607	536	515	-21
Tayside	39,772	13,257	13,380	123
	75,919	25,306	25,306	0
UNPACS				
Health Boards	8,063	2,688	3,331	643
Private Sector	1,209	403	534	131
	9,272	3,091	3,865	774
OATS	690	230	237	7
Grants	65	0	0	0
Total	**85,946**	**28,627**	**29,408**	**781**

Appendix 6 – Financial Flexibility and Allocations

	Financial Flexibilty £'000	Released to July-19 £'000
Financial Plan		
Drugs	4,432	0
Complex Weight Management	50	0
Adult Healthy Weight	104	0
National Specialist Services	121	0
Band 1's	307	103
Unitary Charge	263	20
Junior Doctor Travel	118	7
Consultant Increments	50	17
Discretionary Points	231	0
Cost pressures	4,883	713
Financial Flexibility	926	57
Subtotal Financial Plan	**11,485**	**917**
Allocations		
Health Improvement	112	0
AME Impairments	8,000	0
AME Provisions	2,412	0
Pay Awards	1,398	0
Distinction Awards	37	0
Waiting List	5,254	0
CAMHS Post	35	0
Best Start	414	0
6EA Unscheduled Care	250	0
Advanced Breast Practitioner Radiology	36	0
Excellence in care	20	0
Insulin Pumps & CGM	161	0
Subtotal Allocations	**18,129**	**0**
Total	**29,614**	**917**

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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
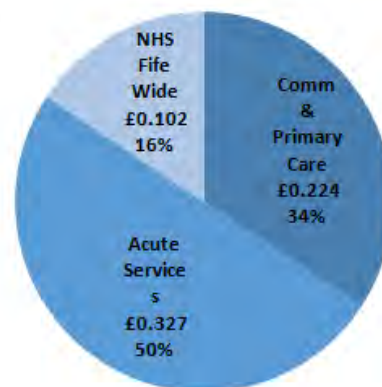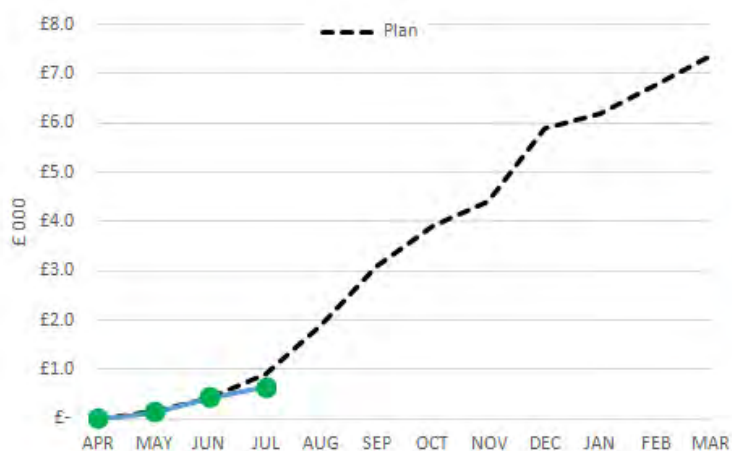
Capital Programme Expenditure

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2019/20 £'000
COMMUNITY & PRIMARY CARE			
Statutory Compliance	1,262	141	1,262
Capital Minor Works	218	49	218
Capital Equipment	81	34	81
Condemned Equipment			
Total Community & Primary Care	1,560	224	1,560
ACUTE SERVICES DIVISION			
Capital Equipment	1,948	160	1,948
Statutory Compliance	2,205	129	2,205
Minor Works	280	21	280
Condemned Equipment	95	16	95
Total Acute Services Division	4,528	327	4,528
NHS FIFE WIDE SCHEMES			
Condemned Equipment			
Information Technology	1,041	40	1,041
Equipment Balance	3		3
Scheme Development	62	62	62
Contingency	100		100
Statutory Compliance - Fire Compartmentation	100		100
Total NHS Fife Wide	1,306	102	1,306
TOTAL ALLOCATION FOR 2019/20	7,394	653	7,394

Commentary

The total Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 4 months to July shows investment of £0.653m, equivalent to 8.83% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

1. **INTRODUCTION**

1.1 The Capital Plan 2019/20 was approved by the NHS Board on 27 March 2019. For information, changes to the plan since its initial approval in March are reflected in Appendix 1. On 3 June 2019 NHS Fife received confirmation of initial core capital allocation amounts of £7.394m gross. NHS Fife is anticipating an additional £2m allocation for the new Elective Orthopaedic Centre.

2. **CAPITAL RECEIPTS**

2.1 The Board's capital programme is partly funded through capital receipts which, once received, will be netted off against the gross allocation highlighted in 1.1 above. Work continues on asset sales with several disposals planned:

- Lynebank Hospital Land (Plot 1) (North) – Under offer;
- Forth Park Maternity Hospital – Sale completed 5th August 2019;
- Fair Isle Clinic – Under offer;
- Skeith Land – preparing to market; and
- ADC – Sale due to complete imminently

3. **EXPENDITURE TO DATE / MAJOR SCHEME PROGRESS**

3.1 Details of the expenditure position across all projects are attached as Appendix 2. Project Leads have provided an estimated spend profile against which actual expenditure is being monitored. This is based on current commitments and historic spending patterns. The expenditure to date amounts to £0.653m or 8.83% of the total allocation, in line with the plan, and as illustrated in the spend profile graph above.

3.2 The main areas of investment to date include:

Statutory Compliance	£0.271m
Minor Works	£0.070m
Equipment	£0.211m
E-health	£0.040m

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 July 2019 of £0.653m and the forecast year end spend of the capital resource allocation of £7.394m

Staff Governance

Sickness Absence

To achieve a sickness absence rate of 4% or less
Improvement Target for 2019/20 = 4.89%

Local Performance
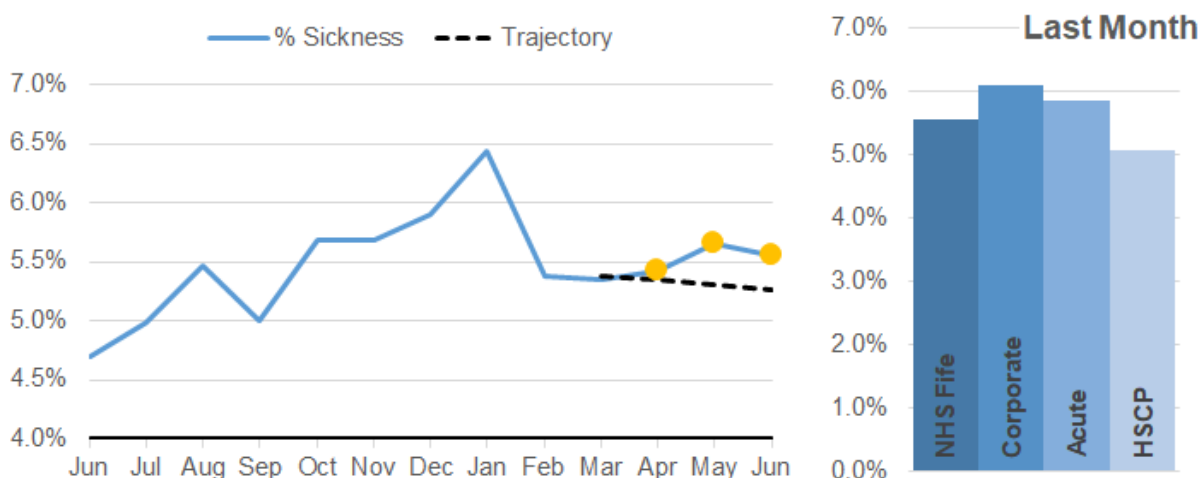
National Benchmarking

Month	2018/19										2019/20		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	4.69%	4.98%	5.46%	5.00%	5.69%	5.68%	5.89%	6.43%	5.38%	5.34%	5.42%	5.66%	5.55%
Scotland	4.97%	5.15%	5.36%	5.02%	5.53%	5.47%	5.54%	6.17%	5.23%	5.10%	5.04%	5.23%	

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
1. Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence	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. Plan for additional OH support being developed.	Sep 2019 On Track
2. Early OH intervention for staff absent from work due to a Mental Health related reason	This has been in place since March 2019 and will be reviewed in six months	Oct 2019 On Track

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PAUL HAWKINS
Chief Executive
21st August 2019

Prepared by:
CAROL POTTER
Director of Finance and Performance

NHS Scotland
Healthcare Associated Infection Reporting Template (HAIRT) Update
Section 1– Board Wide Issues

Final Report for ICC on 06 August 2019
(Validated Data up to 30 June 2019)

1.   Key Healthcare Associated Infection Headlines up to 06 August 2019

1.1   **Achievements:**

- The IPCT have welcomed a new Infection Prevention and Control Surveillance Nurse to our team.

- Safe and Clean Care SICPs auditor training has begun, sessions held throughout NHS Fife.

- May 2019: The new HPS modified Large Bowel SSI form to make surgical completion easier has been rolled out. SSI form return rate is being monitored.

1.2   Challenges:

- Caesarean Section SSI- NHS Fife was issued with an` Exception Report` from HPS, for Q1 2019, following an increased incidence in SSI rate. HPS require an Action Plan, formulated by the board, by 2nd August 2019.
- Maternity, IPCT and theatre staff met to discuss the increased SSI incidence and subsequent `Exception Report` at the SSI Implementation Group meeting on 11th July 2019.
- SABs
  - Raised incidence of PWIDs related SABs:
  - Meeting with IPCT and Addiction Services set for 06.06.2019.
  - Ward V44 are addressing their raised incidence of SABs, with QI programme.
  - Monthly SAB graphs are sent to V44 ward to monitor trend.
- ECBs
  - Ongoing challenge with raised ECB incidence; above national rate for HCAI Q1 2019 although CAI ECBs below the national average.
  - Working closely with Urinary Catheter Improvement group to optimise care & reduce infection rate.
- Large Bowel Surgery SSI- Improving rapport with general surgeons.
  - A meeting was held 21.06.2019 with General surgeon's team to discuss SSI surveillance & SSI form return.
  - A meeting with Claire Lee, Theatre Manager was attended on 31.07.2019 with Suzanne Watson, Christina Coulombe & Lizzy Dunstan to address the issues of poor SSI form return rate.

NHS Scotland
Healthcare Associated Infection Reporting Template (HAIRT) Update

2. *Staphylococcus aureus* (including MRSA)

2.1 Trends – Quarterly			
Staphylococcus aureus Bacteraemias (SABs)			
Q1 2019 Jan- March 2019 Validated data			
With HPS Quarterly epidemiological data Commentary			
Q1 2019 NHS Fife had:	**24 cases**		
This is **DOWN** from:	26 cases in Q4 2018	**0.394**	Cases per 1000 AOBDs
NHS Fife is **BELOW** the national rate for HCAI SABs		**14.1**	Per 100,000 bed days
NHS Fife is **ABOVE** the national rate for CAI SABs:		**12.0**	Per 100,000 population

SABs Q1 2019 Jan- March 2019 Data					
Healthcare associated SABs			Community associated SABs infection		
Scotland	15.6 SABs	Per 100,000 TOBDs	Scotland	10.7 SABs	Per 100,000 population
NHS Fife	**14.1 SABs**	**Per 100,000 TOBDs**	**NHS Fife**	**12.0**	**Per 100,000 population**
Funnel plot of SAB incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS Boards in Scotland in Q4 2018.			Funnel plot of SAB incidence rates (per 100,000 population) in community associated infection cases for all NHS Boards in Scotland in Q4 2018		

Staphylococcus aureus Bacteraemias (SABs)	
Q2 2019 April- June 2019 Validated data	
Awaiting HPS Quarterly epidemiological data Commentary	
Q2 2019 NHS Fife had:	**20 SABs**
This is **DOWN** from Q1 2019:	24 SABs

Local Device related SAB surveillance

- Localised enhanced surveillance focuses on high-risk clinical areas and vascular line SABs.
- Weekly reports are issued to Senior Charge Nurses if their ward has failed to achieve **90%** of all PVC being removed prior to the 72hr breach.
- This is in response to SAERs, which demonstrated PVC remaining in >72hr resulted in a SAB.
- CVC related SABs will be Datixed.
- PVC related SABs will continue to be Datix'd by Dr Morris and undergo a SAER.

As of **02/08/2019** the number of days since the last confirmed SAB is as follows:	
Acute services PVC (Peripheral venous cannula) SABs	17 days
Renal Services Dialysis Line SABs	8 Days Had achieved 229 days up to 25.7.19
CVC (Central Venous catheter) SABs	7 Days

NHS Scotland
Healthcare Associated Infection Reporting Template (HAIRT) Update

Ward 44 – All SABs including PVC/CVC SABs	84 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 **93%** compliance with the **MRSA** CRA in Q2 2019
This was **UP** on Q1 2019 (88%) & **ABOVE** the compliance target of 90%.
This was **ABOVE** the National rate of 89%

MRSA Critical risk assessment (CRA) screening KPI compliance summary:

Quarter	Q3 2017 Jul- Sep	Q4 2017 Oct-Dec	Q1 2018 Jan-Mar	Q2 2018 April- June	Q3 2018 Jul-Sept	Q4 2018 Oct-Dec	Q1 2019 Jan-Mar	Q2 2019 Apr- June
Fife	95%	88%	85%	83%	95%	95%	88%	93%
Scotland	90%	88%	83%	84%	84%	83%	83%	89%

CPE (Carbapenemase Producing Enterobacteriaceae)
From April 2018, CRA has also included screening for CPE.
NHS Fife achieved **75%** compliance with the **CPE** CRA for Q2 2019 (April-June)
This is **UP** from 73% in Q1 2019
However, this is **BELOW** the National Scottish Average of **86%** Q1 2019

Quarter	Q2 2018 April- June	Q3 2018 July- Sept	Q4 2018 Oct-Dec	Q1 2019 Jan-Mar	Q2 2019 Apr- June
Fife	85%	85%	64%	**73%**	**75%**
Scotland	71%	79%	78%	81%	86%
CPE CRA screening KPI compliance Summary- Commenced from April 2018					

EiC Update
- Excellence in Care data collection for which MDRO admission screening was selected as the HAI measure and roll out began in April 2019.
- The data collection through the MDRO KPI tool will continue to run in parallel in the meantime.
- HPS & Stakeholder engagement will be undertaken this year to support decision making about the future how screening uptake is monitored locally and nationally.

2.3   Current Initiatives

Fife-wide Collaborative Improvement Initiatives:

NHS Fife will continue to:

- Collect and analyse SAB data on a monthly basis to better understand the magnitude of the risks to patients in Fife.
- Provide timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs where possible.
- Examine the impact of interventions targeted at reducing SABs.
- Use results locally for prioritising resources.
- Use the data to inform clinical practice improvements thereby improving the quality of patient care.
- Liaise with Drug addiction services re IVDU SABs

3. *Clostridioides* (formerly *Clostridium*) *difficile* Infection (CDI)

3.1   Trends

***Clostridioides difficile* Infection (CDI)**				
Q1 2019 Jan- March 2019				
With HPS Quarterly epidemiological data Commentary				
In total for 2018, NHS Fife had its **best year on record** (since 2006) with **47 cases** in total. This was **BELOW** 2017's total (62 cases)				
In Q1 2019 NHS Fife had:	**11 Cases**		This is **DOWN** from: 17 cases in Q4 2018	
Q1 2019 HCAI	**5 cases**	**5.4**	**Per 100,000 bed days**	This is **BELOW** National rate of 11.8
Q1 2019 CAI	**6 Cases**	**6.5**	**Per 100,000 Population**	This is **ABOVE** National rate of 4.0
There are NO LDP Standard available from HPS				
NHS Fife is well **WITHIN** the 95% confidence interval when compared to NHS Scotland Q1 2019				

CDI Q1 2019 Jan-March 2019 Data					
Healthcare associated CDIs			Community associated CDIs infection		
Scotland	11.8	Per 100,000 TOBDs	Scotland	4.0	Per 100,000 population
NHS Fife	**5.4**	**Per 100,000 TOBDs**	**NHS Fife**	**6.5**	**Per 100,000 population**
Funnel plot of CDI incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS boards in Scotland in Q1 2019			Funnel plot of CDI incidence rates (per 100,000 population) in community associated infection cases for all NHS boards in Scotland in Q1 2019		

Q2 2019 Jan- March 2019 Validated data CDI	
HPS Data & commentary awaited for Q2 2019	
Q2 2019 NHS Fife had:	**9 CDIs**
This is **DOWN** from Q1 2019:	11 CDIs

3.2   Current CDI initiatives

- Follow up of all hospital and community cases continues to establish risk factors for CDI
- Monthly CDI reporting to Acute Services & HSCP with summary of all CDI cases
- Enhanced surveillance & HPS trigger tool completion for any triggers/ areas of concerns.
- Dr Venkatesh establishing optimum antimicrobial therapy for multiple recurrence CDI case.

Please see other CDI graphs & reports within Section 4.1c of Agenda

NHS Scotland
Healthcare Associated Infection Reporting Template (HAIRT) Update

4.0 *Escherichia coli* **Bacteraemias (ECB)   4.1 Trends:**

Escherichia coli **Bacteraemias (ECB)**			
HPS Q1 2019 reports: Yearly trends (comparing year-ending March 2018 with year-ending March 2019) show that there was an INCREASE in **NHS Fife**, NHS Greater Glasgow & Clyde, NHS Lothian and **Scotland overall**			
Q1 2019 Jan- March 2019 Validated data ECBs			
Q1 2019 NHS Fife had	**60 ECBs**		
This is **DOWN** from Q4 2018:	80 ECBs		
Q1 2019: There were 7 Urinary catheter associated ECBs. (HAI & HCAI) NONE of these cases were associated with any **trauma**			
This was **DOWN** from 12 Urinary Catheter associated ECBs in **Q4 2018** (HAI & HCAI) with **1** associated traumatic UC insertion & **1** ECB coded UC associated death.			
With HPS Quarterly epidemiological data Commentary			
NHS Fife was **WITHIN** the 95% confidence interval in the funnel plot analysis as shown below			
For Healthcare Associated Infections (HCAI):			
Q1 2019 NHS Fife had:	**36 HCAI ECBs**	**39.2**	**Cases per 100,000 bed days**
This was just **ABOVE** the National rate for HCAI	37.3	Cases Per 100,000 bed days	
For Community Associated Infections (CAI)			
Q1 2019 NHS Fife had	**25 CAI ECBs**	**27.3**	**Per 100,000 population**
This was **BELOW** the National rate for CAI ECBs	44.6	Per 100,000 population	
Healthcare associated CDIs		Community associated CDIs infection	
Funnel plot of ECB incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS Boards in Scotland in **Q1 2019**		Funnel plot of ECB incidence rates (per 100,000 population) in community associated infection cases for all NHS Boards in Scotland in **Q1 2019**	
NSS Discovery Quarterly Trendline NHS Fife vs TOTAL Scotland			
Q1 2019 NHS Fife vs Scotland for <u>both</u> **HAI/HCAI** & **CO/Not known** source.			
NHS Fife vs ALL Scotland – **HAI/HCAI** onset		NHS Fife vs ALL Scotland – **Community/ Not known** onset	

NHS Scotland
Healthcare Associated Infection Reporting Template (HAIRT) Update
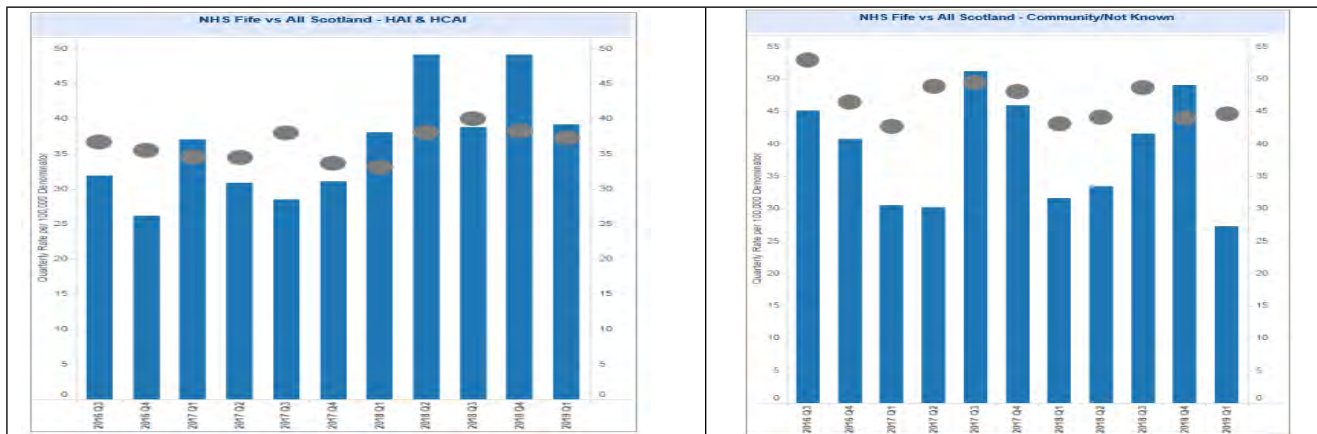
Q2 2019 April- June 2019 Validated local data ECBs	
Awaiting HPS Quarterly epidemiological data Commentary for Q2 2019	
Q2 2019 NHS Fife had	**67 ECBs**
This is **UP** from Q1 2019:	60 ECBs
Q2 2019: There were 10 Urinary catheter associated ECBs. (HAI & HCAI) with **one** of these cases associated with a **traumatic insertion**. (in GH)	
This was **UP** from 7 Urinary Catheter associated ECBs in Q4 2018 (HAI & HCAI)	

Q1 2019 NHS Fife's Urinary catheter Associated ECBs –with HPS data
NHS Fife remains **just** ABOVE NHS Scotland for Urinary Catheter (UC) Associated ECBs
Q1 2019: There were 7 Urinary catheter associated ECBs. (HAI & HCAI)
This was **DOWN** from 11 Urinary Catheter associated ECBs in Q4 2018 (HAI & HCAI)
NHS Fife had **25.9%** HCAI Urinary Catheter associated compared to TOTAL Scotland of **25.6%**
NHS Fife had **0%** HAI Urinary catheter associated compared to TOTAL Scotland of **14.3 %**

Healthcare Associated Infections (HCAI)
CATHETER Device related *E.coli* Bacteraemia (ECBs) 2017- Q1 2019

	NHS Scotland	**NHS Fife**	Rate calculation
2019 Q1	25.6 %	**25.9 %**	
2018 Q4	21.5 %	**35.5 %**	
2018 Q3	22.3 %	**35.0 %**	Count of Device- Catheter over Total Fife HCAI ECBs
2018 Q2	22.0 %	**44.8 %**	
2018 Q1	22.5 %	**23.1 %**	
2017 -TOTAL	18.3 %	**35.3 %**	

Data from NSS Discovery ARHI Indicators

Hospital Acquired Infections (HAI) (Acute & HSCP Hospitals)
CATHETER Device related *E.coli* Bacteraemia (ECBs) 2017- Q1 2019

	NHS Scotland	**NHS Fife**	Rate calculation
2019 Q1	14.3 %	**0 %**	
2018 Q4	13.9 %	**14.3 %**	
2018 Q3	15.2 %	**37.5 %**	Count of Device- Catheter over Total Fife HAI ECBs
2018 Q2	14.0 %	**7.1 %**	
2018 Q1	15.0 %	**31.8 %**	
2017 -TOTAL	11.8 %	**10.4 %**	

Data from NSS Discovery ARHI Indicators

4.2 Current ECB Initiatives

Urinary catheter Group work following raised ECB CAUTI incidence

NHS Scotland
Healthcare Associated Infection Reporting Template (HAIRT) Update

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 Catheter Care group meeting- last held on **17ᵗʰ April 2019 &** 3 Subgroup meetings have been held.

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 **30.06.2019**: There have been **ONE** trauma associated ECB CAUTIs in 2019

- 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'

Hand Hygiene Monitoring compliance (percentage) for Total Fife

Staff observed	MONTH	TREND	Previous Month
	Jun-19		**May-19**
Overall	98	SAME	98
AHP	100	UP	96
Medical	98	SAME	98
Nurse	99	SAME	99
Other	97	DOWN	98

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 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**

NHS Scotland
Healthcare Associated Infection Reporting Template (HAIRT) Update

- The National Cleaning Services Specification – quarterly compliance report result for April - June 2019 (quarter 1) shows NHS Fife achieving **GREEN** status.
  -NHS Fife: **95.5%** for Q1 April- June 2019
  -This is **DOWN** slightly from Jan- March (Q1) 2019 (from 95.7%)
  -The National average is **unavailable** for April- June 2019
  - NHS Fife is **ABOVE** the National average for the 12 month period April 2018- March 2019:

Cleaning Services Specification - Quarterly Compliance Report			
Hospital	Annual Apr 18 - Mar 19	Q4 Jan - Mar 19	Q1 Apr - Jun 19
Fife Total	95.7	95.7	95.5
Scotland	95.5	95.3	N/A

- **Estates Monitoring**

The National Cleaning Services Specification – quarterly compliance report result for April - June 2019 (quarter 1) shows NHS Fife achieving **GREEN** status.
-NHS Fife: **96.2** % for April- June (Q1) 2019
-This is **UP** from Jan- March (Q4) 2019 (from 95.7 %)
-The National average is **unavailable** for April- June 2019
-NHS Fife is BELOW the National average for the 12 month period April 2018- March 2019:

Estates Monitoring			
Hospital	Annual Apr 18 - Mar 19	Q4 Jan - Mar 19	Q1 Apr - Jun 19
Fife	95.6	95.7	96.2
Scotland	97.7	95.3	N/A

6.2 Current Initiatives

- Areas with results below 90% for all Hospital & Healthcare facilities have been identified to relevant managers for action.

7. Outbreaks

- This section gives details on any outbreaks that have taken place in the Board since the last report, or a brief note confirming that none has taken place.

- Where there has been an outbreak this states the causative organism, when it was declared, number of patients & staff affected & number of deaths (if any) & how many days the closure lasted.

- A summary of all outbreaks since the last report will be within Section 4.1h of the Agenda.

- All ward/ bay closures due to Norovirus & Influenza are reported to HPS weekly plus all closures due to an Acute Respiratory Illness (ARI).

- All Influenza patients admitted to ICU are also notifiable to HPS>

- No ward or bay closures during May – July 2019

7.1 Trends

Norovirus
HPS announced on 11 November the official start of 2018-2019 Norovirus Season.
Report from HPS weekending 19th May 2019
- National Infection Pressure Bulletin:
- Norovirus activity remains at **LOW** activity (Green).

Influenza and other respiratory pathogens

NHS Scotland
Healthcare Associated Infection Reporting Template (HAIRT) Update

- **HPS announced that Ward Closures for influenza/influenza-like illness surveillance for 2018/19 reached its end on Monday 20 May 2019**
- Report from HPS weekending 19th of May 2019- **National** Infection Pressure Bulletin:
- Influenza activity is **BELOW** the seasonal activity (Green).
- The Influenza like illness (ILI) national rate in week 20, 2019 was **1.3** per 100,000
- This was **DOWN** from week 19 (2.3 in week)
- The dominant influenza strain so far this season is Influenza A (H1N1), which is affecting the younger age group, compared to last year.
- No new cases of lab confirmed influenza requiring ICU were reported (SARI cases).
- The cumulative number of **ICU** cases for Scotland since week 40 2018 is **169**.
- The cumulative number of SARI **deaths** for Scotland since week 40/2018 is **34**.
- The SARI case-fatality rate (CFR) is 20.1% (34/169) and is **below** expected seasonal levels (range 22.9% - 35.6%).

8) Surgical Site Infection Surveillance Programme

8 a)	Caesarean section SSI

Q1 2019: Local Data

For Jan- March 2019 they are **12** confirmed SSIs in the 10-day surveillance period.

This gives an incidence rate **6.5 %.**

This is **UP** from 1.7% in Q4 2018

NHS Fife Caesarean Section Surgical Site Infection Quarterly Rate Q1 2013- Q1 2019
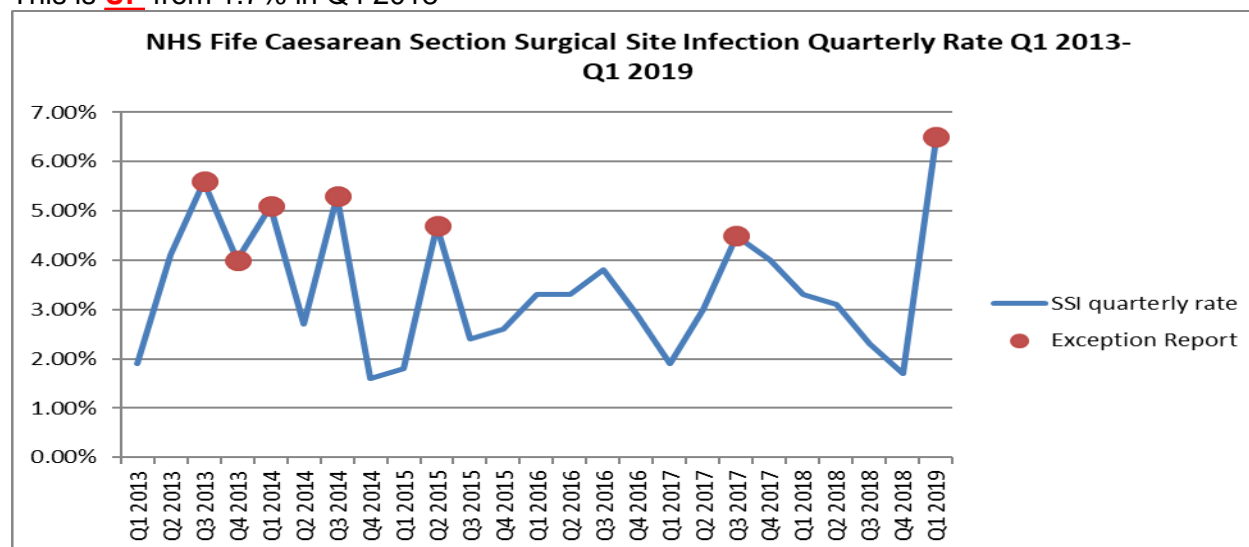
Q1 2019: Jan- March 2019 with HPS Analysis

- NHS Fife is **ABOVE** the national average incidence rate of 1.6% for Q1 2019.
- NHS Fife has received an `Exception Report` for C Section for Q1 and is therefore an outlier in the funnel plot analysis .

NHS Scotland
Healthcare Associated Infection Reporting Template (HAIRT) Update

Funnel plot obtained from HPS report, `Quarterly epidemiological data on Clostridioides difficile infection, Escherichia coli bacteraemia, Staphylococcus aureus bacteraemia and Surgical Site Infection in Scotland. January to March (Q1) 2019`.

Figure 7: Funnel plot of caesarean section SSI incidence (per 100 procedures) in inpatients and PDS to day 10 for all NHS boards in Scotland in Q1 2019.[1,2]
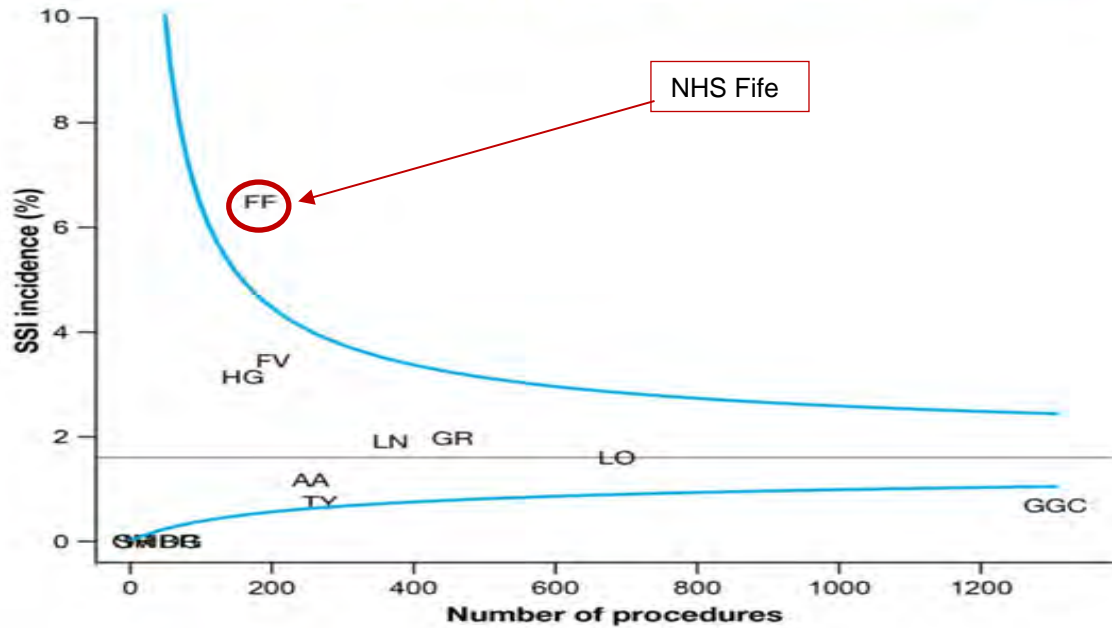
Q2 2019 Data- C sections SSI rate is still being quality assured

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8 b)	Hip Arthroplasty SSI

Q2 2019: Local Data : NHS Fife had 1 SSIs in Q2 2019 (April - June); incidence rate **0.8%**

This is an **UP** from 0.% (0 SSIs) in Q1 2019

There is NO National comparison for Q2 2019 from HPS currently
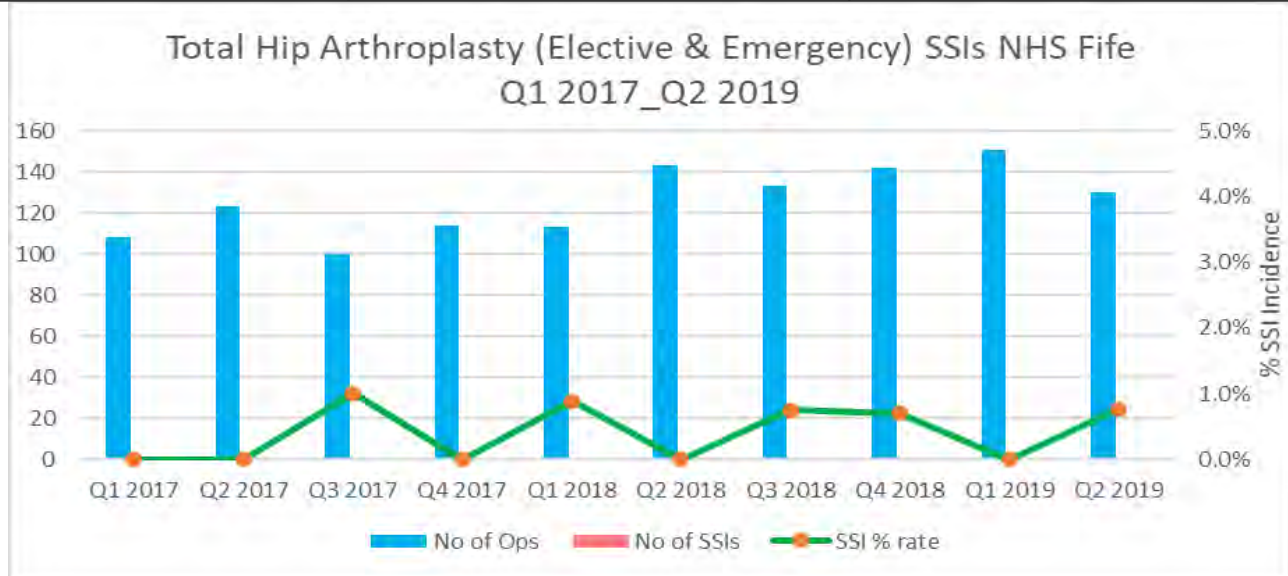
Q1 2019: With HPS Analysis

Q1 2019: NHS Fife had NO SSIs in Q1 2019 (Jan - March); incidence rate **0.0%**

NHS Fife is well within the 95% confidence interval compared to NHS Scotland

NHS Fife is **BELOW** with the National incidence of 0.4% for Q1 2019

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Healthcare Associated Infection Reporting Template (HAIRT) Update

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 Q1 2019 (HPS Quarterly report)
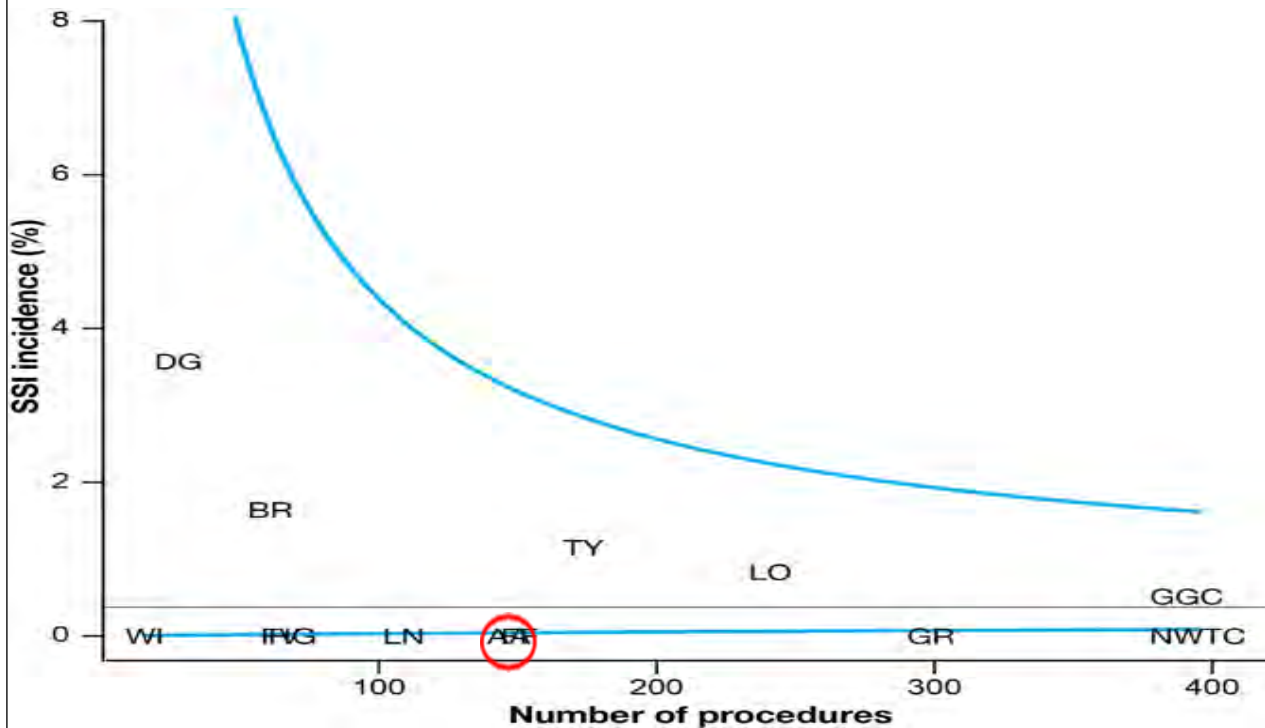
8 c)	Hemi arthroplasty SSI
Q2 2019: NHS Fife had **0** case of SSI in Q2 (April- June 2019); incidence rate **0%**	
This is DOWN from Q1 2019 of incidence rate **3.2%**	
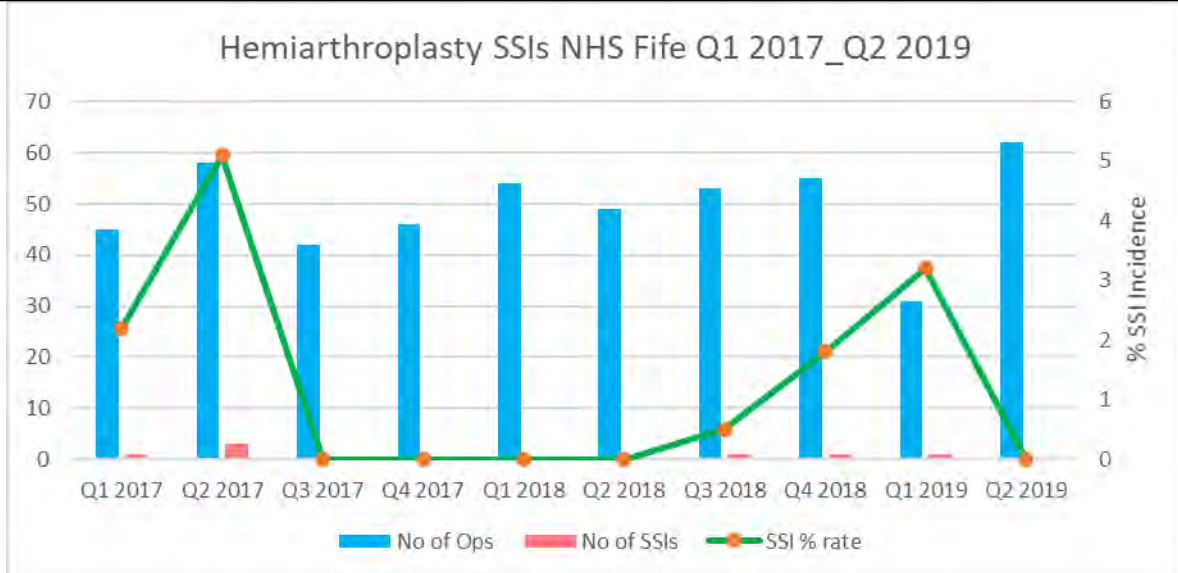
There is NO HPS national reporting of Hemiarthroplasty data to compare

8 d)	Knees SSI
Q2 2019: NHS Fife had **0** cases of SSI in Q2 2019 (April- June); incidence rate **0%**	
This is **DOWN** from **Q1 2019** incident rate of **0.9%** - 1 SSI	

NHS Scotland
Healthcare Associated Infection Reporting Template (HAIRT) Update

Knee SSI NHS Fife Q1 2017-Q2 2019
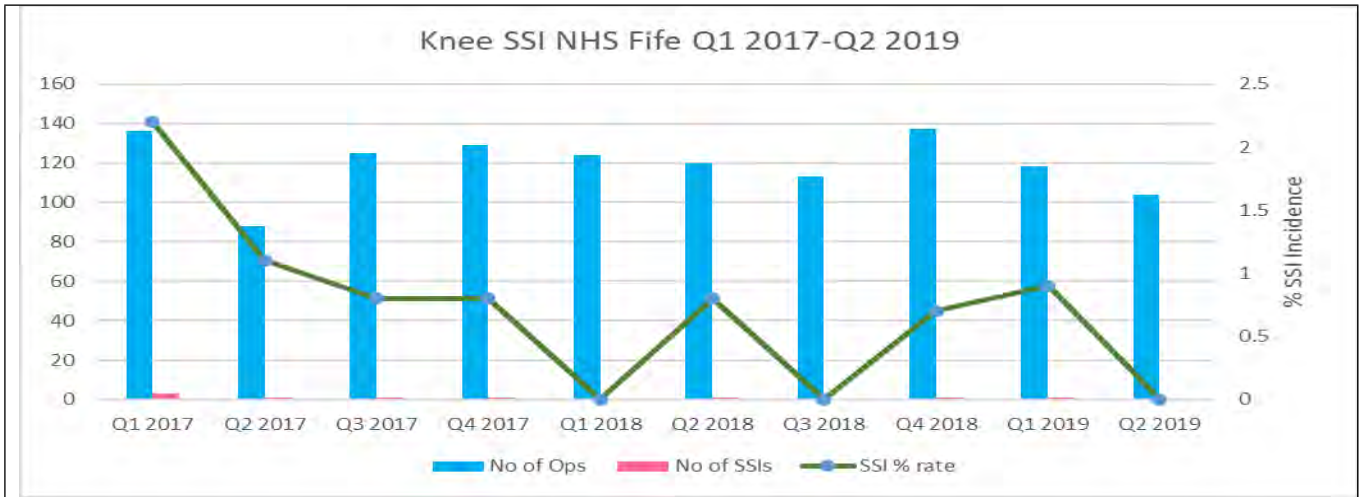
There is NO nationally reporting of Knee arthroplasty data to compare

8 e)	Large Bowel SSI
Q2 2019: NHS Fife had **10** SSIs in Q2 (April- June 2019); incidence rate **10.0 %**	
This is **DOWN** from Q1 2019; 9 SSIs in Q1; incidence rate of 13%	

Large Bowel SSI data NHS Fife
Q2 2017- Q2 2019

	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019
No of Ops	51	48	59	66	70	88	73	72	99
No of SSIs	5	1	6	6	6	6	4	9	10
SSI % rate	9.8%	2.0%	10.2%	9.1%	8.6%	5.2%	5.5%	13.0%	10.0%
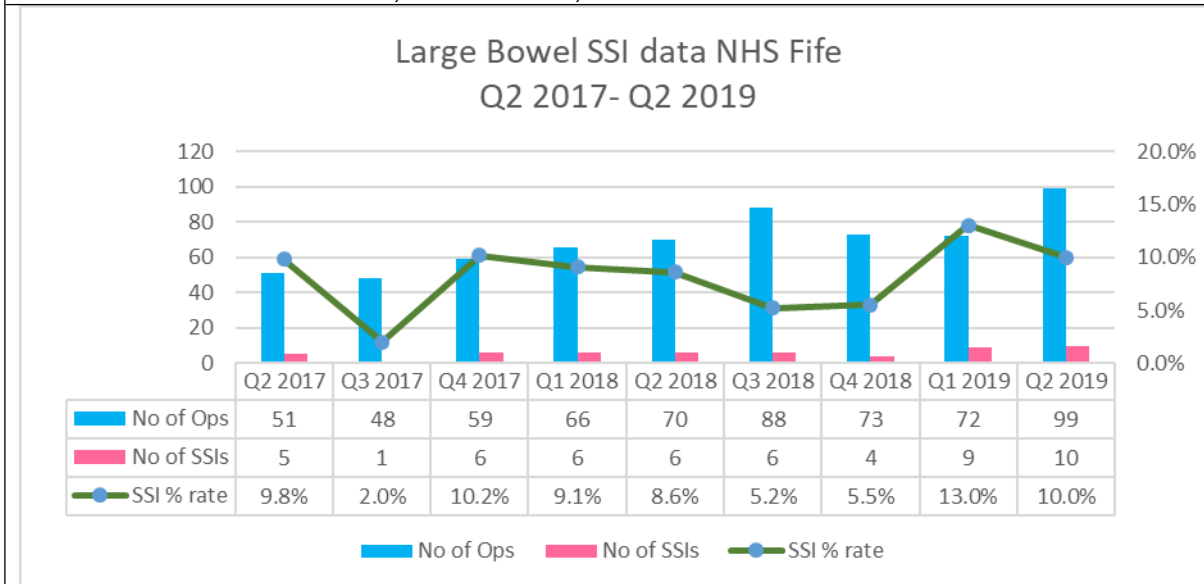
HPS National Large Bowel SSI data has now been issued for *management information only* and not official statistics- as such the content of this data cannot be provided in this report or used in any public statements or publications.

08.04.2019- M. Selbie & E. Dunstan have met with Mr. Yalamarthi to discuss the surveillance programme.

21.06.2019 The IC Surveillance team have presented the data back to the surgeons

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.

31.07.2019 A meeting was held with Theatre Manager, Claire Lee, Christina Coulombe, Lizzy Dunstan and Suzanne Watson to address the system in place for collecting large bowel forms and how this could be improved on.

HPS have modified the Surveillance form to improve form completion compliance from general surgeons. This is in circulation.

9. Hospital Inspection Team

- Glenrothes hospital received a two-day inspection on Tuesday 19/03/2019 - Wednesday 20/03/2019. Report to follow.

10. Assessment

- **CDIs**: Continuing low levels of *Clostridioides difficile* indicate that the initiatives in place to reduce infection rates are working long-term.

- **SABs**: The Acute Services Division continues to see intermittent blood stream infections related to vascular access device infections

- Interventions to reduce Peripheral Vascular Catheter infections and Dialysis line infections have been effective but local surveillance continues.

- Numbers of SAB likely to remain high for Q2 2019

- **ECBs**: ECBs remain a challenge with a gradually increasing incidence.

- Addressing CAUTI related ECBs through the Urinary Catheter Improvement group aims to reduce these preventable HAI/ HCAI infections.

- Local monthly reporting of total ECBs & CAUTI related ECBs is raising awareness of the issue & challenges.

- **SSIs surveillance** continues for all:
- C-sections,
- Large bowel surgery and 3 x
- Orthopaedic procedure surgeries

  -Total hip replacements,

  - Knee replacements &

  - Repair of # Neck of Femurs.

- Feedback forums to clinical teams for all SSIs is firmly established to address SSI challenges where they occur.

11. Healthcare Associated Infection Reporting Template (HAIRT)

Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of 'Report Cards' that provide information, for each NHS Fife acute hospital, on the number of cases of *Staphylococcus aureus* blood stream infections *(*also broken down into MSSA and MRSA) and *Clostridioides difficile* infections, as well as hand hygiene and

cleaning compliance. In addition, there is a single report card which covers all community hospitals [which do not have individual cards], and a report which covers infections identified as having been contracted from out with hospital. The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by Health Protection Scotland and Health Facilities Scotland. The national reports are official statistics, which undergo rigorous validation, which means final national figures may differ from those reported here. However, these reports aim to provide more detailed and up to date information on HAI activities at local level than is possible to provide through the national statistics.

FIFE REPORT CARD

TOTAL FIFE *Staphylococcus aureus* bacteraemia (SAB) monthly case numbers

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
MRSA	0	2	0	0	0	0	2	0	0	0	0	0
MSSA	12	8	9	5	13	8	5	10	7	8	5	4
Total	12	10	9	5	13	8	7	10	7	8	5	4

TOTAL FIFE *Clostridium difficile* infection (CDI) monthly case numbers

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Ages 15-64	1	2	2	5	3	0	3	1	1	0	1	1
Ages ≥ 65	3	1	2	3	3	2	3	0	4	2	2	3
Total 15+	4	3	4	8	6	2	6	1	5	2	3	4

NHS Scotland
Healthcare Associated Infection Reporting Template (HAIRT) Update

Hand Hygiene Monitoring Compliance (%) TOTAL FIFE

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Overall	98	98	99	99	98	99	99	99	99	99	98	98
AHP	97	99	99	99	98	99	98	100	99	99	96	100
Medical	96	98	98	97	97	98	98	98	100	97	98	98
Nurse	100	99	99	99	99	99	99	99	99	100	99	99
Other	98	93	96	99	94	100	95	97	98	97	98	97

Cleaning Compliance (%) TOTAL FIFE

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Overall	95.6	95.2	95.9	95.9	95.8	95.5	95.6	95.7	95.7	95.3	95.6	95.5

Estates Monitoring Compliance (%) TOTAL FIFE

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Overall	95.9	94.9	95.8	94.7	95.3	95.3	94.2	95.2	95.3	96	96.2	96.5

VICTORIA HOSPITAL, KIRKCALDY REPORT CARD

***Staphylococcus aureus* bacteraemia (SAB) monthly case numbers**

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
MRSA	0	2	0	0	0	0	2	0	0	0	0	0
MSSA	2	4	4	0	4	4	2	6	2	1	2	0
Total	2	6	4	0	4	4	4	6	2	1	2	0

***Clostridium difficile* infection (CDI) monthly case numbers**

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Ages 15-64	0	0	0	1	0	0	0	0	0	0	0	0
Ages ≥ 65	0	0	0	1	0	1	2	0	1	0	0	1
Total 15+	0	0	0	2	0	1	2	0	1	0	0	1

NHS Scotland
Healthcare Associated Infection Reporting Template (HAIRT) Update

Cleaning Compliance (%)

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Overall	95.6	95	96	96	95.6	95.4	95.7	95.7	95.5	94.6	95.4	95.2

Estates Monitoring Compliance (%)

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Overall	96.2	95.6	95.6	94.7	95.9	95.1	94.6	94.5	95.5	95.6	96.8	96.1

NHS Scotland
Healthcare Associated Infection Reporting Template (HAIRT) Update
QUEEN MARGARET HOSPITAL, DUNFERMLINE REPORT CARD

Staphylococcus aureus bacteraemia (SAB) monthly case numbers

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	1	0	0	0	0	0	0	0	0
Total SABS	0	0	0	1	0	0	0	0	0	0	0	0

Clostridium difficile infection (CDI) monthly case numbers

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Ages ≥ 65	0	0	0	0	0	0	0	0	0	0	0	1
Total 15+	0	0	0	0	0	0	0	0	0	0	0	1

Cleaning Compliance (%)

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Overall	96.5	95.5	97.2	96.9	96.5	97.1	96.7	97.4	96.8	97.9	97.1	97.0

Estates Monitoring Compliance (%)

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Overall	96	93.4	95.8	94.1	95.2	95.6	94.7	95.1	95	97.9	95.1	96.0

NHS Scotland
Healthcare Associated Infection Reporting Template (HAIRT) Update

NHS FIFE COMMUNITY HOSPITALS REPORT CARD
The community hospitals covered in this report card are:

- QMH - Queen Margaret Hospital wards 1-4
- LH - Lynebank Hospital
- WBH - Whyteman's Brae Hospital
- RWH - Randolph Wemys Hospital
- CH - Cameron Hospital
- GH - Glenrothes Hospital
- SH - Stratheden Hospital
- AH - Adamson Hospital
- SAC- St Andrews Community Hospital
- QH - QMH Ward 16 Hospice
- VH - Victoria Hospital Hospice

Staphylococcus aureus bacteraemia (SAB) monthly case numbers

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	1	0	0	0	0	0	0	0	0	0	0	0
Total SABS	1	0	0	0	0	0	0	0	0	0	0	0

Clostridium difficile infection (CDI) monthly case numbers

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Ages 15-64	0	0	0	0	0	0	1	0	1	0	1	0
Ages > 65	0	0	1	0	0	1	0	0	0	0	1	0
Total 15+	0	0	1	0	0	1	1	0	1	0	2	0

OUT OF HOSPITAL INFECTIONS REPORT CARD

Staphylococcus aureus bacteraemia (SAB) monthly case numbers

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	9	4	5	4	9	4	3	4	5	7	3	4
Total SABS	9	4	5	4	9	4	3	4	5	7	3	4

Clostridium difficile infection (CDI) monthly case numbers

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Ages 15-64	1	2	2	4	3	0	2	1	0	0	0	1
Ages > 65	3	1	1	2	3	0	1	0	3	2	1	1
Total 15+	4	3	3	7	6	0	3	1	3	2	1	2

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. SAB cases are further broken down into Meticillin Sensitive Staphylococcus aureus (MSSA) and Meticillin Resistant Staphylococcus aureus (MRSA). More information on these organisms can be found on the NHS24 website:

Clostridioides difficile: **http://www.nhs24.com/content/default.asp?page=s5_4&articleID=2139&sectionID=1**

Staphylococcus aureus : http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346

MRSA: http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252&sectionID=1

For <u>each hospital,</u> the total number of cases for each month are those, which have been reported as positive from a laboratory report on samples taken <u>more than</u> 48 hours after admission. For the purposes of these reports, positive samples taken from patients <u>within</u> 48 hours of admission will be considered confirmation that the infection was contracted prior to hospital admission and will be shown in the "out of hospital" report card.

Targets

There are national targets associated with reductions in C.diff and SABs. More information on these can be found on the Scotland Performs website:

http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance

Understanding the Report Cards – Hand Hygiene Compliance

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. Each hospital report card presents the combined percentage of hand hygiene compliance with both opportunity taken and technique used.

Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website:
http://www.hfs.scot.nhs.uk/online-services/publications/hai/

Understanding the Report Cards – *'Out of Hospital Infections'*

Clostridium difficile infections and *Staphylococcus aureus (*including MRSA*) bacteraemia* cases are all associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infection from community sources. The final Report Card report in this section covers '*Out of Hospital Infections*' and reports on SAB and CDI cases reported to NHS Fife which are not attributable to a hospital.

Staphylococcus aureus

Staphylococcus aureus is an organism, which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. The most common form of this is Meticillin Sensitive *Staphylococcus Aureus* (MSSA), but the more well known is MRSA (Meticillin Resistant *Staphylococcus Aureus*), which is a specific type of the organism which is resistant to certain antibiotics and is therefore more difficult to treat. More information on these organisms can be found at:

Staphylococcus aureus : http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346

MRSA: http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252

NHS Boards carry out surveillance of *Staphylococcus aureus* blood stream infections, known as bacteraemias. These are a serious form of infection and there is a national target to reduce them. The number of patients with MSSA and MRSA bacteraemias for NHS Fife overall and by hospital can be found in Section 2. Information on the national surveillance programme for *Staphylococcus aureus* bacteraemias can be found

at:http://www.hps.scot.nhs.uk/haiic/sshaip/publicationsdetail.aspx?id=30248

Clostridioides (formerly Clostridium) difficile Infection (CDI)

Clostridioides difficile is an organism, which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. More information can be found at:

http://www.nhs.uk/conditions/Clostridium-difficile/Pages/Introduction.aspx

NHS Boards carry out surveillance of *Clostridioides difficile* infections (CDI), and there is a national target to reduce these. The number of patients with CDI for NHS Fife overall and by hospital can be found in Section 2. Information on the national surveillance programme for *Clostridioides difficile* infections can be found at:

http://www.hps.scot.nhs.uk/haiic/sshaip/ssdetail.aspx?id=277

Hand Hygiene

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections. More information on the importance of good hand hygiene can be found at:

http://www.washyourhandsofthem.com/

NHS Boards monitor hand hygiene and ensure a zero tolerance approach to non-compliance. The hand hygiene compliance score for NHS Fife overall and for each acute hospital can be found in Section 11. Information on national hand hygiene monitoring can be found at:

http://www.hps.scot.nhs.uk/haiic/ic/nationalhandhygienecampaign.aspx

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Cleaning and the Healthcare Environment

Keeping the healthcare environment clean is essential to prevent the spread of infections. NHS Boards monitor the cleanliness of hospitals and there is a national target to maintain compliance with standards above 90%.The cleaning compliance score for NHS Fife overall and for each acute hospital can be found in Section 11. Information on national cleanliness compliance monitoring can be found at:

http://www.hfs.scot.nhs.uk/online-services/publications/hai/

The Healthcare Environment Inspectorate also independently inspects healthcare environment standards. More details can be found at:

http://www.nhshealthquality.org/nhsqis/6710.140.1366.html

DATE OF REPORT:	04/09/2019
TITLE OF REPORT:	Winter Plan 2019/20
EXECUTIVE LEAD:	Ellen Rybov, Chief Operating Officer, Acute Nicky Connor, Chief Officer, H&SC
REPORTING OFFICER:	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)		
		For Information

SBAR REPORT

Situation

This paper provides the committee with an update to the draft Winter Plan for 2019/20 submitted at the last committee.

Background

The Winter Plan aims 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 focus will primarily be on the winter period covering October 2019 to March 2020.

Assessment

This draft of the Winter Plan 2019/20 has been agreed following a winter planning event on 22 August 2019 with H&SCP and Resilience colleagues and a follow up meeting with Acute colleagues on 23 August. A small working group has been taking forward the actions from the Winter Review 2018/19 over the summer months including actions included in the Winter Plan 2019/20.

The top 5 planning priorities for winter 2019/2020 identified at the Winter Review workshop 18/19 are:

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.

These priority areas were the key actions for the Winter Plan 2019/20.

Boards are required to submit draft Winter Plans to Scottish Government by end September 2019. We, therefore, have opportunity to present draft plans to the committees before going to the NHS Fife Board and IJB in September 2019, prior to submission to Scottish Government

The self assessment guidance from the Scottish Government and the Escalation Plan are still being refined and will be circulated when completed. It continues being developed as an integrated plan between with NHS Fife and Health and Social Care.

Weekly winter monitoring reports will commence at the beginning of October 2019 when general managers from NHS Fife and Health and Social Care Partnership will meet to review the report and take action when necessary.

Recommendation

The Committee is invited to:

- **Note and discuss** the Winter Plan 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)	
Financial / Value For Money	Promotes proportionate management of risk and thus effective and efficient use of scarce resources.
Risk / Legal:	Inherent in process. Demonstrates due diligence. Provides critical supporting evidence for the Annual Governance Statement.

Quality / Patient Care:	NHS Fife's risk management system seeks to minimise risk and so support the delivery of safe, effective, person centred care.
Workforce:	The system arrangements for risk management are contained within current resource. e.g.
Equality:	The arrangements for managing risk apply to all patients, staff and others in contact with the Board's services.

Fife Winter Plan 2019/20

CONTENTS

1   Introduction

Health and Social Care providers have a key responsibility to undertake effective planning of capacity to ensure that the needs of vulnerable and ill people are met in a timely and effective manner despite increases in demand on services or a mismatch between demand and supply of services. This can happen at any time of the year but commonly in winter activity rises, there is increased risk of infection (Norovirus in particular), the weather conditions can be adverse and influenza is more likely than at other times of the year.

NHS Fife, Fife Council and the Health and Social Care Partnership (HSCP) share the challenges of managing service delivery in the context of demographic change across primary, secondary and social care. The organisations are collectively responsible for managing the local health and social care system. This includes managing information and intelligence; assessing needs and working with community partners to ensure that services are fit for purpose; they meet the needs of patients; and are cost effective despite the pressures described above. The purpose of this document is to describe the arrangements put in place by NHS Fife, Fife Council, the Health and Social Care Partnership and partner organisations throughout the year, but particularly over the winter (including the Christmas and New Year holiday).

This plan is supported by:

- NHS Fife Pandemic Flu Plan
- NHS Fife Major Incident Plan
- NHS Fife Business Continuity Plan
- H&SCP Response and Recovery Plan

NHS Fife, Fife Council and the Health and Social Care Partnership have completed the self assessment checklist which helps to measure our readiness for winter across several domains. The checklist will be utilised as a local guide to assess the quality of winter preparations.

A detailed review of plans in these areas will apply a Red, Amber, or Green status. The self assessment checklist will be reviewed over winter to ensure that plans are in place to cope with system pressures and ensure continued delivery of care.

NHS Fife, Fife Council and the HSCP are confident that systems and processes will be in place to support demand.

2   Key Deliverables

The Fife Integrated Winter Plan takes on a whole system approach, to offer seamless transition between the Acute Hospital, Outpatient Services, Community Hospital and Community Social Care Services throughout Fife.

The Winter Plan aims 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.

Key principles to the winter plan are:
- Our workforce are key to the successful delivery of the winter plan.
- Engagement with staff across key stakeholders through winter plan workshops
- Completion of the self assessment checklist indicates that arrangements are in progress to support the delivery of the winter plan.
- Resilience, severe weather, Norovirus and Flu plans are re-visited and are in place.

We will focus primarily on the winter period covering October 2019 to March 2020, but pressure due to capacity is present all year round.

There are a number of key pressures that are prevalent over the winter period which affect our ability to optimally manage flow and capacity. History and current intelligence tells us that these include:

- Increased clinical acuity/complexity/dependency and increased conversion rate from Emergency Department (ED) attendance to admission
- Increased attendances to the ED
- Increase in (medically-fit-for-discharge) patients in delay.
- Decreased resilience within the workforce (school holidays, bank holidays and sickness/absence).
- An inability to scale-down scheduled care activity due to waiting time obligations.
- Having appropriate levels of community capacity to accommodate demand from across the health and social care system.
- Increasing activity and demand in primary care against a background of issues with General Practice sustainability.

3   Planning Priorities Winter 2019/20

The review of winter 2018/19 considered performance, what went well, what went less well and helped to identify the 2019/20 planning priorities for the Acute Services Division and the HSCP.

The top 5 planning priorities for winter 2019/2020 identified at the Winter Review workshop 18/19 are:

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.

Additionally, the following actions were also identified:

- Community Hospital re-design should provide community beds at the right level and in the right place
- Review capacity planning ICASS, Homecare and Social Care resources throughout winter
- Multidisciplinary short life working groups to take actions forward across Acute and HSCP
- Estimated Discharge Date process to be further developed and clear instructions in place
- Have a discharge lead to enhance Criteria Led Discharges and get earlier discharges and plans in place
- Enhance weekend discharge planning with further development of the weekend discharge team and enhanced clinical support
- Consider the introduction of planned outpatient appointments for medically fit in-patients awaiting diagnostic tests
- Explore a sustainable model for discharge lounge
- Proactive and dynamic planning that follows predicted problems with use of system watch and better use of data
- Full review of how and when surge capacity is used
- Consideration of impact of individual decisions made which will affect the whole system
- Produce a winter surgical program plan that includes use of the short stay surgical unit, and distribute the surgical programme, taking into account the periods of higher demand from emergency patients
- Consider an enhanced ambulatory model for surgical and medical patients
- Proactive infection control and learning for Fife Care homes
- Continue the success of the staff flu campaign into its 3rd year
- Urgent Care model will be up and running by winter 2019 and implemented in a staged approach

The planning priorities identified for 2019/20 align with a range of transformation programmes across the Acute Services Division and the HSCP. These key programmes are the Joining Up Care programme (HSCP) and Acute Services Transformation Programme although it should be noted that the Redesign of Community Hospitals will not take place this winter.

During the review stage, it was agreed to proactively plan for winter by establishing a short life working group (SLWG) to take forward the development of the Winter Plan and Escalation Plan.

4   Winter Planning Process

4.1   Clear alignment between hospital, primary and social care

a)   Winter Review 18/19 – What happened last year

- An EDD process was developed and is was in the early stages of being introduced with Acute directorate. This is currently reviewed within our daily safety huddle.

- To provide intermediate care capacity in West Fife, GP cover was secured. The care home capacity to provide a single intermediate care unit is a challenge with interim placements being commissioned as required.

- Over 300 High Health Gain Individuals have been assessed across HSCP and these have a care plan and care coordination in place. The rollout of this model continues.

- Testing and development of pathways into a trusted assessor model for assessment beds within VHK is ongoing.

- Urgent Care service delivery was agreed in line with the contingency arrangements in place for the Primary Care Emergency Service. Festive rotas and staffing were in place before during and after the festive period.

b)   Winter Planning 19/20 – Actions we are going to take this year

Ref	Action	Timescales	Lead/s		Status
			NHS Fife	HSCP	
1	Ensure adequate Community Hospital capacity is available supported by community hospital and intermediate care redesign	October 2019		DGM East and West	
2	Review capacity planning ICASS, Homecare and Social Care resources throughout winter	August 2019		DGM West	
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	

Ref	Action	Timescales	Lead/s	Lead/s	Status
4	Reduce length of stay as a winter planning group and being progressed through BAU	September 2019	GMs, DCOO, Ass Dir PP	DGM West	(blue)
5	Test of Change for use of the community hub during Winter.	November 2019		DGM West	(amber)
6	Test of change to reconfigure STAR bed pathway.	November 2019		DGM West	(amber)
7	Urgent Care ED enhanced direction model	November 2019		DGM West	(green)
8	Implementation of model for discharge lounge through tests of change	November 2019	GMs, DCOO		(amber)
9	Explore third sector transport over winter months	October 2019	GMs, DCOO		(amber)
10	Weekly senior winter monitoring meeting to review winter planning metrics and take corrective action.	October 2019	GMs, DCOO, Ass Dir PP	DGM West	(green)

4.2 Appropriate levels of staffing to be in place across the whole system to facilitate consistent discharge rates across weekends and holiday periods

a) Winter Review 18/19 – What happened last year

- There are currently informal arrangements in place to provide 7 day pharmacy service in acute with recruitment to substantive posts continuing.
- Secure Social Work staffing in the Discharge Hub and community hospitals over the festive period.

b) Winter Planning 19/20 – Actions we are going to take this year

Ref	Action	Timescales	Lead/s		Status
			Acute	HSCP	
1	Secure Social Work staffing in the Discharge Hub and community hospitals over the festive period.	October 2019		DGM West	(green)
2	Test of change of a rota of senior decision making capacity in OOH/weekends to promote 7 day discharges	November 2019	GM EC		(amber)
3	Agree Urgent Care workforce levels and secure staffing as early as possible.	October 2019		DGM West	(green)
4	Enhance Clinical Co-ordinator role	November		DGM West	(green)

		2019			■
	within the Urgent Care service.	2019			
5	Consideration of a Hospital Ambulance Liaison Officer (HALO) role to further plan and arrange efficient discharges	October 2019	GMs DCOO		
6	Enhance weekend discharge planning with further development of the weekend discharge team	October 2019	GMs DCOO		
7	Explore augmenting IAT/MSK resource at front door with a view to reducing admission rate	October 2019	GM WC		
8	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	

4.3 Local systems to have detailed demand and capacity projections to inform their planning assumptions

a) Winter Review 18/19 – What happened last year

- A communication plan was put in place for the public and staff.
- Advanced Nurse Practitioners are in place to focus on nurse led/criteria led discharges within GI and Respiratory.
- A flexible bed base was utilised within community hospitals with an additional 20 beds in use and locum cover secured for QMH hospital.
- A winter placement and activity tracker for HSCP was created and monitored throughout winter.
- A review of discharge transport options has taken place.
- An assessment of delayed discharges due to medicines has been completed. A focus on discharge medicines being available within 2 hours to aid discharges has been implemented.
- A winter ready section of the website and intranet was developed and completed.
- Weekly meetings between Corporate, Acute and HSCP management teams.
- A reconfiguration of beds was complete by December 2018.
- A revised weekly winter planning report was devised, as well as winter plan rag status reporting.
- An escalation plan for surge capacity was agreed.
- An acute site management structure was agreed and put in place.
- Daily community service huddles took place to flexibly manage demand and capacity across community services.
- "Black Box" testing has been invested in for front door staff.

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b) Winter Planning 19/20 – Actions we are going to take this year

Ref	Action	Timescales	Lead/s Acute	Lead/s HSCP	Status
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	
2	Estimated Discharge Date process to be further developed and clear instructions in place	October 2019	GMs DCOO	DGM West	
3	Full review of how and when surge capacity is used against the escalation plan	September 2019	GMs DCOO	DGM West	
4	Banish boarding event to take place to reduce pressure in hospital with patients boarding in non patient wards.	September 2019	MD COO		
5	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		
6	Identify location for surge capacity (likely ward 4 & 13, but awaiting confirmation of roof repair for ward 4)	Oct 2019	DCOO GMs		
7	Have a discharge lead to enhance Criteria Led Discharges and get earlier discharges and plans in place	November 2019	GMs HoN		
8	Bed modelling exercise supported by SG to optimise Acute bed configuration for 19/20 including the relocation of Ward 9 to Phase 3, beside Ward 24	November 2019	GM PC		
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		

4.4 <u>Maximise elective activity over winter – including protecting same day surgery capacity</u>

a) Winter Review 18/19 – What happened last year

- A review of known peaks took place and a reduction in capacity took place for the festive period and January.
- The surgical programme was reviewed weekly with a surgical short stay unit open from January.

b) Winter Planning 19/20 – Actions we are going to take this year

Ref	Action	Timescales	Lead/s Acute	Lead/s HSCP	Status
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 2010	GM PC		
2	Review the ambulatory model for surgical and medical patients and implement any enhancements	October 2019	GM EC GM PC		
3	Test the introduction of planned outpatient appointments for medically fit in-patients awaiting diagnostic tests	October 2019	GM WCCS		
4	Review theatre requirements for SHDU cases to smooth activity over the week	November 2019	GM EC GM PC		

4.5   Escalation plans tested with partners

a) Winter Review 19/20 – What happened last year

- Business continuity plans are under constant review however additional work has been carried out in respect of winter planning.
- Tabletop exercises are regularly carried out with departments to ensure the efficacy of contingency plans.
- A corporate Business Continuity Plan has been formed.
- An East of Scotland Winter Preparedness review has been held and attended by Public Health, Acute and HSCP representatives.
- An escalation plan was agreed and triggers created. Staffing issues were also incorporated into this plan.

b) Winter Planning 19/20 – Actions we are going to take this year

Ref	Action	Timescales	Lead/s Acute	Lead/s HSCP	Status
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	
2	Review and improve business continuity plans for services	September 2019	GMs DCOO	DGM West	
3	Tabletop exercise to be arranged to test Major Incident plans	November 2019	Ass Dir PP		
4	Multi Agency meeting to discuss winter arrangements across Fife	November 2019	Ass Dir PP		
5	Update Corporate Business Continuity	November 2019	Ass Dir PP		

Ref		Timescales			
	Plan and Response and Recovery Plan				
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	
7	Review the full capacity protocol	September 2019	GMs DCOO Ass Dir PP	DGM West	

The draft Integrated Escalation Plan can be found in Appendix 1.

4.6 <u>Preparing effectively for infection control including norovirus and seasonal influenza in acute and community settings</u>

a) Winter Review 19/20 – What happened last year

- A weekly winter planning meeting took place to address issues and implement improvements in a timely manner with an escalation and reporting process. This was supported by an agreed weekly winter monitoring report that allowed decisions to be
- 26 Norovirus education sessions were delivered with a study day "winter is coming" with attendees from all disciplines.
- A tabletop exercise on the management of Norovirus outbreaks took place.
- A review of Norovirus preparedness planning took place through the NHS Fife Infection Control Committee.
- A series of Winter 2017/18 debrief sessions have taken place.

b) Winter Planning 19/20 – Actions we are going to take this year

Ref	Action	Timescales	Lead/s		Status
			Acute	HSCP	
1	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		
2	Proactive infection control and learning for Fife Care homes	October 2019		DGM West	
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		
4	Weekly Winter Planning Meetings to continue to monitor hospital position	October 2019	GMs Ass Dir PP	DGM West	

4.7   Delivering seasonal flu vaccination to public and staff

a) Winter Review 18/19 – What happened last year

- A monthly review of the seasonal flu action plan took place all winter.
- An information pack was developed and distributed to the independent care sector in Fife.
- Redesign of the staff vaccination consent form has enabled more detailed and timely data collection against targets for monitoring.
- Promotion of under 65 at risk health groups for vaccination has taken place in community networks and workplace teams.
- Flu/Respiratory testing at the front door as in 2017/18.

b) Winter Planning 19/20 – Actions we are going to take this year

Ref	Action	Timescales	Lead/s Acute	Lead/s HSCP	Status
1	Continue the success of the staff flu campaign into its 3rd year	October 2019	GMs DCOO	DGM West ADoN	
2	Monthly review of progress against seasonal flu action plan	October 2019	GMs DCOO	DGM West	
3	Deliver staff communications campaign across Acute & HSCP, in order to achieve 60% uptake in healthcare workers (national target) and 50% uptake in social care workers (local target)	October 2019	GMs DCOO	DGM West	
4	Develop & distribute Information pack to independent care sector in Fife, covering staff vaccination, winter preparedness and outbreak control measures	October 2019	GMs DCOO	DGM West	
5	Redesign consent form and data collection methods to enable more detailed & timely monitoring of staff vaccination against targets	October 2019	GMs DCOO	DGM West	
6	Promotion of community flu vaccination for <65 at-risk groups via health promotion community networks and workplace team.	October 2019	GMs DCOO	DGM West	
7	Review and agree options for inclusion of flu vaccination messaging for at-risk groups in out-patient letter template	October 2019	GMs DCOO	DGM West	
8	Flu/Respiratory testing at the front door as in 18/19	October 2019	GMs DCOO	DGM West	

5   Summary

The winter plan describes the arrangements in place to cope with increased demand on services over the winter period. In partnership NHS Fife, Fife Council and the HSCP have a shared responsibility to undertake effective planning of capacity.

The priority is to ensure that the needs of vulnerable and ill people are met in a timely and effective manner despite increases in demand. Our workforce are key to the successful delivery of the winter plan.

Resilience, severe weather, Norovirus and Flu plans have been re-visited and are in place.

The plan is supported by a discharge model, performance measures, a risk matrix and an escalation process.

Winter communications planning is well under way. The communication planned is both staff and public facing using recognised communications mechanisms (including social media).

The self assessment checklist when completed will indicate that arrangements are in progress to support the delivery of the winter plan.

Partnership working is essential in order to deliver the plan and will be tested at times of real pressure.

Appendices

Appendix 1: Fife Integrated Escalation Plan (To be added)
Appendix 2: Local Procedure for Escalation Plan Level
Appendix 3: HSCP Winter Discharge Model (To be added)
Appendix 4: Winter Plan Financial Table (To be added)
Appendix 5: Weekly Winter Monitoring Report
Appendix 6: Preparing for Winter 2018-19 Supplementary Checklist (To be added)

Appendix 2: Local Procedure for Escalation Plan Level

Process for agreeing daily Escalation Level	
0830 Hospital Huddle	All
0900 Teleconference DCOO/GMs/DGMS	DCOO/GMs/DGMS
1. Agree level of escalation and actions 2. Decision to meet again	
0900 Morning report distributed as normal	Huddle admin
0900 Agreed escalation level emailed to EDG/ Acute SLT/ H&SC SLT	Huddle admin
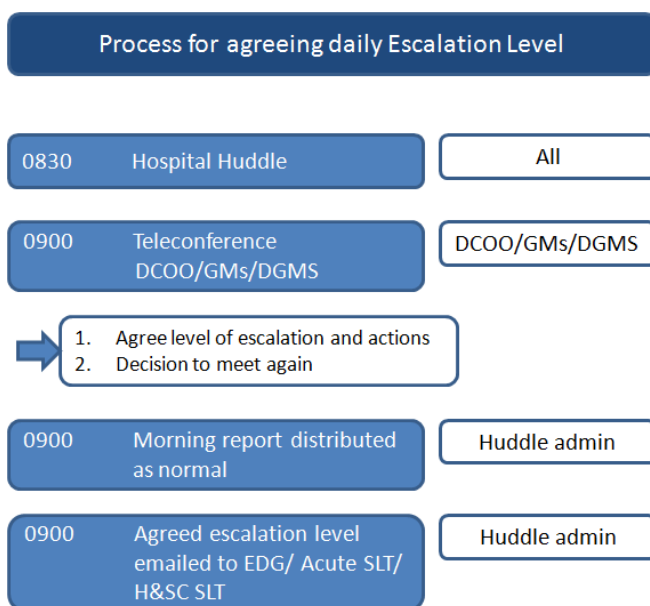
Appendix 5: Weekly Winter Monitoring Report

Weekly Winter Monitoring Scorecard

Area	Indicator	RAG Criteria	17-Mar	24-Mar	31-Mar	07-Apr	14-Apr	21-Apr	28-Apr	05-May	12-May	19-May	26-May	02-Jun	09-Jun	16-Jun	23-Jun	30-Jun	07-Jul	14-Jul	21-Jul	28-Jul	04-Aug
OOH	Contacts		1904	1945	1774	1796	1869	2016	2218	2990	2948	2002	1944	1824	1851	1949	1978	1987	1851	1952	1860	1751	1877
	OoT Home Visits		26	21	8	0	19	25	24	46	22	37	32	25	13	18	24	11	15	15	9	7	16
Emergency Department	Attendances		1304	1347	1285	1292	1286	1381	1425	1372	1386	1410	1405	1346	1273	1286	1381	1356	1288	1335	1335	1398	1413
	Av LoA		168	181	163	177	172	172	167	156	170	165	165	173	159	154	175	165	163	191	149	164	172
	Performance		93.4%	91.1%	94.9%	91.5%	93.2%	92.3%	93.0%	94.6%	91.3%	91.7%	92.5%	91.5%	94.7%	95.3%	88.9%	94.1%	95.0%	88.3%	96.4%	94.5%	92.9%
	> 8 hours		0	10	1	0	0	5	0	1	1	0	3	3	2	0	2	0	0	0	0	0	2
	>12 hours		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	% Admitted		31.9%	30.0%	31.5%	32.3%	31.3%	30.9%	28.1%	27.0%	31.7%	28.5%	27.9%	29.0%	32.1%	29.5%	28.8%	29.7%	30.0%	29.6%	27.3%	29.8%	27.7%
VHK Admissions	Total		866	928	882	896	849	874	890	868	909	901	892	851	855	848	874	858	831	847	834	876	889
	Emergency		425	468	424	450	459	456	453	441	452	468	436	432	446	450	453	413	414	440	437	445	443
	Elective		441	460	458	446	390	418	437	427	457	433	456	419	409	398	421	445	417	407	397	431	446
AU1ax	Admissions		173	202	178	191	203	221	198	196	203	221	191	196	190	237	186	177	187	192	203	194	204
	%transferred		77.5%	69.8%	63.5%	71.2%	67.5%	64.7%	67.2%	74.5%	68.0%	70.6%	66.0%	63.3%	68.4%	65.8%	69.4%	70.6%	66.8%	67.7%	66.0%	68.6%	70.1%
	% to AU1		67.1%	62.4%	53.4%	61.8%	54.2%	52.0%	60.1%	62.8%	58.1%	55.7%	58.6%	56.6%	58.4%	55.7%	60.8%	62.1%	60.4%	61.5%	55.2%	58.8%	60.8%
	LoS		04:32	06:17	05:29	04:52	05:18	05:09	04:56	04:52	06:50	06:52	05:46	06:18	05:24	06:27	07:40	06:21	04:00	04:46	04:38	06:08	04:26
AU1	Admissions		318	339	287	328	318	298	324	313	323	317	302	298	323	300	306	293	288	296	286	297	301
	%transferred		65.4%	63.4%	66.2%	64.9%	63.5%	64.1%	63.6%	61.7%	68.4%	62.1%	69.2%	58.7%	63.5%	62.3%	60.1%	63.5%	69.1%	64.9%	69.2%	61.3%	65.8%
	LoS		19:20	20:08	18:55	20:10	16:08	17:39	18:51	16:48	17:31	19:46	19:05	18:35	18:27	19:13	18:49	18:43	17:27	17:25	16:11	15:44	16:54
AU2	Admissions		146	154	132	142	130	156	139	134	137	143	142	146	138	124	151	146	119	158	137	140	137
	%transferred		47.3%	37.7%	51.5%	41.5%	47.7%	42.9%	42.4%	29.1%	36.5%	42.7%	39.4%	40.4%	37.9%	37.1%	49.3%	34.5%	53.8%	35.0%	36.4%	40.9%	
	LoS		22:29	24:02	21:20	22:06	20:24	24:15	22:49	18:21	15:27	23:21	25:23	22:56	24:32	24:54	21:07	20:50	20:30	22:49	21:10	20:08	20:44
VHK Bed Utilisation	Occupancy		93.1%	93.4%	96.5%	99.6%	95.5%	93.2%	93.3%	95.1%	94.3%	102.9%	98.6%	95.5%	93.2%	93.3%	95.1%	94.3%	102.9%	98.6%	95.5%	93.2%	93.3%
	Boarding Bed Days Lost		291	414	363	282	305	317	293	280	531	431	366	375	360	365	405	375	278	205	210	254	198
	Delay Bed Days Lost		49	63	42	49	28	35	28	7	7	35	35	42	28	42	35	49	56	42	42	28	28
VHK Discharges	Total		887	967	844	897	847	883	876	891	862	923	906	866	852	891	851	857	851	824	824	872	870
	to Community		55	42	51	38	42	31	47	40	51	39	42	40	44	53	36	34	46	36	37	40	37
	% B4 Noon		13.8%	16.1%	14.2%	14.2%	15.5%	16.4%	15.7%	18.6%	17.9%	16.9%	15.3%	18.2%	18.3%	15.6%	16.3%	15.7%	18.1%	18.4%	18.1%	14.0%	15.5%
	WDWE Ratio		1.7	1.7	1.8	2.1	1.7	1.6	2.0	1.7	1.5	2.1	2.2	1.7	1.6	1.8	2.1	2.1	2.0	2.3	2.1	1.6	2.0
	LoS		4.9	4.7	4.9	4.6	5.0	4.9	5.0	5.0	5.2	5.0	5.0	5.5	5.4	5.3	5.5	5.5	4.8	4.9	4.6	5.8	5.3
	Admissions		87	100	83	90	83	96	91	95	91	91	89	83	97	107	73	85	88	83	88	91	113
Community Hospital	Occupancy		94.0%	95.2%	94.2%	94.5%	93.9%	94.7%	94.4%	91.9%	94.2%	101.0%	100.9%	101.7%	102.4%	101.3%	101.4%	101.3%	102.2%	102.0%	101.1%	101.8%	100.2%
	Delay Bed Days Lost		553	591	567	477	470	615	708	611	642	671	666	687	674	638	594	599	617	637	644	617	560
	Discharges		108	83	94	78	85	78	91	86	90	86	86	84	78	92	102	68	80	83	78	83	86
	LoS		24.3	23.5	27.3	27.4	23.8	28.8	21.7	25.4	24.1	26.0	26.0	24.5	26.7	22.5	31.8	30.3	21.3	25.5	20.9	26.2	21.1

NHS FIFE
CLINICAL GOVERNANCE COMMITTEE

DATE OF MEETING:	4 September 2019
TITLE OF REPORT:	**NHS Fife Board Assurance Framework (BAF)** Quality & Safety
EXECUTIVE LEAD:	Helen Buchanan
REPORTING OFFICER:	Helen Woodburn

Purpose of the Report (delete as appropriate)		
	For Discussion consider the options and any impact	

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 3 July 2019.

Background

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

- Identifies and describes the key controls and actions in place to reduce or manage the risk
- Provides assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect
- Links to performance reporting to the Board and associated risks, legislation & standing orders or opportunities
- Provides a brief assessment of current performance. In due course, the BAF will provide detail on the progress of the risk over time - improving, moving towards its target or tram - lining

The Committee is invited to consider the following :

- Does the risk score feel right?
- Do the current controls match the stated risk?
- Will the mitigating actions bring the risk down to its target level?
- If the mitigating actions are fully implemented would the outcome be achieved?
- Does the assurance provided describe how the controls are performing?
- Do the assurances come from more than one source including independent sources?

- Are limited resources being allocated appropriately i.e. on uncontrolled high risks or in otherwise well controlled areas of risk?
- Is there anything missing you would expect to see in the BAF?

Assessment

There are no further changes to risks.

Recommendation
The Committee is invited to **note** the changes.

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

Further Information:	
Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Executive Directors

Impact: (must be completed)	
Financial / Value For Money	Promotes proportionate management of risk and thus effective and efficient use of scarce resources.
Risk / Legal:	Inherent in process. Demonstrates due diligence. Provides critical supporting evidence for the Annual Governance Statement.
Quality / Patient Care:	NHS Fife's risk management system seeks to minimise risk and so support the delivery of safe, effective, person centred care.
Workforce:	The system arrangements for risk management are contained within current resource. e.g.
Equality:	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)

Quality & Safety

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)	Rating (Target)	Level (Target)	
1416	Person Centred, Clinically Excellent	04.06.2019	04.08.2019	There is a risk that due to failure of clinical governance, performance and management systems (including information & information systems), NHS Fife may be unable to provide safe, effective, person centred care.					4 - Likely - Strong possibility this could occur	5 - Extreme	20 High		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	*Ongoing actions designed to mitigate the risk including:* 1. Strategic Framework 2. Clinical Strategy 3. Clinical Governance Structures and operational governance arrangements 4. Clinical & Care Governance Strategy 5. Participation & Engagement Strategy 6. Risk Management Framework This is supported by the following: 7. Risk Registers 8. Quality Report, Performance reports dashboard data 9. Performance Reviews 10. Adverse Events Policy 11. Scottish Patient Safety Programme 12. Implementation of SIGN and other evidence based guidance 13. Staff Learning & Development 14.System of governance arrangements for all clinical policies and procedures 15. Participation in relevant national and local audit 16.Complaints handling process 17.Using data to enhance quality control 18.HIS Quality of Care Approach & Framework,Sept 2018 19. Implementing Duty of Candour legislation 20.Adverse event management process 21.Sharing of learning summaries from adverse event reviews 22.Implementing Excellence in Care 23. Using Patient Opinion feedback 24.. Acting on recommendations from internal & external agencies 25. Revalidation programmes for professional staff 26. Electronic dissemination of safety alerts	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	1. Continually review the Quality Reports to ensure they provide an accurate, current picture of clinical quality / performance in priority areas. 2. Refresh the extant Clinical Governance structures and arrangements to ensure these are current and fit for purpose. 3..Review the coverage of mortality & morbidity meetings. 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. 5.Review annually, all technology & IT systems that support clinical governance e.g. Datix, Formic Fusion Pro, Clinical Effectiveness Register. 6. Consider the HIS Quality of Care Framework and agree our approach to implementation. 7.Fully understand what the patient experience 'looks like' and take any required actions.	Medical Director	31.10.2018	1. Assurance statements from clinical & clinical & care governance groups and committees. 2. Assurances obtained from all groups and committees that: i. they have a workplan ii.all elements of the work plan are addressed in year 3. Annual Assurance Statement 4. Annual NHS Fife CGC Self assessment 5. Reporting bi annually on adequacy of systems & processes to Audit & Risk Committee 6. Accreditation systems 7.Quality control process e.g. specific audits 8.External agency reports e.g. GMC 9..Quality of Care review	1. Internal Audit reviews and reports 2. External Audit reviews 3. HIS visits and reviews 4. Healthcare Environment Inspectorate (HEI) visits and reports 5. Health Protection Scotland (HPS) support 6. Health & Safety Executive 7. Scottish Patient Safety Programme (SPSP) visits and reviews 8. Scottish Govt DoC Annual Report 9.Scottish Public Service Ombudsman (SPSO) 10. Patient Opinion	1.Key performance indicators relating to corporate objectives e.g. person centred, clinically excellent, exemplar employer & sustainable. 2.Executive commissioning of reviews e.g. internal audit, external peer and 'deep dives'	Overall, NHS Fife has in place sound systems of clinical governance and risk management as evidenced by Internal Audit and External Audit reports and the Statement of Annual Assurance to the Board.	2 - Unlikely	5 - Extreme	10	Moderate	The organisation can identify the actions required to strengthen the systems and processes to reduce the risk level.

Linked Operational Risk(s)

Risk ID	Risk Title	Current Risk Rating	Risk Owner
1502	3D Temperature Monitoring System (South Lab)	High 20	Ken Campbell
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
1524	Oxygen Driven Suction	High 20	Dr Christopher McKenna
43	Vascular access for haematology/Oncology	High 20	Shirley-Anne Savage
521	Capacity Planning	High 16	Miriam Watts
529	Information Security	High 16	Carol Potter
637	SAB HEAT TARGET	High 16	Christina Coulombe
1365	Cancer Waiting Times Access Standards	High 15	TBC
1515	Impact of the UK's withdrawal from the EU on Nuclear Medicine and the ability to provide diagnostic and treatment service(s)	High 15	Jeanette Burdock

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk Owner
356	Clinical Pharmacy Input	Closed Risk		
528	Pandemic Flu Planning	No longer a high risk	Moderate 12	Dona Milne
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		

DATE OF REPORT:	03/07/2019
TITLE OF REPORT:	**NHS Fife Board Assurance Framework (BAF)** Strategic Planning
EXECUTIVE LEAD:	Dr Chris McKenna, Medical Director
REPORTING OFFICER:	Susan Fraser, Associate Director of Planning and Performance

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 in line with the following:

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

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

This report provides the Committee with the next version of the NHS Fife BAF on 15.01.19.

Background

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

- Identifies and describes the key controls and actions in place to reduce or manage the risk

- Provides assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect

- Links to performance reporting to the Board and associated risks, legislation & standing orders or opportunities

- Provides a brief assessment of current performance. In due course, the BAF will provide detail on the progress of the risk over time - improving, moving towards or away from its target.

Assessment

The Annual Operational Plan (AOP) for 2019/20 re-identifies the 4 strategic priorities for NHS and Health & Social Care as:

1. Acute Transformation Programme
2. Joining Up Care (including Urgent Care, Community Hubs & Community Hospital Redesign)
3. Mental Health Redesign
4. Medicines Efficiencies

These priorities are aligned to the 19 recommendations from the Clinical Strategy.

The Joint Strategic Transformation Group (JSTG) has been in place for 3 years and is being reviewed with its workplan being refocused on delivery and sustainability. It provides transformation oversight of the 4 key priorities detailed above with escalation of health issues and challenges to EDG and the Executive Board. The governance will continue to be with the 4 committees (x2 NHS and x2 IJB).

Following the Transformation Stocktake Workshop, key themes and priorities were identified by the group. Further work is ongoing mapping out progress of each programme against criteria. The governance arrangements have now been reviewed and recommendations made.

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

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:	Winter Planning key stakeholders (NHS Fife and H&SCP) Executive Directors Executive Board

Impact: (must be completed)	
Financial / Value For Money	Promotes proportionate management of risk and thus effective and efficient use of scarce resources
Risk / Legal:	Inherent in process. Demonstrates due diligence. Provides critical supporting evidence for the Annual Governance Statement
Quality / Patient Care:	NHS Fife's risk management system seeks to minimise risk and so support the delivery of safe, effective, person centred care.
Workforce:	The system arrangements for risk management are contained within current resource.
Equality:	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)

Strategic Planning

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)	Rating (Target)	Level (Target)	
1417	Person Centred, Clinically Excellent, Exemplar Employer, Sustainable	20.08.2019	01.11.2019	There is a risk that NHS Fife will not deliver the recommendations made by the Clinical Strategy within a timeframe that supports the service transformation and redesign required to ensure service sustainability, quality and safety at lower cost. **Key Risks** 1. Community/Mental Health redesign is the responsibility of the H&SCP/IJB which hold the operational plans, delivery measures and timescales 2. Governance of the JSTG remains with 4 committees - 2 from the IJB and 2 from NHS. This may impact on effectiveness of scrutiny. 3. Regional Planning - risks around alignment with regional plans are currently reduced as regional work is focussed on specific workstreams	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	The transformation programmes have been agreed and reports to the Joint Strategic Transformation Group. Organisational challenges have impacted on the meeting schedule. Meeting have been paused from February 2019 until a full review has been undertaken. The workplans is at varying stages of development with some programmes more advanced than others. Reporting of progress of transformation programmes has improved with written updates to JSTG for two of the programmes. Papers to IJB produced about the other two programmes.	Chief Executive	Clinical Governance	*Ongoing actions designed to mitigate the risk including:* 1. Establishment of IMPACT in 2016 - a small internal business unit which provides focussed, co-ordinated, client tailored support to accelerate delivery of NHS Fife's strategic objectives. Provides a programme management framework to ensure the programme is delivered. 2. Establishment of the Joint Strategic Transformation Group (JSTG) to drive the delivery of the H&SC Strategic Plan and the Clinical Strategy. 3. 3 of the 4 key strategic priorities are being taken forward by the H&SCP/IJB. The remaining priority is being taken forward by Acute services and progress shared through regular highlight reports. Programme Boards provide oversight and strategic guidance to the programme. Collaborative oversight is provided by the JSTG. 4. NHS Fife is a member of SEAT with executive attendance at Regional Planning meetings. Progress is being made in some areas. 5. NHS Fife is a member of the East Region Programme Board established to develop the East Region Health and Social Care Delivery Plan and is represented by directors on all workstreams. 6. Establishment of the Executive Board to provide strategic and operational oversight of the health boards services including the transformation programmes. 7. The Service Planning Reviews have taken place for 2019/20 -21/22 which will inform actions to deliver Clinical Strategy and prioritise transformation programmes.	JSTG not performing role adequately but transformation programmes being progressed.	Leadership to strategic planning coming from the Executive Directors Group. Clinical Strategy workstream update has been produced to reflect progress against recommendations. First meeting of refreshed JSTG chaired by Chief Executive held on 16 April. Transformation Stocktake Workshop took place on 23 July 2019 and a refreshed governance structure is being 1. The NHS Fife CEO chairs the Acute Services workstream of the East Region Health and Social Care Delivery Plan. Plan has not been published so workstreams have been paused and specific work taken forward by SEAT. 2. Chief Executive and Chief Operating Officer participate in Regional planning via SEAT and appropriate sub/working groups.	Chief Executive / Chief Operating Officer (COO)	31.08.2019 / Ongoing. First plan to be submitted 31/03/2018. Paused	1. Minutes of meetings record attendance, agenda and outcomes. 2. Action Plans and highlight reports from the Joint Strategic Transformation Group. 3. Action plans, minutes and reports from the SEAT Regional Planning meetings and East Region Programme Board. 4. Performance and Accountability Reviews now underway which will provide assurance to committees on performance of all services. 5. Review of transformation governance is underway and a new structure will be in place by November 2019.	1. Internal Audit Report on Strategic Planning (no. B10/17) 2. SEAT Annual Report 2016 3.Governance committee oversight of performance assurance framework	Governance of programmes through JSTG.	Current challenges associated with delivery of our strategic objectives include the focus on the 4 strategic priorities (Acute Transformation, Joining Up Care, Mental Health Redesign and Medicines Efficiencies), the interdependencies of workplans (NHS Fife/H&SCP/ Region) in terms of the whole system oversight of operational plans, delivery measures and timescales. Key themes were identified from the Transformation Stocktake Workshop following presentations from each programme. The next step is to map each programme against progress. Further progress will be reported in the November BAF after proposals are agreed.	3 - Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate	Once governance and monitoring is in place and transformation programmes are being realised, the risk level should reduce.

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			

NHS Fife

 Clinical Governance Committee:

Date of meeting: **4 September 2019**

Reporting Officer: **Dr C McKenna**

AREA	UPDATE FROM MEETING
Access to treatment in the UK/Europe;	Latest agreement was that the current rules would stay in place until 31/12/20.
Cross Border Co-operation on Public Health matters;	In terms of cross border public health work: Health Protection Scotland undertake all cross border liaison and advice on behalf of public health departments in Scotland, liaising with ECDC and the WHO. They will continue to fulfil this role during the planning for and subsequent to EU Exit.
eHealth;	No change since last report.
Nuclear Medicine, Diagnostic and Treatment	There has been no change in the Nuclear Medicine anticipated affects of BREXIT
Patient Access to Medicines and Medical Technologies;	The Scottish Government Medicines Shortage Response Group (MSRG(Sco)) has been reconvened in August 19 and will now meet every 2 weeks to look at the outputs from the UK MSRG. Scottish Government are currently arranging to introduce legislation to allow for the use of Serious Shortage Protocols and that guidance will be issued in due course. NHS Fife has policy and procedures in place to ensure that we are adhering to national best practice standards in managing medicines shortages. Quick reference guides and signposting to resources to support management of medicines shortages has been circulated across primary and secondary care to consolidate best practice and escalation. The NHS Fife "Brexit" Medicines PAG is meeting every 2 weeks to ensure we are responsive to outputs of the national work.
Research and Development.	To ensure continuity of delivery of drugs and medical devices in the event of border delays Clinical Trial Sponsors have been asked to highlight the potential impacts of any supply chain issues. Government Secured Ferry Capacity is available for any prioritised products and NHS sites should not be asked to stockpile trial supplies as this is a Sponsor responsibility.

NHS FIFE
CLINICAL GOVERNANCE COMMITTEE

DATE OF MEETING:	4th September 2019
TITLE OF REPORT:	Clinical Governance Committee Work plan
EXECUTIVE LEAD:	Dr Chris McKenna
REPORTING OFFICER:	Helen Woodburn

Purpose of the Report (delete as appropriate)		
		For Information for noting

SBAR REPORT

Situation

During May and June 2019, a short review has been undertaken of the current work plan and structure of the agenda in order to streamline information and processes for the Clinical Governance Committee. This included a comparison to other committees of the Board, with a view to reduce any variation between the committees and achieve standardisation in templates, work plans and agenda structure.

Background

At the request of the Chair of the Clinical Governance Committee, a review has been completed on the content of the work plan, the agenda and format in order to streamline the flow of information to and through the committee, to ensure the committee is as effective as it possibly can be.

Assessment

As a result there a number of proposed changes to the work plan and the agenda for the committee to note.

1. Changes to the agenda

The agenda is now set out to reflect the work plan subject headings, and is consistent with other Board committees.

2. Changes to the work plan

The format of the work plan has changed and is now in line with the other committees of the Board.
Headings under which items are grouped have changed to reflect the work and the business of the committee (see attached work plan).

A number items from the work plan have changed, they are as follows:
- eHealth quarterly report –changed to an annual report, reporting May each year
- Activity Tracker – this can be removed from the committee work plan. This information continues to be tracked and is provided to the most appropriate division, and reported through local governance arrangements.   Any item requiring attention of the committee will be reported and escalated from the divisional groups
- Work plan as with other committees will be presented annually to the committee or when there has been a change
- Clinical Strategy renamed /Transformation section will be divided in to the 4 sections of Community Hospital Redesign, Mental Health, Acute transformation and Medicines Efficiency, with a proposal these are reported through the committee as 2 reports per

committee, (see attached work plan). It is proposed a report on the 7 work streams of the clinical strategy will come to the committee on an annual basis in May.

3. <u>Changes to the covering sheets</u>

Theses sheets have been simplified with the purpose to improve the reporting and highlighting of issues/points to the committee

These changes have been discussed and agreed with the Chair of the Clinical Governance Committee, will be effective for the 4th September 2019 committee and all future committees.

Recommendation
The committee are asked to note the changes.

Objectives: (must be completed)	
Healthcare Standard(s):	Code of Corporate Governance
HB Strategic Objectives:	

Further Information:	
Evidence Base:	none
Glossary of Terms:	none
Parties / Committees consulted prior to Health Board Meeting:	none

Impact: (must be completed)	
Financial / Value For Money	none
Risk / Legal:	none
Quality / Patient Care:	none
Workforce:	Minimal refinements to tasks undertaken
Equality:	n/a

NHS FIFE CLINICAL GOVERNANCE COMMITTEE – ANNUAL WORKPLAN 2019/20

	Lead	May	July	September	November	January	March
General							
Minutes of Previous Meeting	**Chair**	✓	✓	✓	✓	✓	✓
Action list	**Chair**	✓	✓	✓	✓	✓	✓
Quality, Planning and Performance							
Quality Report	**MD/DoN**	✓	✓	✔	✔	✔	✔
Integrated Performance Report	**ADP**	✓	✓	✔	✔	✔	✔
Integrated Performance and Quality Report	**ADPP**			✓	✓	✓	✓
Winter Plan	**DoHSC/COO**	✓	✓	✓	✓	✓	✓
Annual Operational Plan	**ADPP**	✓					
Governance							
Board Assurance Framework Quality and Safety	**MD/DoN**	✓	✓	✓	✓	✓	✓
Board Assurance Framework Strategic Planning	**ADPP**	✓	✓	✓	✓	✓	✓
Brexit	**DoPH**	✓	✓	✓	✓	✓	✓
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**						✓
Transformation/Redesign/Clinical Strategy							
Community Hospital Redesign	**DoHSC**		✓	✓		✓	
Mental Health	**DoHSC**		✓	✓		✓	
Acute Transformation	**COO**	✓	✓		✓		✓
Medicines Efficiency	**DoP**	✓	✓		✓		✓
Clinical Strategy work stream Annual report	**ADPP**	✓					
Annual Reports							
NHS Fife Equality Outcomes Progress Report 2019	**DoN**	✓					
Area Radiation Protection Annual Report	**MD**	✓					
Public Health Annual Report	**DoPH**				✓		
Clinical Advisory Panel Annual Report	**MD**		✓				
eHealth Report	**COO**	✓					
Medical Education Report	**MD**		✔	✓			

Updated 16/08/19

	Lead	May	July	September	November	January	March
Medical Revalidation 2018-19	MD				✓		
R& D Annual Report	MD				✓		
R&D Strategy Review	MD				✓		
Fife Child Protection Annual Report 2018-19	DoN					✓	
Nursing, Midwifery, Allied Health Professionals – Professional Assurance Framework	DoN						✓
Prevention and Control of Infection Annual Report 2018/19	DoN		✓	✓			
Linked Committee Minutes							
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	✓	✓	✓	✓	✓	
Joint Strategic Transformation Group	DoHSC	✓	✓				
Public Health Assurance Group	DoPH	✓		✓		✓	
Resilience Forum	DoPH	✓	✓	✓	✓	✓	✓
Requested Reports							
Kincardine and Lochgelly Health Centres	DoHSC		✓				
Transformation paper and future plan	ADPP	✓	✓				
Primary Care Improvement Plan	HSCP AMD		✓				
Public Health Reform	D0PH		✓				

Updated 16/08/19

CLINICAL GOVERNANCE COMMITTEE

DATES FOR FUTURE MEETINGS

Date
6 November 2019
16 January 2020
4 March 2020
7 May 2020
8 July 2020
7 September 2020
4 November 2020
14 January 2021
11 March 2021

Please note that all meetings take place in the **Staff Club** and start at **2pm**

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Fife Health & Social Care Integration Joint Board

Supporting the people of Fife together

MEETING TITLE:	NHS Fife Clinical Governance Committee		
AGENDA ITEM NO:			
DATE OF MEETING:	4th September 2019		
TITLE OF REPORT:	Community Hospital and Intermediate Care Bed Redesign		
EXECUTIVE LEAD:	David Heaney		
REPORTING OFFICER/ CONTACT INFO:	NAME:	Karen Gibb	
	DESIGNATION:	Change & Improvement Manager	
	WORKPLACE:	Rothesay House	
	TEL NO:	03451 555555 ext. 401704	
	E-MAIL:	karengibb@nhs.net	

Purpose of the Report (delete as appropriate)

~~For Decision~~	For Discussion	~~For Information~~

REPORT

Situation

This report is to inform and update the Committee of progress made on the redesign of Community Hospital and Intermediate Care Beds, and to set out next steps.

Background

For over three years, work has been underway to review and transform our community hospitals and associated beds in Fife. This work is one of three elements of Fife's Joining-Up Care Programme agreed by the Integration Joint Board in June 2018. The redesign focuses on transforming community hospitals and the intermediate care bed model, to ensure these services meet the current and future care needs of the population; intermediate care beds include STAR beds and assessment beds in care homes This redesign is being clinically driven and is being informed by an extensive public consultation on the future models of care delivery.

Assessment

Key Points/Update on Progress

The Community Services Redesign group was established in 2015 with a remit to redesign the community hospital model. The group included representatives from each profession working within the current system as well as key stakeholders including, staff side (Trades Unions) representatives and partner agencies.

A wide-ranging staff and stakeholder engagement process has been underway since 2016. In driving forward the redesign, we have considered lessons learnt and models developed elsewhere

in the country to inform potential solutions for Fife.

Consultation and Engagement

The redesign has been informed to a large degree by the outcome of a comprehensive public consultation process on the Joining Up Care proposals, which took place over a 14-week period in 2018. This process comprised of 16 public consultation workshops, numerous staff consultation events as well as online and paper questionnaires, discussions with public representative groups and service partners. 458 people fed back on the general principles of the Community Hospital and Intermediate Care bed redesign with 83% of respondents strongly agreeing or agreeing with the proposal that care should be delivered either at home, or as close to home as possible. The main themes that emerged were:

- A preference to be cared for at home or near to home
- Community hospital-based care is still required
- Better utilisation of Community hospitals as bases for community care
- Any redesign must be clinically led
- Concerns around recruitment and retention of key staff

Option Appraisal Process and Outcomes

The options appraisal process in relation to Community Hospitals and Intermediate Care beds, took place between September and December 2018. This was informed by the feedback from the engagement and consultation processes described above.

The options appraisal was initially planned over three sessions but was extended to a fourth session to allow participants to consider the complexity of the existing model in detail and evaluate various potential solutions. Across the four sessions a wide range of clinicians, members of the public and other professionals took part. The report detailing the options appraisal process and outcomes is embedded at the end of this document for information.

This process identified several preferred options which were then further tested for feasibility and affordability. As a result of these processes, the main components of the proposal to be submitted for consideration to the Integration Joint Board are:

- Hospital based complex clinical care should be absorbed across the community hospital sites, bringing care closer to home. This was a strong public priority in the consultation process
- The Sir George Sharp Unit should be co-located alongside the stroke unit at Cameron Hospital
- Glenrothes ward 1 and the Wellesley unit at RWMH should be reconfigured into Community Health and Wellbeing Hubs, thereby optimising the use of both sites.
- The environment at wards 5 and 6 at Queen Margaret Hospital need to be improved by reducing the existing bed numbers from 30 to 24 in each ward. At the same time, we plan to expand the range of bed-based care by increasing the numbers of STAR and Assessment beds by a total of 24 to better meet the needs of the local population
- North East Fife will build on the existing service and will further develop the community geriatrician model to support complex frailty assessment.
- A collaborative clinical model involving GPs, geriatricians and Advanced Practitioners supporting the delivery of healthcare across community hospital and intermediate care beds
- Addressing the challenges of geriatrician cover over two in-patient sites in central Fife by the

establishment of one site as a GP- led unit (Glenrothes) and one as a geriatrician-led unit (Cameron).

Action Required/Next Steps

Completion of the EQIA review with members of the public and use focus groups of key stakeholders to comment on our engagement plan by early September.

Our proposed timetable for bringing proposals to the IJB and Committees is:

Committee/Board	Date
Integration Joint Board Finance & Performance Committee	17 September 2019
Integration Joint Board Audit & Risk Committee	20 September 2019
Integration Joint Board Clinical & Care Governance Committee	27 September 2019
Integration Joint Board Local Partnership Forum	16 October 2019
Integration Joint Board	25 October 2019

Responsible Officer(s)/Contact Details for further information
(If different/additional to the author of the briefing):

Recommendation

The Committee is asked to:

- Note the update on progress of the Community Hospital and Intermediate Care Redesign

Objectives: (must be completed)	
Health & Social care Standard(s):	Person centred, safe and effective Integrated and Co-ordinated Care Tackling Inequalities A range of safe and effective community services available 24/7 to support people at home or in homely settings.

Impact: (must be completed)

Financial / Value For Money:

Financial appraisal of the proposed Community Hospital and Intermediate Care Redesign will be contained within the strategic proposal. Following approval of the strategy, an application for the necessary capital funding will be made through the Scottish Capital Investment Manual process.

Risk / Legal:

There is a risk that recruitment and retention challenges will impact on the ability to staff the new workforce profile and this will impact on the ability to develop and deliver the new model.

There is a risk that the capital funding required to make the clinical areas fit for purpose won't be available making some specific areas unsustainable in the medium to longer term.

Quality / Customer Care:

There will be no reduction in the quality of service for patients. The proposal will support improved care of service users in community Hospital and Intermediate Care beds as well as ensuring that the service is resilient. In addition, it is anticipated that the new models of care will enable earlier interventions, reduced waiting times and increased capacity.

Workforce:

This proposal will require continued engagement from HR and the trades unions in managing change. This includes:

- Staff development has been fully incorporated into the process.
- Staff side fully engaged through a Workforce Strategy Group
- Updates and support for staff members directly and indirectly affected by the changes proposed using NHS Fife Policy and Procedures.

Equality Impact Assessment:

A standard impact assessment has been carried out and identified potential adverse and positive impacts (http://www.fifehealthandsocialcare.org/joiningupcare/). As part of the consultation and engagement process a full EQIA was completed. This will be reviewed in September to identify any potential adverse and positive impacts as a result of the proposed changes.

Option Appriasal
Report KC 5-3-2019.

Community Hospital and Intermediate Care Beds Redesign

Option Appraisal Report

Fife Health
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Community Hospital and Intermediate Care Beds Redesign Option Appraisal Report

COMMUNITY HOSPITAL AND INTERMEDIATE CARE BED REDESIGN OPTIONS APPRAISAL 2018: PROCESS REPORT

1   **INTRODUCTION**

1.1   As part of the Joining Up Care Programme to transform how we deliver community Health and Social Care services in Fife, work has been undertaken to review community hospitals and the intermediate bed care model to redesign the service to ensure it meets the strategic and operational drivers for future care delivery.

1.2   The Community Services Redesign group was established in 2015 with a remit to redesign the community hospital model. The group included representatives from each profession working in the current model, staff side representatives and partner agencies. There has been range of formal staff engagement methods used since 2016 and this has included the following stakeholder engagement events:

   • A redesign of hospital services engagement event for 130 staff in November 2016
   • Two senior team visioning events
   • An all-staff visioning event in May 2017
   • Community Services Redesign Group Sessions in November 2017 and in August 2018
   • An all staff engagement event in August 2018

1.3   The ihub (in conjunction with the User Research and Service Design Team at the Scottish Government) reviewed the outputs from these events and identified key themes to inform model development these included:

   • <u>Integration</u> – that services currently feel disjointed and disconnected, there are pockets of duplication. There is a need for improved joint-working and coordination.
   • <u>Ways of working</u> – specialist services not always available/used appropriately. New models of care are required so that service users receive care in the most appropriate setting.
   • <u>Staff empowerment</u> – there are opportunities for a more flexible and up-skilled workforce e.g. multi-skilled staff roles. Many teams are ready for change and have ownership of their service.
   • <u>Staff systems</u> – communication and standardised practices could be improved in some areas. There are opportunities for staff to work in different settings e.g. acute, community hospitals, and in the community.
   • <u>Entering services</u> – at times the service user pathway can be unclear resulting in services receiving inappropriate service users. There are opportunities for improved handovers and decision-making regarding the most appropriate care setting.
   • <u>Leaving services</u> – there is a need to improve the discharge process to avoid service user deterioration. There is an opportunity to redesign models of care to ensure appropriate care packages are available.
   • <u>Service user complexity</u> – there are opportunities to improve processes and models of care for complex service users to enable them to be cared for in the most appropriate setting.
   • <u>Specific services</u> – there is a need to improve the availability of care packages and the allocation of social workers to ensure that service users are cared for in the most appropriate setting. There is a need for more flexible and responsive services e.g.

2

Community Hospital and Intermediate Care Beds Redesign Option Appraisal Report

rehabilitation services.

- <u>Understanding needs</u> – there is a need to ensure that new models of care are person-centred and are able to respond to service user needs (regardless of complexity). Where appropriate, services users should be enabled to take ownership of their own health and care.
- <u>Using assets</u> – best use should be made of existing assets e.g. community hubs, multi-disciplinary team working.

2. **OPTIONS APPRAISAL**

2.1 An option appraisal process was undertaken between September and December 2018. The purpose of this was to inform decision making and support the development of a proposal to redesign Fife community hospitals and intermediate bed care within the scope of the transformation programme.

2.2 The options appraisal process was originally planned to be undertaken over three sessions in September. These sessions were planned to take place on:-
- 6th of September 2018
- 11th September 2018
- 18th September 2018

Following feedback from key stakeholders and to ensure full attendance the dates were amended to:-
- 6th of September 2018
- 18th September 2018
- 2nd October 2018

2.3 Sessions one and two took place as planned. Following session two there were some emergent themes that had an impact on the component options proposed, including the emergence of a new option. To ensure we had the time to explore and discuss these fully the date of session three was rearranged. A further session (18th of December 2018) was added to ensure the options appraisal process was robust and informed.

2.4 The third session of the options appraisal was held on Friday 2nd November 2018. The session was replicated on the evening of Tuesday 6th November 2018. The evening session was held in response to feedback from GP colleagues who informed us this would support GP participation and attendance. Both the session three events followed an identical format.

2.5 Session four was arranged and took place on the 18th of December. The availability of the GP's and Medicine of the Elderly colleagues was a major factor in arranging this date.

3. **ENGAGEMENT IN THE OPTION APPRAISAL PROCESS**

3.1 <u>Stakeholders</u>
A wide range of networks and communication channels were utilised to recruit appropriate stakeholders to the Options Appraisal process.

3.2 <u>Recruitment of Public</u>
Recruitment was undertaken via letters, emails and flyers to the People's Panel and the Public Engagement Network (PEN). Posters were put up across Fife in libraries, GP

Community Hospital and Intermediate Care Beds Redesign Option Appraisal Report

Practices, hospital and health centre receptions, etc. There were also requests made on a face to face basis at the Joining Up Care public engagement events to encourage participation in the option appraisal process. The distributed letter and flyer are attached at appendix 1.

Five members of the public indicated an interest in being involved, two later withdrew because the dates, times, etc were unsuitable.

Although the Scottish Health Council does not have a formal role delegated to support the Integration Joint Boards they have supported the process by giving advice on process and by sharing examples of options appraisal from other areas. Advice was sought from the Scottish Health Council in relation to the small numbers of public involved and they were content with the scope and depth of recruitment attempts which had been undertaken.

The Scottish Health Council also advised that, although it was best practice to have attendees attend all the sessions, people could join in the process up until the refining of the long list to the short list. There was a few people recruited who joined the process at this point.

3.3 <u>Recruitment of Staff and Managers involved in Community Hospital and Intermediate Care</u>
Service managers involved in the Community Redesign Working Group, who represented the services most closely involved, were forwarded the flyer to share with their staff teams.

Managers were requested to facilitate staff attendance and the time required to be engaged in the process. The daily communications to all NHS Fife staff (Dispatch) also included an article inviting the wider staff body to be involved in the sessions.
94 staff expressed an interest.

3.4 <u>Participants</u>
It was regularly communicated that to achieve the most from the process, attendees should attend all sessions. It is recognised that this was not always practicable for clinical staff but many tried hard to comply or they shared representation with colleagues across the four sessions.

Table 1 shows the overall number of attendees at all of the Option Appraisal sessions.

Table 1 – Session Attendance

Participants	Session 1	Session 2	Session 3	Session 4
Members of the Public	2	3	2	4
Staff	27	22	26	24
Managers	11	12	7	9
Total Attendees	**40**	**37**	**35**	**37**

Table 2 shows the breakdown of representation at all of the Option Appraisal sessions.

Table 2 – Breakdown of Representation

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Community Hospital and Intermediate Care Beds Redesign Option Appraisal Report

Group Representation		
Clinical Staff	56	67%
Management Staff	14	17%
Non-Clinical Staff	7	8%
Patient/Public Partnership Representative	6	7%
Private/Independent Sector	0	0%
Voluntary Sector	1	1%
Total	83	100%

3.6   Engagement: Conclusion
Whilst the public members did not reach the recommended 1/3 of participants, advice sought from the Scottish Health Council, advised that the range of the efforts made to secure public members engagement representative of Fife, in the process were robust. The Community Services Redesign group will ensure that the consultation phase has a range of opportunities targeted at securing engagement across the communities of Fife.

4.   **OPTION APPRAISAL SESSIONS**

4.1   Session One
The programme for the session can be found at appendix 2.

Session one took place on the 8th of September. The purpose of the session was to equip attendees with the skills and knowledge to be involved in the options appraisal process. The session objectives were to:
- Describe the background to community hospital redesign
- Ensure all participants had the same core information available to them to assist understanding
- Describe the options appraisal process and support people to participate
- Agree the scoring and weighting to be used to appraise the options.

An initial draft benefit criteria was presented. This was developed from feedback at the pre engagement events. During the session this was refined. This was then scored to give a weighting to each criterion as to its level of importance. This weighting was then used to support further sessions.

Preparation and Practical Arrangements
A booklet with a range of materials was circulated in advance to support participants (Appendix 3). This included:
- A short introduction to option appraisals
- Background information on the services and models of care involved in Community Hospitals and intermediate bed care
- The challenges they are facing and the inter-relationship with associated services.

Participants were asked to submit questions or highlight areas for clarification prior to the session. No requests were received.

The sessions were set up 'cabaret style' to enable participants to sit in small groups. This format was used to encourage discussion and participation throughout. These

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groupings sought to ensure representation across all the stakeholder categories was available within each group and this model was retained through the process.

Content

Mr David Heaney (Divisional General Manager, East Division), as Chair of the Community Redesign Group, welcomed all participants. He described the strategic background to the review and gave an outline of the challenges being faced and the case for change. Appendix 4 (slide 1 – slide 10)

Mr Alan Wilson (Head of Estates, NHS Fife) gave an overview of the NHS Fife Estate Strategy, the current community hospital estate provision and the challenges associated with each site. He also detailed some potential estate solutions. Appendix 4 (slides 11-15).

Mrs Lynn Barker (Head of Nursing, East Division) presented the professional nursing view in relation to community hospital redesign. This included staffing, recruitment and the development of advanced practice to ensure safe, effective and person centred care. Appendix 4 (slides 16-22).

Dr Sue Pound (Consultant in Medicine of the Elderly) then outlined the current service provision in community hospitals and presented the perspective of the Medicine of the Elderly Consultants in terms of the challenges and possible solutions. This included current challenges such as delays in the system, early intervention and admission prevention work, bed configuration to meet population demand, Hospital Based Complex Clinical Care, stroke rehabilitation and care for complex frailty and rehabilitation. Appendix 4 (slides 23-41).

Dr Lance Sloan (Lead Clinician for the Fife Rehabilitation Service) presented an overview of the adult neurological rehabilitation model. This included the function, client group and scope of the service. He went on to outline service development to date, the workforce profile, future requirements and potential consequences for the service. Appendix 4 (slide 42 – slide 55).

Dr Seonaid McCallum (Associate Medical Director HSCP) was the final speaker. She introduced the option appraisal process within the context of government guidance and the national standards for community engagement and gave an overview of weighting of the benefits criteria. Appendix 4 (slides 56-60).

Following an overview of the draft benefits criteria participants were asked to discuss these in their groups and consider:
- If there needed to be amendments/additions (noted on pink post-its)
- Whether anything should be removed (noted on blue post-its)
- What needed to be clearer (noted on yellow post-its)

Facilitators at the tables supported discussion with a scribe taking down points and attaching these to the relevant criteria. There was good participation within the groups supporting discussion around the criteria meaning and active engagement in augmenting them. Groups agreed that all of the criteria were required and no additional criteria were proposed. Participant feedback indicated that the criteria attributes could be clearer and overlapped considerably. This had the potential to complicate scoring.

Participants were then asked to consider the relative importance of each criterion. They

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undertook an exercise, individually, to weight the criteria. Scores were entered on a spreadsheet displayed on a large screen. The scoring of the benefit criteria and the weighting that has been used in the option appraisal process is shown in table 3.

Table 3: Weighted Benefits Criteria

	Mean	Median	Low	High	Weighting
Safe	52	51	40	67	16%
Person centred	53	51	47	64	16%
Effective	38	37	32	45	12%
Timely	36	36	31	40	11%
Equitable	33	33	24	42	10%
Efficient	36	39	16	50	11%
Sustainable	41	36	27	66	13%
Staff	35	33	22	54	11%
Total					100%

Session 1: Conclusion

General feedback from facilitators was that the event went smoothly, however the subject matter was difficult and a recap at the start of session two would be beneficial to support participants. In addition participants should be asked to submit any questions in advance of session two.

4.2 **Session Two**

The purpose of the second session was to:
- Confirm the benefits criteria
- Share the long list of model options developed from the stakeholder feedback
- Score the long list against the confirmed benefits criteria
- Agree the short list

The programme for the session can be found at appendix 5.

Participants were asked to submit questions or highlight areas for clarification prior to the session. No requests were received.

Preparation and Practical Arrangements
A booklet with a range of materials was circulated in advance to support participants (Appendix 6). This included:
- A short recap of option appraisals
- A resume of session one including the refinement and scoring of the benefits criteria
- Background information on the services and models of care involved in Community Hospitals and intermediate bed care
- The challenges they are facing and the inter-relationship with associated services.

Content
Dr Seonaid McCallum, Associate Medical Director, welcomed people to the session and gave a brief recap of session one including the amended benefits criteria, scoring

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and weighting of the benefits criteria. Dr McCallum advised that this would be applied to score the long list of options. Appendix 7 (slides 1-5)

Mr David Heaney, General Manager for East Division, Chair of the community redesign group presented a brief recap on the challenges and the case for change. Appendix 7 (slides 6–13)

Mrs Karen Gibb, Change and Improvement Manager for the East Division, then outlined the component parts of the current service and development of the long list of options. The options were made up from the various parts of community hospital service provision.

Options

A long list of options, made up of the component parts was presented. The options were made up of the three models of care:
- Hospital Based Complex Clinical Care (HBCCC)
- Neurological Rehabilitation
- Complex Frail Rehabilitation

In the case of complex frail rehabilitation, the challenges vary geographically across Fife. These were presented as individual options to help make it easier to understand the challenges and apply the benefits criteria when scoring.

Each option was presented individually and the groups then discussed the option. Groups identified the positive aspects, challenges and what else needed to be considered. These were captured by the facilitator and scribes on each table. Part of session two was to review the long list of options and identify any others to be considered. On the day a further option was proposed in relation to bed configuration of complex frail rehabilitation in the West of Fife.

Scoring

After all known options were presented the participants of session two were asked to individually score the options considering how well each one met the attributes of the benefit criteria, against the scoring tool below. Appendix 8 shows the scoring sheet used and Appendix 9 shows the Long list of Options Scoring Matrix. The scoring tool is shown in Table 4 below.

Table 4 - Scoring Tool

Score	Evaluation	
5	Excellent	Fits all attributes perfectly
4	Very Good	Fits attributes very well
3	Good	Fits some attributes well
2	Unsatisfactory	Meets few attributes
1	Poor	Only one attribute met
0	Offers no benefit	No attributes met at all

Session 2: Conclusion

General feedback from facilitators was that there was a lot of information to take on board about relatively similar model options and the impact on other components options. However, participants engaged well in group discussions. The facilitators fed back that the participants would have liked more time to discuss each of the options.

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The learning from this shaped sessions three and four. The scores did reflect that current service challenges were recognised and demonstrated congruence in scoring model options.

4.3 **Session Three**

It was originally planned to complete the options appraisal process in three sessions. Following session two there were some emergent themes that had an impact on the component options proposed within central Fife, including the emergence of a new option proposed by the Clinical Leads for Medicine of the Elderly and the Adult Rehabilitation Service to consolidate in-patient services in response to medical and other workforce challenges.

This was discussed with the Scottish Health Council who advised that we should include these within the option appraisal process. To ensure we had the time to explore and discuss these fully, the date of session three was rearranged and a further session (session four) was added to ensure the options appraisal process was robust and informed.

The third session was held on Friday 2nd November 2018 with the session being replicated on the evening of Tuesday 6th of November. The evening session was held in response to feedback from GP colleagues as a way to support GP participation and attendance. Both the session three events followed the identical format undertaken in session two.

The programme for the session can be found at appendix 10.

Preparation and Practical Arrangements
A booklet was circulated in advance to support participants (Appendix 11). This included:
- An update on the option appraisal process
- An update of the scoring process and results from session two
- The rationale for the extra session within the process
- An update on the challenges.

Participants were asked to submit questions or points for clarification between sessions two and three. No requests were received.

Content
At the session on Friday the 2nd of November 2018, Dr Seonaid McCallum, Associate Medical Director, welcomed participants and gave an update on the process to date. Appendix 12 (Slides 1-6).

Dr Pound, Consultant Medicine for the Elderly then presented the emergent option and the rationale for this, outlining the clinical model from the geriatricians view. Appendix 12 (Slides 7-36).

Dr Duncan, GP St Andrews, presented the GP perspective of providing care within community hospitals including the benefits and possible future developments. Appendix 12 (Slides 37-45).

The emergent option (2f/4d) was presented and the groups discussed the option,

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identifying the positive aspects, challenges and what else needed to be considered. These were captured by the facilitator and scribes on each table.

This session was replicated on the 6th of November. Dr Seonaid McCallum gave a presentation welcoming participants and an update on the process to date. Dr's Pound and Duncan's presentations were delivered by Mrs Karen Gibb, Change and Improvement Manager.

Scoring

The participants at session three were asked to score the option considering how well it met the attributes of the benefit criteria, using the scoring tool. In both sessions the emergent option was scored and reviewed against the previously scored options. As there were less participants in the combined session three events all the possible options in 2 and 4 where weighted to give comparable scores. The scoring and weighting is set out in table 5 below.

Table 5 – Scoring and Weighting

			Scaled Score	Scaled %	Scaled % of max
Option 2	11324	12.58%	11324	12.04%	50.30%
Option 2A	16824	18.69%	16824	17.89%	74.80%
Option 2B	13224	14.69%	13224	14.06%	58.80%
Option 2C	13679	15.19%	13679	14.54%	60.80%
Option 2D	9527	10.58%	9527	10.13%	42.30%
Option 2E	11370	12.63%	11370	12.09%	50.50%
Option 2F	14081	15.64%	18104	19.25%	80.50%
TOTAL OPTION 2	90029		94052		
Option 4	10681	15.69%	10681	14.81%	
Option 4A	17127	25.16%	17127	23.74%	
Option 4B	12600	18.51%	12600	17.47%	
Option 4C	13428	19.73%	13428	18.61%	
Option 4D	14234	20.91%	18301	25.37%	81.30%
TOTAL OPTION 4	68070		72137		

Conclusion

The feedback from both groups was that we should present both the previous preferred options for central Fife (2a/4a) as well as the emergent option (2f/4d). Some participants voiced concern in relation to the estate infrastructure and requested options contain locations including a new build option, in order to be able to score the options going forward.

4.4 **Session Four**

The purpose of session four was to:
- Describe in detail the short list options, ensuring all participants had the information they required to effectively participate in scoring the options
- Facilitate an open discussion of the options
- Score the options to identify a preferred option
- Consider the location implications

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- Confirm preferred options.

The programme for the session can be found at appendix 13.

Participants were asked to submit questions or points for clarification between sessions three and four. No requests were received.

<u>Participation</u>
Thirty seven people attended session four of the option appraisal. The participants represented the medical, nursing and allied health professional disciplines. This representation was also from a wide variety of services across the Health and Social Care Partnership including nursing, home care and community based services.

Twenty four of the participants were clinical staff from a range of disciplines and services with strong representation from general practice including general practitioners and practice managers.

Eight of the participants had a management role representing professional and a range of community services. Table 6 represents the representation from across the stakeholder groups. The public, independent and voluntary sectors were represented by one individual each. This was despite the work that had been undertaken to ensure all sectors were represented.

Table 6 – Session 4 Attendees

Group Representation		
Clinical Staff	24	65%
Management Staff	8	22%
Non-Clinical Staff	1	3%
Patient/Public Partnership Representative	1	3%
Private/Independent Sector	1	3%
Voluntary Sector	1	3%
Missing data	1	3%
Total	37	100%

The chart below details the participation within the whole process of the attendees at Session 4.

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**Session Four Attendees
Attendance at Other Sessions**
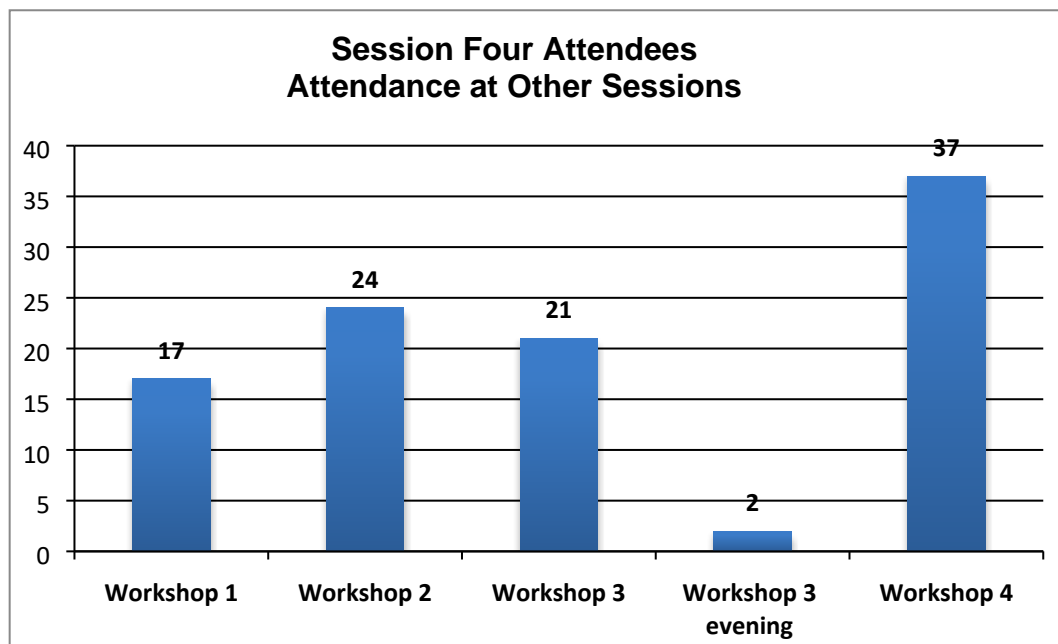
Content
Mr David Heaney, General Manager for East Division, Chair of the Community Redesign Group gave a presentation both welcoming the participants and giving a recap of the process to date. He also presented an update on the feedback on community hospital and intermediate bed care redesign as part of the transforming care consultation process. Appendix 14 (slide 1-9)

Dr Seonaid McCallum, Associate Medical Director described the clinical model and gave an update of the process to date. Dr McCallum then described the status quo, its lack of viability which was supported by the scoring at session two. Session three confirmed that in all the component parts this was our lowest marked option with the exception of 2d (neurological rehabilitation) where it was the second lowest scoring option. Development of the short list including the amalgamation of the highest scoring component parts brought together to describe how the whole system would look with different iterations of the status quo and the preferred options of each component. Dr McCallum then described the outline of the session objectives and how the sessions would run.

Dr McCallum described the status quo and that in session two and three the status quo options of the component parts scored the lowest mark. This was with the exception of 2d (neurological rehabilitation).

An explanation was given as to the status quo option and how this is retained as the comparator for the other options. Dr McCallum then asked all the participants to discuss the status quo and score it considering how well each one met the attributes of the benefit criteria, against the scoring tool. Appendix 10 (slide 10-19)

Each option was then presented in turn and the participants discussed the option at their tables and scored the options individually considering how well each one met the attributes of the benefit criteria, against the scoring tool. Appendix 14 (slide 22-52).

Information was provided at each table giving a description of each option with the benefits and challenges, financial, performance and workforce data (Appendix 15). This included high level costs per bed, length of stay, occupancy levels and occupancy

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levels.

At the end of the session Dr McCallum reviewed the options and their ranking in scoring. Mr Heaney outlined the next steps which would include financial and feasibility appraisal. A report on the process and outcomes would then be presented to the Integration Joint board with a proposal for future service delivery informed by the option, financial and feasability appraisal processes.

Scoring
Option C scored the highest with a score of 14,118 points, out of a possible 18,500 points, 76.3% of the maximum points. Option C scored the second highest with a score or 12,073 or 65.3%. Tables 7 and 8 show the scores received.

Table 7 – Option Scores

	Score	% of Max
Status Quo	7688	41.6%
Option A	9305	50.3%
Option B	12073	65.3%
Option C	14118	76.3%
Option D	7362	39.8%
Option E	9105	49.2%
Option F	10447	56.5%
Option G	6236	33.7%

Table 8 – Option Scores ranked from highest to lowest

	Score	% of Max	
Option C	14118	76.3%	1st
Option B	12073	65.3%	2nd
Option F	10447	56.5%	3rd
Option A	9305	50.3%	4th
Option E	9105	49.2%	5th
Status Quo	7688	41.6%	6th
Option D	7362	39.8%	7th
Option G	6236	33.7%	8th

Analysis of Scoring
When the scoring was analysed it demonstrated that the participants understood the difference and impact of each option. Scoring between the different groups was consistent for most of the options with the exception of option C where the clinicians scored two points higher in relation to the criteria for effective, timely and staff in comparison with the participants from out with the NHS.

Conclusion
Feedback from the facilitators following the discussions stated that there was general consensus to increase STAR and Assessment beds within West Fife but there may be challenges in GP resource to support this.

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For Central Fife Cameron/Glenrothes - the strong opinion was for the new build with the medical voices talking about the opportunities for it becoming a training site to support medical training. This was echoed by other clinicians in that their stretched services could support more if on one site. If the new build option is accepted, then the groups agreed that an interim solution would still be required.

North East Fife - the ideal from the GPs was to retain hospital beds and have the STAR beds too, but there seemed to be an understanding that if the beds are used properly, then the need for the hospital beds decreases. The view from Cupar is that it should be retained and the nursing team developed to provide a service that better meets the needs of patients.

5. **EVALUATION OF THE PROCESS**

At the end of session four participants were asked to complete an evaluation form to feedback on the whole process, 37 participants completed the evaluation form.

The responses indicated that all participants had fully or mostly understood the background information provided throughout the option appraisal process. 92% of responses indicated that participants understood the purpose of the option appraisal with most respondents stating that they either fully or partially understood the option appraisal process. 54% of respondents fully understood, 27% of respondents stated that they had some understanding of how the preferred option was reached.

Almost all respondents (36) felt that they had been provided with the support they required to participate in the process. The majority of the respondents (97%) felt that they had been given the opportunity to ask questions.   Only 68% of respondents felt their views were listened too, 18% of respondents stated that they were unsure with some stating that they felt listened to within the sessions but not outwith, others stating that they felt listened to eventually and that it took a number of sessions to start getting some meaningful options onto table, there were some comments that the discussions were too medically focussed. 12% of people did not feel they were listened to and felt that decisions had already been taken prior to the option appraisal process. 36 participants responded to the question asking if they were made aware of how and when they would receive feedback, the majority of the respondents (34 respondents) stated that they did.

Respondents commented on the complexity of the community hospital system and the option appraisal process. There was a comment in relation to the benefits criteria and how it could have supported the scoring better if it had been further refined to one or two points per criterion. Another comment said that the scoring system felt complicated and needed simplified. There was a query how the participants had been allocated to the various groups as they felt there was not an equal spread from all areas on the tables.

Another respondent commented that it would have been useful to have had more background information in relation about costs, impact on staffing etc.

There were comments on how the community hospital redesign fitted into the wider transformation of Fife Health and Social Care:-

"*I think the joining up care aspect is vital. The ability to provide assessment beds,*

STAR beds and especially to ensure care packages can be made available in timely manner is essential to provide the flow of patients. Together with the preventative hubs these external aspects are likely to make a bigger difference than the internal reorganisations"

"Professionally delivered. Felt fair and open. Great lengths to engage full range of stakeholders".

6. **NEXT STEPS**

Through the process there were preferred options to progress models of care including bed provision and a vision for redesign and future service delivery within community hospitals and intermediate care beds.

The Scottish Health Council does not have a formal role in service delegated to Integration Joint Boards. However we are grateful for their advice for the next steps of engagement, to ensure that communities are engaged in the planning of local services and that people's views and needs are taken into account when decisions are made.

The Community Services Redesign Group agrees with the SHC that the National Standards for Community Engagement should provide a framework for this and that we:

- Report on the outcome of the option appraisal - including any sensitivity and financial appraisal, to be shared with the Integrated Joint Board. This will also include sharing directly with option appraisal participants.

- Add information to NHS Fife and HSCP websites on the review and brief local elected members- indicating that option appraisal produces a recommendation and that consultation is the main mechanism for gathering stakeholder views.

- Approach community/public representatives to ask if they would like to continue their involvement by helping to develop consultation materials and process so that the information is accessible.

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APPENDICES

1	Letter & Flyer	Public participation invitation .pdf Participation Flyer .pdf
2.	Session One Programme	Programme Session 1.docx.doc
3.	Session One Information Booklet	Information Booklet - Session 1.docx
4.	Session One Slide Deck	Session 1 Slide Deck.pptx
5.	Session Two Programme	Programme Session 2.docx
6.	Session Two Information Booklet	Information Booklet - Session 2.docx
7.	Session Two Slide Deck	Session 2 Slide Deck.pptx
8.	Scoring Sheet	Scoring Sheet.docx
9.	Long List of Options Matrix	Long list of Options Scoring Matrix.docx
10.	Session Three Programme	Programme Session 3.docx
11.	Session Three Information Booklet	Information Booklet - Session 3.docx
11.	Session Three Slide Deck	Session 3 Slide Deck.pptx
12.	Session Four Programme	Programme Session 4.docx
13.	Session Four Information Booklet	Information Booklet - Session 4.docx

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14.	Session Four Slide Deck	Session 4 Slide Deck.pptx
15.	Options Booklet	Options Booklet.docx

NHS FIFE
CLINICAL GOVERNANCE COMMITTEE

DATE OF MEETING:	4 September 2019
TITLE OF REPORT:	Fife's Mental Health Strategy 2019-2023 (Draft)
EXECUTIVE LEAD:	Nicky Connor, Director of Health and Social Care
REPORTING OFFICER:	Julie Paterson, Divisional General Manager, Fife-wide

Purpose of the Report (delete as appropriate)		
	For Discussion consider the options and any impact	

SBAR REPORT

Situation

Following the publication of the national Mental Health Strategy in March 2018 and a baseline assessment undertaken shortly thereafter to determine Fife's position in relation to the national Strategy, a proposal was submitted to Clinical and Care Governance Committee to refresh Fife's Mental Health Strategy – *What Matters to You?* An extensive engagement and consultation exercise commenced in May 2018 which has culminated in the new draft Mental Health Strategy for Fife (2019 – 2023) "*Lets Really Raise the Bar*" previously sent to the Clinical Governance Committee.

The Health and Social Care Partnership's Finance and Performance Committee considered Fife's draft mental health strategy at its meeting on 17th July 2019. The outcome from this meeting is that the Committee has requested financial information on how the strategy will be delivered. The financial page only is to be submitted to their meeting on 17th September 2019.

At its meeting on 31 July 2019, NHS Fife Board considered the draft mental health strategy and provided a formal response for consideration in the final draft of the strategy (see Appendix 1).

The Health and Social Care Partnership's Clinical and Care Governance Committee met on 9 August 2019 to consider the draft mental health strategy and 'enthusiastically' supported the document.

The Health and Social Care Partnership's Clinical and Care Governance Committee will meet again on 27 September 2019 to review any subsequent changes arising from feedback via NHS governance routes with a view to final presentation to the Integrated Joint Board in October 2019.

Background

Since the launch of Fife's Joint Mental Health Strategy, 'What Matters to You?' in 2013 a significant amount of work has been carried out within Fife's mental health and wellbeing support services. Both locally and nationally there has been an increased awareness of the importance of having and maintaining good mental health and wellbeing.

The new Mental Health Strategy for Fife (2019 – 2023) takes full account of the

recommendations of the National Mental Health Strategy, which emphasises the need to build capacity within our local communities and reduce the reliance on hospital beds. The new Strategy also takes full account of the extensive feedback gathered through engagement and consultation.

The Strategy reinforces Fife's commitment to embrace an ethos of recovery; focussing on maximising opportunities for people experiencing mental ill health and mental illness and embedding values-based practice into service delivery. The implementation of the Strategy will ensure an equity of access to support across Fife's localities, tailored to meet local needs, which will be co-ordinated with the person at the centre. The Strategy commits to the principles of personalisation, where people can build a meaningful and satisfying life whether they have ongoing or recurring mental health symptoms.

Assessment

In line with Fife's HSCP Participation & Engagement Strategy which sets out best practice principles for the way we engage with communities we developed a Communication and Engagement Plan. The Plan provided a framework detailing the process of informing, engaging and consulting on the review of the Fife Mental Health Strategy.

The first stage "Inform" commenced with the Mental Health Engagement Event (May 2018) which was attended by over 180 people, including individuals with lived experience, carers, family members, health and social care staff, mental health professionals, third and independent sector partners and elected members from Fife Council. The key themes which emerged from the event included the need for additional peer support, continued and sustained partnership working as well as better information sharing.

The second stage "Engagement" took the form of an extensive People's Panel survey, involvement of Health and Social Care Service leads sharing information with their teams, Fife Council and NHS Fife's intranet, Facebook and Twitter pages as well as a development session with members of Clinical and Care Governance, Clinical Governance, Local Partnership Forum, Integration Joint Board and Integration Performance Advisory Group.

Extensive feedback was received from across all sectors – the public, people who use services, their families/carers, staff from health and social care, staff from Fife Council, NHS Fife and Police Scotland. In total, feedback was received from approximately 1,200 individuals or groups, with the following key themes emerging:

- Discrimination and stigma must be challenged through involvement in local and national campaigns. People in Fife recognise that we all have mental health.
- The promotion of mentally healthy communities, through awareness raising and a focus on prevention and early intervention
- Closer partnership working to ensure care and support is matched to the unique needs and outcomes of individuals seeking support.
- Keeping good mental and physical health and wellbeing is key
- All available resources are utilised in the most efficient and effective way, optimising opportunity for the right care in the right setting at the right time and ensuring best value for

all.

- All services are underpinned by evidence based practice

During the third stage "Consultation" the information received from the engagement stage was collated and considered in finalising the Mental Health Strategy for Fife 2019 to 2023; this has been entitled "Lets really raise the bar" as suggested by our Mental Health Focus Group.

The consultation on the draft strategy took place over a four week period; the draft strategy was sent to all our key stakeholders and in particular to everyone who had sent feedback as part of the engagement process to ensure that they had the opportunity to comment.

The consultation process identified the following sections on the draft strategy which needed to be strengthened:

Commitments: to be more specific and numbered within the strategy.

Our Vision: to be clearer and more ambitious.

Understanding Our Population: more data was requested in relation to the demographic profile of Fife, prevalence of mental health problems and data on children and young people.

Prevention & Early Intervention: more detail was requested on the whole population - good mental health for all.

Technology Enabled Care: a section to be included on this.

Participation & Engagement: this section to be expanded.

On 5 August 2019 the NHS Board submitted formal comment on the draft mental health strategy (Appendix 1). This formal feedback is subject to current review in conjunction with clinical and professional social work leads including the Medical Director; the opportunity to consider and discuss with the Clinical Governance Committee on 4 September 2019 is also very welcome.

Whilst a mental health strategy for Fife is crucial, an implementation plan will be key to ensuring commitments are met within the agreed timescale; this is in development. In addition, through a robust performance framework, evidence will be gathered of what successful delivery will look like.

The Implementation Plan will be co-ordinated and monitored by the multi-agency Mental Health Strategy Implementation Group (MHSIG).

Recommendation
State what is required from the committee.
One of the following directions should be identified for the Committee.

- **Discussion** – The Committee is asked to note the progress of the new Mental Health Strategy for Fife informed by extensive engagement and consultation.

Objectives: (must be completed)	
Health & Social Care Standard(s):	The refreshed Mental Health Strategy for Fife contributes towards and supports: • Fife Health & Social Care Partnership's Strategic Plan for Fife (2016 – 2019). • Outcomes one to nine of the National Health & Wellbeing Outcome Framework. • Transforming Healthcare in Fife (2016-2021) • NHS Fife's Clinical Strategy
IJB Strategic Objectives:	The refreshed Mental Health Strategy for Fife supports all four of Fife's Strategic Plan priorities, which are; • Prevention and Early Intervention • Integrated and Coordinated Care • Improving Mental Health Services • Reducing Inequalities With emphasis on improving mental health services

Further Information:	
Evidence Base:	Survey of current mental health related support service through the People's Panel, general public, H & SCP staff, NHS Fife staff, Police Scotland (Fife), Fife Council staff, Mental Health Focus Group Staff team feedback H & SCP staff, NHS staff, external partners, voluntary sector providers National Mental Health Strategy 2017-2027 (Scottish Government)
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Clinical and Care Governance: 29 March 2019 Clinical Governance: 29 March 2019 Finance and Performance Committee: 17 July 2019 NHS Fife Board: 31 July 2019 Clinical and Care Governance: 9 August 2019

Impact: (must be completed)	
Financial / Value For Money	The commitment of this refreshed Strategy is to reshape mental health related support and services within current budget
Risk / Legal:	A draft Risk Plan is included within the Strategy. These risks will be monitored by the MHSIG as the Strategy is implemented

Quality / Patient Care:	One of the aims of the Strategy is to improve individuals experience when accessing mental health supports and services in Fife. Our commitment is to ensure access to support and services is equitable across all of Fife's localities, tailored where necessary to individual need.
Workforce:	The review of the mental health workforce (2018) highlighted a gap in suitably trained staff. This is being addressed through the Mental Health Nursing Recruitment Group. The Group is considering all aspects of nursing across mental health services including support for workforce planning, the continued promotion of professionalism, the recruitment and retention of new and current staff as well as support for student nurses and newly qualified practitioners. The outcome will ensure mental health services will have a skilled, competent and flexible workforce.
Equality:	The IJB may reject papers/proposals that do not appear to satisfy 3 elements of the general equality duty, which are: • eliminating discrimination; • advancing equality of opportunity; • fostering good relations. *Which of the 3 elements of the general duty have been complied with?* Choose from one of the following statements (as appropriate): An EqIA and summary form have been completed and presented to Clinical and Care Governance Committee. A covering report has only been requested by Clinical Governance Committee on this occasion (4 Sept 2019) *For further information on EqIAs, click here (Fife Council link) and/or click here (NHS Fife link).*

Fife Mental Health Strategy 2019-23

An assessment of the strategy's strategic coherence, risks to effective implementation and recommendations to strengthen its focus and impact on the quality of care.

Introduction

The following paper on the Fife Mental Health Strategy provides high level feedback and seeks to recognise the strengths of the current document while flagging strategic incoherencies which may undermine the prospects of successful delivery and achievement of the strategic objectives.

Clarity Of Strategic Intent

The strategy seeks to build on and preserve continuity of strategic intent with the previous joint strategy "What Matters To You - 2013". As such it is presented as a refreshed strategy rather than a break with previous aims and objectives. This is heavily underpinned within the document by detailed references to existing strands of work and areas of success to date.

Alignment with national strategy
The change in emphasis for the new strategy is set in the context of current Scottish Government Mental 10-year Mental Health Strategy 2017 – 27. This emphasizes the promotion of mental health and wellbeing, building the capacity of communities and encouraging people to build on their assets and strengths. Where services are required to support, they will be person centred and ensure equality of access. The key aims of raising awareness, early intervention and prevention of stigma have cross stakeholder support.

The strategy highlights the likely increase in demand for services, and the need to invest in capacity for evidence based psychological interventions and therapies. Meeting these demands will require a collaborative whole system approach to ensure the most effective use of resources.

Clarity Of Strategic Intent
In terms of the high-level strategic intent, the strategy is well aligned to national priorities and the aim to promote and maintain mental health and wellbeing in the population. The societal

impact of poor mental health is clearly set out within the document and its consequent impact on demand for Primary Care services in particular. Early intervention, a focus on building individual and community resilience is a well-founded strategic priority.

Clarity of strategic goals

There are two areas of the document in particular where the strategy could have been more clearly articulated. The first is presentational, but the second is more fundamental to the internal coherence of the strategy.

Commitments

Communication of the strategic goals is weakened presentationally by a confusion of strategic goals and specific commitments. e.g. Page 6 of the strategy sets out a Summary of Commitments: Commitment 1 is "Prevention and Early Intervention". There are then a sub-set of very clear commitments. This is confusing as Prevention and Early Intervention is in itself not a commitment. It could perhaps have been more clearly presented as a high-level strategic objective with a list of supporting commitments.

With around 50 in total, the list of commitments would benefit from being prioritised and reduced in length.

Scope Of The Strategy

Page 14 seeks to clarify a definition of mental health. This is a helpful attempt to be clear on definitions and therefore the scope of the strategy. This is not a particularly easy area to express clearly as it cuts across both professional paradigms and colloquial definitions of mental health. It is however critical as the service response to promotion of mental well-being, and good mental health is of a substantially different order to that in response to mental illness. There is a significant challenge in clearly articulating the scope of a strategy that spans both ends of this spectrum and the current attempt falls short of achieving this.

This is likely to be an area of some confusion for stakeholders and readers of the strategy and those who are leading and communicating the strategy should put additional focus on explaining definitions, scope and the relationship to the commitments.

A further issue in relation to scope are the areas of learning disabilities and drug and alcohol problems. Little is said about these although there is of course a close relationship between them and mental health problems and they are all managed within the same service in Fife.

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Strategic Assumptions

Strength of association between strategic developments and outcomes

The strategic aim of shifting the balance of care is heavily reliant on the impact of early intervention, support with personal and community resilience and improved access to evidence based interventions through primary care. While there is likely to be a strong association between these developments and improvements in mental health and wellbeing, the impact on delivery of care for those suffering from severe or enduring mental illness is likely to be less evident.

Transformational change for those with complex needs requires careful redesign and development of community-based supports and clarity of interfaces between CMHTS, Crisis Response Teams, Assertive Outreach and the interface with in-patient services.

If the success of the strategy and investment in new services is financially reliant on a reduction in-patient beds, this underlying assumption may prove a significant risk to the successful delivery of the strategy. Reduction of beds should only follow on as demand reduces based on successful redesign.

Significant Omissions In The Strategy

Understanding and addressing current challenges

The document puts significant weight on current successes and future aspirations. A significant omission is an honest assessment of current challenges and risks. The strategy needs to be clear what these are and how the developments will not just build on strengths but directly tackle service challenges.

I will touch on two examples which will be clearly evident to staff working in the service and patients cared for by the service.

Firstly: the dysfunctional impact on care of the poor quality of estate and absence of an integrated service delivery strategy.

Unlike the majority of NHS Boards is Scotland, NHS Fife has had no major capital investment in Mental Health Estate. Upgrading where this has occurred has been piecemeal and has lacked a comprehensive strategic review of the capacity required, appropriate future location of

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services and ensuring prioritisation of development on that basis. There are current examples of ward environments which are Dickensian, and entirely sub-standard. They directly undermine the delivery of person centred, safe and effective care.

Secondly: Patient safety and Quality Of Care

It is concerning that a focus on the quality of care and primacy of patient safety is all but absent from the strategy. If safety and quality are not articulated as priorities for partners in the delivery of care, this sends a very negative message to frontline staff.

There is significant quality of care and related patient safety issues within the service. A clear example of this is the impact of bed blocking and patient flow issues within the service and between community and inpatient services. The causes of this are multi-factorial but the impact is directly of the quality of patient care and ability of staff to maintain safe service delivery for staff, the public and their patients.

The absence of known challenges from the strategy not only presents a major blind spot from a governance perspective raises a question regarding the effectiveness of stakeholder engagement and the voice of frontline staff in informing the strategy.

In summary

There is much to commend about the Fife Mental Health Strategy. It is visionary and its strengths are its recognition of the importance of building on personal and community resilience to improve the mental health and wellbeing of the population. Early intervention and support for Primary Care are areas in need of strategic focus and change.

It is clear however that a more candid representation of the current systems and challenges requires to be incorporated. The scale of change required for services supporting those with mental illness is inadequately defined and fails to recognize and put patient safety and quality of care at the heart of the strategy. We should acknowledge that as a Mental Health Service, NHS Fife is playing catch up when compared to other boards in Scotland, but that we are ambitious for future service provision. Risks to safe and effective patient care and recovery such as the impact of aging estate need to be highlighted and given high level priority.

Paul Hawkins Chief Executive NHS Fife

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Summary of Recommendations

1. **Ensure that the priority of high quality safe and effective care is clearly articulated** within the strategy and that there is a clear line of sight between these aims and the strategic priorities.

2. **Review commitments with a view to prioritising and reducing these in number.** Ensure that these are presented clearly and in a format that is measurable and readily subject to scrutiny.

3. **Review the descriptions of mental health and wellbeing / mental illness** and the relationship to the strategic commitments and associated outcomes. Strengthen the description of which actions will have greatest impact on the different elements of that spectrum.

4. **Clarify the position of learning disabilities and drug and alcohol problems** in relation to the scope of the strategy.

5. **Undertake an assessment of current challenges to delivering safe, effective person-centred mental health care.** Identify priority issues and ensure that the strategy addresses those challenges. This should be heavily informed by clinical teams delivering the service and professional leadership.

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NHS FIFE
CLINICAL GOVERNANCE COMMITTEE

DATE OF MEETING:	September 2019
TITLE OF REPORT:	Medical Education
EXECUTIVE LEAD:	Dr Chris McKenna
REPORTING OFFICER:	Professor Morwenna Wood

Purpose of the Report (delete as appropriate)		
For Decision	For Discussion	**For Information**

SBAR REPORT

Situation

The General Medical Council have developed "Promoting excellence: standards for medical education and training" which became effective on 1 January 2016. NHS Fife is assessed as a Local Education Provider by these standards for medical students and doctors in training on placement.

Requirement 2.2 states:

Organisations must clearly demonstrate accountability for educational governance in the organisation at board level or equivalent. The governing body must be able to show they are meeting the standards for the quality of medical education and training within their organisation and responding appropriately to concerns.

Background

The universities of Edinburgh, Dundee, St Andrews and Aberdeen every year place medical students with NHS Fife in order for them to gain experience and receive teaching in a clinical setting. The number of students on placement throughout the year will be approximately 450 from Edinburgh, 200 from Dundee, 180 from St Andrews, 55 from the Scottish Graduate Entry Medical programme (ScotGEM) and 25 from Aberdeen.

The Medical ACT Allocation for 2018/19 to NHS Fife was £3,091,570 for taking medical students on placement the previous year. There has been an additional £1,650,000 added to fund SCOTGEM year one and two in Fife. ScotGEM is a partnership venture with the universities of St Andrews, Dundee and Highland & Islands and the Health Boards of Dumfries & Galloway, Highland, Tayside and Fife. Year 1 began in August 2018 and has been taught in primary care by Generalist Clinical Mentors (GCM). NHS Fife currently have 9 year 1 GCMs, 4 year 2 GCMs and a Lead GCM. The teaching the students receive is modelled on case based learning within a host GP practice. Year 2 began in August 2019 and along with teaching in GP practices by the GCMs, part of the teaching will involve students being present in secondary care. Year 3 will see the introduction of Longitudinal Integrated Clerkship (LIC) where the students spend a year in the same GP practice following a variety of patient's through their primary and secondary care journey. The planning for year 3 remains a work in progress.

NHS Fife has approximately 220 Deanery approved doctor-in-training posts that are part of regional and national training programmes: 69 Foundation Doctors, 31 Core Trainees, 46 General Practice Trainees and 74 further trainees in a range of specialties.

Assessment

NHS Education Scotland (NES) coordinate the undergraduate survey and this year it reported an exceptionally high number of green flags, confirming that the quality of undergraduate education carried out in NHS Fife is excellent – see RAG Report attached. The only red flag received can be discounted due to only two responses received and therefore the results are inaccurate. The positive feedback received from all universities is due to the dedication, enthusiasm and commitment that the NHS Fife Local Module Leads have towards undergraduate medical education.

Annual liaison meetings take place between the universities and NHS Fife where it is an opportunity for NHS Fife Local Module Leads to be updated on medical curriculum and a chance for the group to reflect on the past academic year's performance. Over the years these meetings, along with the frequent Regional ACT Groups, have built an excellent relationship between NHS Fife and the universities involved in undergraduate teaching.

The GMC coordinate the postgraduate survey the results of which are available online to the public. 2019's survey again shows a mixture of positive and negative feedback across the specialties, some specialties receiving excellent results and others less positive. The poorer feedback reveals there are certain common areas that departments struggle with, these areas have been flagged previously and continue to be difficult to improve upon without continued cooperation from all involved. We have collated the free text comments from the trainee survey. In essence trainees value a supportive team environment with good training at the heart of the units ethos, a positive safety culture and an adaptable well organised rota. This data will be made available to all trainers.

The Director of Medical Education has coordinated with the relevant clinical leads in order to develop a response to the data and develop improvement plans to address these issues. It should be noted that these same issues continue to arise across many of the specialties and the Clinical Governance Committee needs to be aware that these issues exist. The problematic areas can be seen in the detailed feedback in appendix 1 and the full DME report.

NHS Fife still offers excellent postgraduate training thanks to the efforts of all of our educators, and with continuing support the less than perfect areas can be brought up to the same standard as those receiving the excellent feedback.

Recommendation

NHS Fife should continue to support medical education and the trainers that deliver it.

Management and clinical colleagues need to work together to gain better postgraduate

feedback as some things are beyond either parties individual control.

Time for training should be recognized in job plans, efforts are being made to ensure that all educators have sufficient time in their job plans, although initial results are very positive this work is still in progress.

Maybe there needs to be greater awareness in NHS Fife that trainees are here to be trained and not simply to deliver service. Departments must be able to support the training requirements of the individual trainee doctors.

Objectives: (must be completed)	
Healthcare Standard(s):	General Medical Council: Promoting excellence: standards for medical education and training.
HB Strategic Objectives:	To improve the training experience of doctors in NHS Fife.

Further Information:	
Evidence Base:	
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	

Impact: (must be completed)	
Financial / Value For Money	No requirement for spend. Participation in undergraduate medical education attracts funding from NHS Education Scotland and generates income for the Board. NES provides the basic salary for all trainees, with the board only expected to pay their out of hours work.
Risk / Legal:	NES quality assure education and training in our Board and the DME report is an essential part of the Quality Assurance Framework. GMC survey is freely available to the public online and poor survey results risks reputational damage. Trainee doctors may be removed from NHS Fife leaving departments unable to provide service, leading to departmental closures.
Quality / Patient Care:	It is critical to patient care that sufficient doctors are trained in Scotland.
Workforce:	The delivery of medical education by clinicians is in addition to their direct clinical care activities. Having realistic time in job plans is essential. A reduction in the trainee cohort would lead to devastating consequences for many departments.
Equality:	Access to medical education is subject to robust equality and diversity protocols, including an initiative to widen access to medical school places from low income families.

GMC National Trainee Survey 2019 NHS Fife

Specialty:	Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
Anaesthetics (VHK)	Core	W-	W-	W-		W▲	W-	W▲	W-	W-		W▲	P	W-	W▲	L▲	W-	W▲	P-	4
	ST	W-	W-	W-	W-	W-	P▼	W-	W-	W-	W-	W▲	W-	W-	W-	W-	W-	W-	W-	8
	F1 (aggregated)	G-	G-	G-		G-	G-	G-	G-	G-	G-				W▼	W-	G-	G-	G	6
Cardiology	ST (aggregated)	W-	P▼	W-	W-	P-	P▼	W▼	W-	R▼	P-	R-	R-	P▼	W-	W-	P-	W-	P	5
Emergency Medicine	F2	G-	G▲	G▲	G-	G-	W▼	G-	W-	W-	G-			W-	G-	G-	G-	G-	G-	6
	ST	W-	P▼	R▼	W-	P▼	W-	W-	W-	P▼	P	W-	R-	W-	P▼	W▲	P▼	P▼	W-	5
	GPST	G-	W-	W-	G-	G▲	W▼	L-	W-	W▲		W-	W-	W-	W▼	W-	G▲	W-	W-	5
Gastroenterology	ST (aggregated)	W	W	G	W	P	P	L	W	W	W	W	W	R	L	W	P	W		3
Gen Internal Medicine (VHK)	F2	W▲	W-	W-	W-	W▲	W▲	W-	W▲	W-	W▲			W▲	W▲	G▲	W▲	W▲	W-	10
	F1	W-	W-	W▲		R▼	W-	W-	R▼	W-	W-				W-	W-	R▼	W-	W-	18
	GPST	W-	W▲	W▲	W-	W-	W-	W-	R▼	W-	W-	W-	W-	R▼	W-	W-	W-	W-	W-	9

Specialty:	Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
General Surgery	ST	W -	W ▲	W ▲	G ▲	W -	W ▲	W -	W -	W -	L ▲	W -	W ▲	W -	W -	W -	W ▲	W -	W -	7
	F2	P -	W -	W -	W -	W -	W -	R ▼	W -	R -	R			W -	W ▼	P ▼	W -	R ▼	W -	4
	F1	W -	R ▼	W -		W -	W -	W -	W -	W -	W -				W -	W -	W -	W -	W ▲	16
	GPST	W -	W -	W ▲	W -	W ▲	W -	W ▲	W -	P ▼		R -	W -	W -		W ▲	W -	W -	W -	3
Geriatric Medicine	ST (aggregated)	W -	W -	W -	W -	W ▼	W ▼	W ▼	W -	W -	P ▼	W ▲	W -	W -	W ▼	G -	W ▼	W -	W	6
Haematology	ST (aggregated)	W -	W -	G -	G -	W ▼	W ▼	L -	W -	W -		L -	W -	G -		W	W	W		3
Intensive Care Medicine	ST (aggregated)	W ▲	W -	W -		P -	W -	W -	W ▲	P -	W ▲	W -		W ▲		P	P	W		3
Obstetrics & Gynaecology	F2 (aggregated)	W -	W -	G ▲	W ▼	W -	W -	W ▼	W -	W -	G ▲			P ▼	W -	L -	W -	W -	W	10
	ST	W -	W ▼	W -	W -	W -	W -	W -	W -	W -	W -	W -	W -	W -	W -	L ▲	W -	W -	G -	7
	GPST	W -	W ▼	W ▼	W -	W -	W -	W -	W -	W -	W -	R -	R ▼	W -	W -	W -	W -	W ▼	W -	7
Paediatrics	ST	W -	P ▼	P ▼	R ▼	W -	W -	W -	W -	W -	W -	P ▼	W -	W -	W -	W -	W -	W ▼	W -	7
	GPST	W -	W ▼	W ▼	W ▼	R ▼	W -	W -	W -	P ▼	W -	W -	W -	W -	W -	W -	W ▲	W ▲	W -	6
	F2 (aggregated)	W -	G ▲	G -	W ▼	W -	W -	W ▼	W -	W -	W -				W -	W -	W ▼	W ▲	R -	W	5
Renal Medicine	ST (aggregated)	P -	P ▼	W -	W -	P ▼	P -	W -	W -	W -	P ▼	R -	R -	R -	W -	W -	P ▼	W -	P	5

Specialty:	Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
Trauma and Orthopaedics	ST	W -	W ▲	P -	W -	W -	W -	W -	W -	W -	W -	G -	W -	G ▲	W -	W -	W -	W -	W -	6
Urology	ST (aggregated)	W -	W -	W	W -	G -	W -	W ▼	W -	W -	W -	W -	W -	W -	W -	W	W	W		3
Obstetrics & Gynaecology	ST (aggregated)	W	W	W	W	W	L	W	W	W		R	P	W		W	W	W		3
QMH General Psychiatry	ST (aggregated)	W -	P -	W -	P -	W -	W -	W ▼	W -	W -	P -	P -	W -	W -	W -	P -	W -	W -		5
	F2 (aggregated)	W -	W -	W -	W -	W ▲	W -	W -	W -	W -			W -	W -		R -	R -	W -	W	6
	GPST (aggregated)	P ▼	W -	W -	W -	P -	R ▼	W -	W -	P ▼	W -	W ▲	W -	W -	R -	P -	P -	W ▲	W -	6
Ophthalmology	ST	W -	W ▲	W -		G ▲	W -	L ▲	W -	W -		W ▲	W ▲	G ▲	W -	L ▲	W -	W ▼	W -	4
LBH Psychiatry of Learning Disability	ST (aggregated)	W -	W ▲	W ▼		W -	W -	W -	W -	W -		P ▼	W -	W -	W -	W	W	W		3

Specialty:	Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
LBH Core Psychiatry Training	Core (aggregated)	W	W	W	W	W	W	W	W	W		P	W			W	W	W		3
LBH General Psychiatry	GPST (aggregated)	P -	W -	P ▼	W -	W ▲	P -	W -	G -	W -		W -	W ▼	G	P -	P	P	W		3
QMH Psychiatry Training	Core (aggregated)	W ▲	P -	W -	W -	W -	W ▲	W -	W -	W -	P -	R -	W -	W -	R -	R -	P -	W ▲	W	5
SH Core Psychiatry Training	Core	P ▼	W -	W -	W -	W -	W -	W -	W -	W -	W -	P ▼	W ▼	W -	W ▼	W -	P ▼	W -	R ▼	5
ACCS	Core	W ▲	W -	W ▲		W ▲	L ▲	G ▲	W ▲	W ▲		W ▲	R -		W ▲	L ▲	W -	W -	G ▲	3
Core Medical Training	Core	W -	W -	W -	P ▼	W ▲	G ▲	G ▲	W -	W -	W -	W ▲	W -	W -	W -	G -	G ▲	W ▲	W -	10
Core Surgical Training	Core (aggregated)	W -	G ▲	G -	W -	G -	W -	W ▼	W -	W -		W -	G -	W ▼	W -	W -	W -	L -	W	5
SH Gen Psychiatry	F2 (aggregated)	P -	P -	W -	W ▲	P -	P -	W -	G ▲	W -	W -			W -	W ▲	W -	P -	W -	W	5

KEY: GMC National Training Survey (NTS)

Key	
🟥	Result is below the national mean and in the bottom quartile nationally
🟩	Result is above the national mean and in the top quartile nationally
🟪	Result is in the bottom quartile but not outside 95% confidence limits of the mean
🟩	Result is in the top quartile but not outside 95% confidence limits of the mean
	No flag / no result available for last year
▲	Better result than last year
▼	Worse result than last year
—	Same result as last year
⬜	No data available – yellow also means no data available

NHS Education for Scotland

2018/19 Detailed Undergraduate Teaching Report: NHS Fife

Column headers (angled):
Overall Satisfaction · Block Organisation · Teaching Delivery · Teaching Quality · Total: Teaching · Learning Opportunities · Clinical Experience · Total: Experience · Assessment · Feedback · Total: Assessment · Learning Support · Pastoral Support · Total: Support · IT Equipment · Access to Software · Total: IT · Teaching Equipment · Teaching Accommodation · Total: Facilities

School	Site	Specialty	Year	Number of respondents
St Andrews	Cameron Hospital	Rehabilitation Medicine	3	21 (43)
St Andrews	Queen Margaret Hospital	Psychiatry	3	13 (33)
St Andrews	Stratheden Hospital	Old Age Psychiatry	3	9 (23)
Dundee	Stratheden Hospital	Psychiatry	4	5 (9)
St Andrews	Stratheden Hospital	Psychiatry	3	9 (23)
Edinburgh	Stratheden Hospital	Psychiatry	5	5 (6)
Edinburgh	Victoria Hospital	Anaesthesia	6	8 (11)
Dundee	Victoria Hospital	Anaesthetics	5	3 (10)
St Andrews	Victoria Hospital	ANP GI/Cardiology	3	10 (24)
St Andrews	Victoria Hospital	Cardiology	3	10 (14)
Dundee	Victoria Hospital	Child Health	4	14 (24)
Edinburgh	Victoria Hospital	Child Life and Health	5	2 (11)
St Andrews	Victoria Hospital	Clinical Reasoning	3	48 (126)
Edinburgh	Victoria Hospital	Critical Care	6	5 (8)
St Andrews	Victoria Hospital	Dermatology	3	6 (8)
St Andrews	Victoria Hospital	Emergency Medicine	3	46 (124)
St Andrews	Victoria Hospital	Endocrinology	3	3 (7)
St Andrews	Victoria Hospital	ENT	3	5 (15)
St Andrews	Victoria Hospital	Every Person Every Time	3	36 (81)
Dundee	Victoria Hospital	Foundation Medicine	5	8 (16)
Dundee	Victoria Hospital	Foundation Surgery	5	2 (7)
St Andrews	Victoria Hospital	Gastrointestinal	3	14 (36)
Dundee	Victoria Hospital	General Medicine	4	3 (14)
Dundee	Victoria Hospital	General Surgery	4	4 (6)
Edinburgh	Victoria Hospital	General Surgery	6	19 (47)
St Andrews	Victoria Hospital	Haematology	3	7 (15)
St Andrews	Victoria Hospital	Infectious Diseases	3	7 (15)
Dundee	Victoria Hospital	Intensive Care Medicine	5	4 (8)
St Andrews	Victoria Hospital	Inter Professional Care	3	49 (111)
St Andrews	Victoria Hospital	Loss	3	42 (106)
Edinburgh	Victoria Hospital	Medicine	6	8 (24)
St Andrews	Victoria Hospital	Medicine of the Elderly	3	23 (40)
Edinburgh	Victoria Hospital	Medicine of the Elderly	6	8 (26)
St Andrews	Victoria Hospital	Neurology	3	6 (15)
Dundee	Victoria Hospital	Obstetrics & Gynaecology	4	4 (7)

Undergraduate
- 🔴 Score less than 0
- 🟠 Score 0 to less than 0.55
- ⚪ Score 0.55 to less than 1.55
- 🟢 Score more than or equal to 1.55
- ⚪ No results available

Notes - THIS REPORT IS CONFIDENTIAL

This report utilises the Scottish Student Evaluation Survey. "Number of respondents" is the total responses received; the number of responses received for some questions may be significantly fewer. Results are shown regardless of the number of responses available. Figures in brackets are the potential number of respondees. Trend data: ▲ indicates an improvement in the flag from the previous year, ▼ a deterioration and — no change. If no prior data is available the cell is blank. Scores are calculated based on Universities' scoring scales converted to Likert scale of between -2 and +2

NHS Education for Scotland

2018/19 Detailed Undergraduate Teaching Report: NHS Fife

School	Site	Specialty	Year	Number of respondents
Dundee	Victoria Hospital	Obstetrics & Gynaecology	5	5 (8)
Edinburgh	Victoria Hospital	Obstetrics and Gynaecology	5	5 (10)
St Andrews	Victoria Hospital	Ophthalmology	3	7 (8)
St Andrews	Victoria Hospital	Orthopaedics	3	47 (119)
Edinburgh	Victoria Hospital	Orthopaedics / Principles of Surgery	4	4 (9)
St Andrews	Victoria Hospital	Paediatric Physiotherapy	3	3 (10)
Dundee	Victoria Hospital	Paediatrics	5	5 (7)
St Andrews	Victoria Hospital	Palliative Care	3	29 (53)
St Andrews	Victoria Hospital	Peri-operative Care	3	7 (18)
Edinburgh	Victoria Hospital	Renal	5	13 (29)
St Andrews	Victoria Hospital	Renal Medicine	3	6 (15)
St Andrews	Victoria Hospital	Reproductive Health	3	58 (120)
St Andrews	Victoria Hospital	Respiratory	3	13 (16)
St Andrews	Victoria Hospital	Rheumatology	3	3 (19)
Edinburgh	Victoria Hospital	Rheumatology		
St Andrews	Victoria Hospital	Surgery	3	45 (104)
Dundee	Victoria Hospital	Surgery Specialties – Ophthalmology	4	2 (9)
Dundee	Victoria Hospital	Surgery Specialties – Otolaryngology	4	3 (9)
Dundee	Victoria Hospital	Surgery Specialties – Urology	4	2 (9)
St Andrews	Victoria Hospital	Urology	3	17 (27)
St Andrews	Victoria Hospital	When Organs Fail	3	44 (100)
St Andrews	Whytemans Brae Hospital	Psychiatry	3	2 (8)
Edinburgh	Whytemans Brae Hospital	Psychiatry	5	2 (4)

Column groupings (trend data shown per specialty as ▲ / ▼ / — flags): Overall Satisfaction, Block Organisation, Teaching Delivery, Teaching Quality, Total: Teaching, Learning Opportunities, Clinical Experience, Total: Experience, Assessment, Feedback, Total: Assessment, Learning Support, Pastoral Support, Total: Support, IT Equipment, Access to Software, Total: IT, Teaching Equipment, Teaching Accommodation, Total: Facilities.

Undergraduate
- ● Score less than 0
- ● Score 0 to less than 0.55
- ○ Score 0.55 to less than 1.55
- ● Score more than or equal to 1.55
- ● No results available

Notes - THIS REPORT IS CONFIDENTIAL

This report utilises the Scottish Student Evaluation Survey. "Number of respondents" is the total responses received; the number of responses received for some questions may be significantly fewer. Results are shown regardless of the number of responses available. Figures in brackets are the potential number of respondees. Trend data: ▲ indicates an improvement in the flag from the previous year, ▼ a deterioration and — no change. If no prior data is available the cell is blank. Scores are calculated based on Universities' scoring scales converted to Likert scale of between -2 and +2.

Scotland Deanery

Director of Medical Education Report

NHS Education for Scotland

NHS Board	Fife			
Responsible Board Officer	Dr Chris McKenna			
Director of Medical Education	Dr Morwenna Wood			
Reporting Period	**From**	01/08/2018	**To**	31/07/2019

Note to DME: Please complete all sections of the report in relation to the last training year. For assistance, please contact Duncan Pollock at Duncan.Pollock@nes.scot.nhs.uk or 0141 223 1625.

Please complete and return to Duncan.Pollock@nes.scot.nhs.uk by **16th August 2019.**

1. Year in review: 2018-19

1.1 Please outline the main training achievements in your board in the last training year:

- **Working collaboratively with various Health Boards and Universities to successfully complete year 1 of ScotGEM and continue working together for the preparation for year 2.**

- **Recruited ScotGEM NHS faculty of 9 Consultants from NHS Fife who will lead on the year 2 teaching in secondary care.**

- **Recruited a ScotGEM co-coordinator who has been working collaboratively with the University of St Andrews staff to coordinate year 1 teaching in primary care and year 2 teaching in secondary care.**

- **Recruited a further 5 Generalist Clinical Mentors to lead primary care teaching for ScotGEM year 2 in NHS Fife.**

- **ACT has been used to part-fund two Advanced Nurse Practitioners posts, one within Cardiology and one within Gastroenterology. These ANPs assist with teaching medical students.**

- **Two fellows in general medicine were employed and have dedicated sessions to run weekly tutorials for students involving a classroom based discussion session and a simulation session.**

- **Clinical skills teaching capacity has been expanded by the creation of a Clinical Skills & Simulation Nurse post and a technical assistant post.**

- **Recruitment of 9 Chief Registrars representing most major specialties.**

- **3 Deanery visits**

- **We continue to strive to recognise excellence in teaching and training in Fife. We have annual Undergraduate Awards for the best teachers as voted for by the students from Edinburgh and Dundee universities. We also run a survey of the quality of Educational Supervision in Fife and release data on an annual basis to departments. Often this survey highlights excellent clinical / educational supervisors.**

- **Extensive improvements made to training facilities for medical students at QMH with the opening of the QMH Student Hub.**

- **Doctor's mess refurbishment has continued to progress with further improvements, the changes made have received very positive feedback from trainees.**

- **We continue to deliver Core teaching for Foundation doctors in house on a weekly bleep-free basis with positive feedback on the sessions.**

- **Timetabling of Clinic Attendance in General Medical Rotas.**

- **Further utilization of e-rostering software to enhance trainee training time and attendance.**

- **Recruited an e-Rostering Coordinator who will implement e-Rostering across various specialties.**

1.2 Please highlight any sites where you have identified good practice	
Site	**Details about good practice**
Haematology	Consistent year on year excellent results in the NTS and STS. Outstanding feedback from Educational Supervisor surveys done locally repeated every year.
Trauma and Orthopaedics	Year on year excellent results in the NTS and STS. Very positive team culture and good feedback from trainees.
Intensive care	2019 GMC survey scored NHS Fife as the fifth highest rated site in the UK for ICM in terms of "overall satisfaction" with a score of 94.2
Anaesthetics	Continued excellence in feedback from St Andrews medical students due to the enthusiasm and passion from the teaching leads.
Emergency Medicine	2019 GMC survey scored NHS Fife as third highest rated site for emergency medicine in terms of trainee satisfaction with a score of 92.67
General Medicine	The Rota Administrator post was established to reduce burden on Rotamasters in General Medicine. E-Rostering and other administrative areas of the Rotamaster's role have been delegated to the Rota Administrator and the Rota Administrator is leading on methods to improve the trainee working environment and their overall experience on the rotas.

1.3 Please outline the main issues that your board has faced in the last training year:

- **Workload (volume and throughput increase in most specialties)**
- **Boarding patients**
- **Gaps on rotas**
- **Need to develop a more supportive environment for trainees e.g. phlebotomy, IT systems and reducing unnecessary tasks.**

1.4 Please outline any new issues that your board is likely to face in the coming training year(s)

- **Introduction of new model of training in Core Medical training – IMT**
- **Extensive gaps on rotas due to lack of GPSTs (failure to recruit due to inadequate numbers of primary care trainers)**
- **Delivery of year 2 ScotGEM**

1.5 Please identify any sites that should be considered for a visit	
Site	**Reason why a visit may be necessary**
General Medicine	**Workload** **Trainees not taking breaks** **Boarding**
	[Please add further lines if required]

1.6 Is medical education and training (MET) a standing item on the agenda of the Health Board (HB)?
It is not a standing item but it is raised frequently by the Board Medical Director.

1.7 Is there a non-executive board member with responsibility for MET?
No

1.8 If you answered 'No' to questions 1.6 and/or 1.7, how are education and training issues raised with the HB?
The Medical Director takes an active interest in Medical Education in Fife.

1.9 Describe the quality control activities in relation to MET that have been undertaken by your HB in this training year?

Undergraduate

The annual Best Undergraduate Tutor awards have taken place. Sending this survey out allows students to give honest and positive responses on their opinion of who provided excellent teaching and pastoral care during their time in NHS Fife. There are also two consultants and one Registrar that continue to receive an award for Excellence in Teaching due to their ongoing extremely high quality feedback.

NHS Fife continues to receive end of academic year feedback from Edinburgh, Dundee and St Andrews Universities. This feedback is reviewed by the DME and then sent on to the Local Module Leads (LML) for each Specialty. The LMLs are asked to reflect on the feedback and inform the DME of any actions they plan to take for the next academic year. Furthermore, this feedback is analysed at the Annual Liaison Meetings where staff from the University attend NHS Fife along with LMLs to discuss the quality of teaching carried out, improvement plans, actions and changes for the forthcoming year.   Feedback from the Universities generally demonstrates a trend of increasing quality in the markers of training quality.

The NES 2018/19 detailed undergraduate teaching report identified 36/58 programs as scoring above the dark green cutoff of 1.55 indicating that these programs were extremely well received by the students.

Postgraduate

- **Trainee Focus Groups held in various specialties by the local Chief Registrars – Psychiatry, Surgical, General Medical, Paediatrics and Obstetrics and Gynaecology Departments.**

- **End of placement Supervisor surveys.**

- **Departmental feedback meetings following trainee Focus Groups.**

- **Regular feedback gathered and analysed from trainees attending core training.**

- **Results of analysis of core training feedback disseminated amongst teaching cohort.**

- **Induction feedback gathered through regular surveys following induction.**

- **Feedback from induction used to improve processes by analysis and discussion of findings at regular pre-induction improvement meetings.**

- **Interviewing and vetting of candidates for supervision roles by DME and quality managers (as required by GMC).**

- **Maintenance and review of the RoT list.**

- **The DME, ADME, Medical Education Services Manager, Quality Manager and Undergraduate Coordinator have monthly quality meetings. The group discusses the needs of the service and topics include review of rotas, ACT accountability, Measurement of Teaching, Recognition of Trainers, GMC and NES trainee survey results and Equality and Diversity. These meetings are minuted.**

1.10 Are there forums within your HB whereby senior officers (CEO, MD) or site-based senior clinical management have regular, scheduled meetings with trainee doctors to discuss their training and receive feedback? Please provide full details.

- **NHS Fife has no formal trainee involvement in meetings with senior clinical management, however the Chief Regsitrar programme includes dedicated meetings with the CRs and Senior Management and during these sessions training is discussed and feedback received. Senior management are invited to the feedback sessions following Deanery visits and other educational meetings.**

- **Chief Registrar role has been created to be a liaison between trainees and senior management**

There are 9 Chief registrar roles across the directorates, the postholders duties involve providing the trainees a leader from within their own ranks who will liaise with senior management and feedback directly to the trainees and help push forward quality improvement projects and give the trainees more direct access to clinical management.

- **Clinical Directors meet with Chief Registrars on a semi regular basis**

- **Various departments hold monthly meetings (Psychiatry, O&G, Paediatrics, A&E) where trainees and seniors discuss training and feedback as part of a larger agenda**

1.11 At each site, how many DATIX submissions have been made by trainee doctors within this training year?			
Site	Unit/Specialty	Number of DATIX	What are the mechanisms in place for trainees to receive feedback on their submissions?
See attached for detail		**151**	Datix incidents reported by trainee d

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Datix reports are fed back via 2 mechanisms. 1. All datix reports submitted by a trainee are automatically and individually fed back to the trainee providing they have supplied a NHS email address as requested when filling out the datix form. 2. All datix reports are anonymised and collated by the associate DME and fed back monthly to all nhs fife trainees in the form of a group email which highlights common themes and problems |

			from that months datix reports, along with advice on how to avoid them. This allows all trainees to learn from Datix reports, not just those who submitted them. Trainees report they value this initiative.
			[Please add further lines if required]

1.12 At each site, how many trainee doctors have been involved in an SAE?			
Site	**Unit/Specialty**	**Number of SAE**	**Was the Deanery notified and involved in the follow up?**
		9	
Victoria Hospital (WEB102065) – LAER commissioned for September 2019	**Anaesthetics/ICU**	**1**	**Not known**
Victoria Hospital (WEB91794) – SAER Report Finalised	**Theatres**	**1**	**Not known**
Victoria Hospital (WEB92649) – SAER Report Finalised	**Orthopaedic Trauma**	**1**	**Not known**
Victoria Hospital (WEB93448) – Emergency Bleep Group review finalised	**Cardiology**	**1 of 2**	**Not known**
Victoria Hospital (WEB94635) – LAER Report finalised	**Cardiology**	**2 of 2**	**Not known**

Victoria Hospital (WEB97362) – SAER meeting held – awaiting report	**Haematology/Oncology**	**1**	**Not known**
Victoria Hospital (WEB99932) - SAER meeting held – awaiting report	**Renal**	**1**	**Not known**
Victoria Hospital (WEB101255) – SAER to be arranged	**Acute Medical Admissions**	**1**	**Not known**
Victoria Hospital (WEB101469) – SAER commissioned for September 2019	**Medicine for the Elderly**	**1**	**Not known**

1.13 At each site, how many trainee doctors have required 'reasonable adjustments' to their training in relation to a declared disability?	
Site	**Number of trainees**
N/A	**0**
	[Please add further lines if required]

1.14 Have you had any external reviews that have impacted on training? Please provide full details, e.g. GMC / HIS etc..	
Details of external review:	**DME comment required:**
Deanery visit to Mental Health November 2018	**Triggered visit by NES on 20th November 2018**
Deanery Visit to O&G February 2019	**Scheduled visit by NES on 22nd February 2019**
Deanery Visit to General Medicine March 2019	**Triggered visit by NES on 22nd March 2019**

2. Training Quality Lead Funding Report for 2018/2019 Financial Year

2.1 Financial Breakdown of Use of TQL Funding:

Funded Staff Positions/Sessions	Amount: Financial Year 18/19	Projected Amount: Financial Year 19/20	Projected Amount: Financial Year 20/21
Administrative Assistant - Quality	£25,950	£25,950	£25,950

Other Expenditure of TQL Funding: Please Specify	Amount: Financial Year 18/19	Projected Amount: Financial Year 19/20	Projected Amount: Financial Year 20/21
None			

2.2 Please provide information relating to the objectives for the use of TQL funding:

	Outline the systems, structures, personnel and events that have been put in place to deliver this	Outline the systems, structures and personnel you use to monitor the effectiveness and quality of this delivery	Highlight what has changed since the previous 2017/18 report	Describe any planned changes over 2019-20
1. Successfully deliver against GMC standards	NHS Fife Medical Education has a documented quality management process that facilitates operations in a way that ensures the GMC standards are met.	The Medical Education Quality Control Group (5Q) meets monthly to monitor undergraduate and postgraduate medical education. The group includes the: • Director of Medical Education • Associate Director of Medical Education • Medical Education Services Manager • Medical Education Quality Manager • Undergraduate Medical Education Coordinator	The tutorial booking system (TuBS) is well established in NHS Fife and is increasingly being used by other medical education institutions across Scotland. A Technical Assistant post has been created and filled in order to sustain this work.	eRostering has been successfully piloted in three specialty areas and has now been purchased by NHS Fife. Implementation was project managed by the Medical Education Quality Manager and a has now been passed on to a full time e-rostering coordinator who is part of the Medical Education team, allowing trainees to be better informed of their timetables and swaps to be more easily managed. Rota leads are now also able to evaluate training experience received against the aspirations/expectations of trainees.
2. Support Deanery Visits and manage the timely return on information as required for quality management purposes e.g. NTS, PSI, LEP report, visit action plans	The Medical Education Quality Manager takes responsibility for this work, ensuring doctors in training, medical students, clinicians and appropriate support personnel are engaged.	The Medical Education Quality Manager is also responsible for the monitoring of doctor in training hours worked. This additional role to quality management facilitates a working relationship with rota leads, so that when additional engagement is required by clinicians on quality improvement, a good working relationship is	The local engagement of senior management at NHS Fife during the Mental Health, Obs&Gynae and Medicine Deanery visits are testimony to the board's commitment to medical education.	Work is progressing to further engage the NHS Fife Board with medical education operations and performance. The aim is to sustain and improve NHS Fife as a Local Education Provider within the GMC's quality management framework.

	already in place.			
3. Provide pathways for delivery of information to trainees.	Trainees receive a Welcome Pack on arrival at Corporate Induction, which give them access to the intranet where all policies and procedures are stored and other relevant information. They are also given access to the relevant eHealth systems during induction. Induction consists of a series of presentations, sometimes by existing doctors in training.	Corporate and departmental inductions are evaluated using Survey Monkey shortly after the events.	Chief Registrars have taken over the responsibility for the doctor in training forum within their own departments, this facilitates a dialogue on the current training experience.	The Professionalism Compliance Analysis Tool (PCAT) has been used in Medicine and its purpose is to facilitate the improvement of communication relating to quality control. 6 Chief Registrar roles have been implemented across all the main specialties and this has improved information flows between management and trainees.
4. Organisation of hospital induction and documentation of attendance	The Medical Education Department invites all trainees to tinduction once they have been identified through Turas. The invitation includes the 3 aspects to induction: • Corporate (in the morning) • Departmental (usually in the afternoon) • Virtual Induction Passport (a South East Scotland initiative that requires trainees to complete LearnPro	Attendance at induction is monitored clerically in that all expected trainees sign in at both Corporate and Departmental events. Sign-in sheets are then scanned to be stored electronically. Virtual Induction Passport compliance is monitored by the Postgraduate Coordinator through extracting reports from LearnPro at certain milestones when trainees are expected to have completed modules. Up to date information from Turas provides the names of	We are encouraged that all specialties are committed to sending their trainees to Corporate Induction on their first day of employment. Mandatory training, ID badges and access to eHealth processing is completed efficiently and the DME and Medical Director are able to formally welcome the majority of trainees.	NHS Fife is investigating the use of recordings of repeated short presentations that presently make up the Medicine departmental induction. This will improve on quality and consistency and allow those missing departmental induction to still be able to receive the teaching. If this initiative is successful, core teaching for Foundation and GP trainees could also include recorded sessions.

	modules within fixed timescales) The Education Centre Manager organises the Foundation doctor Shadow Week in consultation with the two local Foundation Programme Directors. The Education Centre Manager also arranges speakers for Corporate Induction.	doctors in training expected to be on placement at NHS Fife.		
5. Support effective departmental induction and documentation of attendance	Departmental induction generally works well. Medical Education Services does not presently collate departmental attendance sheets for central electronic storage, acknowledging this role as the responsibility of the rota lead.	Departmental inductions are evaluated using Survey Monkey shortly after they have taken place, within the same survey that evaluates corporate induction.	Medical Education Services provide trainees with more detail relating to what they will be doing after Corporate Induction. Previously trainees would be sent to departments following Corporate Induction, now more detail is provided concerning what they are doing next following discussions with rota leads.	It is proposed to use the tutorial system TuBS for recording attendance at departmental inductions, now that departments are starting to use this system for recording attendance at departmental teaching sessions.
6. Ensure compliance with and documentation of appropriate Faculty development for Clinical and Educational Supervisors	This is a key part of the Medical Education Quality Manager's duties towards RoT.	DME, Medical Education Quality Manager, CEP team. DME and QIM meet weekly	All NHS Fife trainers were recognised in time.	Look to review how the Clinical Educator Programme continues to function, hosted by the South East Faculty of Clinical Educators.
7. Provide local monitoring and management of doctors in difficulty	DME, HR NHS Fife/APD for such doctors meet regularly (3 times per year)	No review necessary.	No change	No changes planned
8. Facilitating provision of training on work placed	We have delivered this training in post and as part of	Information is received from CEP on completion rates and	None	None

based assessment for all staff involved.	Clinical Educator Programme/Recognition of Trainers infrastructure	trainer records are maintained locally.		
9. Providing training and updates on e-portfolio activities	Part of shadow week for trainees. Supervisors attend training sessions when required. NES/Royal Colleges update supervisors re changes as they happen.	NES based initiative, we do not monitor this.	None	No changes planned
10. Provide a local focus for careers advice	Foundation Core teaching subject/departmental teaching. Educational Supervisors and DME's role.	Feedback on core teaching	None	No changes planned
11. Provide a local contact for educational research activities	Dr Amanda Wood - Research and Development DME	The DME monitors research projects	None	No changes planned
12. Provide local advocacy for concerns raised by trainees.	DME via Trainee Forum	Quality Manager keeps action plan and notes of the Forum.	None	No changes planned
13. Ensure accountability at Board level for performance in the delivery of PGMET.	DME in regular contact with the Board Medical Director. (monthly meetings)	N/A	None	No changes planned
14. Provide to the Board regular reports on PGMET Quality Management data including GMC NTS, PSI & NES QM data including reports of QM visits	Medical Director/Chief Executive are always invited to Deanery visits. The final report is circulated to the Medical Director by the DME.	N/A	None	No changes planned

highlighting strengths & weaknesses of training in LEPs in the Board area.			
Any other use made of TQL funding			

3 Postgraduate Medical Education: Quality Report

Key to survey results

Scottish Training Survey (STS)

Key	
R	Low Outlier - well below the national benchmark group average
G	High Outlier – performing well for this indicator
P	Potential Low Outlier - slightly below the national benchmark group average
L	Potential High Outlier - slightly above the national benchmark group average
W	Near Average
▲	Significantly better result than last year**
▼	Significantly worse result than last year**
▬	No significant change from last year*
	No data available
	No Data

** A significant change in the mean score is indicated by these arrows rather than a change in outcome.

GMC National Training Survey (NTS)

Key	
R	Result is below the national mean and in the bottom quartile nationally
G	Result is above the national mean and in the top quartile nationally
P	Result is in the bottom quartile but not outside 95% confidence limits of the mean
L	Result is in the top quartile but not outside 95% confidence limits of the mean
W	Results is in the inter-quartile range
▲	Better result than last year
▼	Worse result than last year
▬	Same result as last year
	No flag / no result available for last year

Aggregated results have been provided where there are fewer than 3 responses in the current year's NTS survey and therefore no data is available. The aggregated RAG outcomes have been **generated by NES** using the 2017-2019 NTS data. They are not attributable to the GMC.

3.1   Site: Victoria Hospital, Specialty: Acute Internal Medicine

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical	W —	W —	W —	W —	W —	W —	W —	5
Foundation - Medical								2
Foundation - Medical (aggregated)	W	W	W		W	W	W	5
GP - Medical								1
GP - Medical (aggregated)								2
Higher - Medical								1
Higher - Medical (aggregated)								1

GMC Trainer Survey

Specialty	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for Training	Rota Design	Resources for Trainers	Support for Trainers	Trainer Development	Response rate
Acute Internal Medicine												100%

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

3.2 Site: Victoria Hospital, Specialty: Anaesthetics

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
Core	W -	W -	W -		W ▲	W -	W ▲	W -	W -		W ▲	P	W -	W ▲	L ▲	W -	W ▲	P -	4
ST	W -	W -	W -	W -	W -	P ▼	W -	W -	W -	W -	W -	W ▲	W -	W -	W -	W -	W -	W -	8
F1 (aggregated)	G -	G -	G -		G -	G -	G -	G -	G -	G -				W ▼	W -	G -	G -	G	6

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Anaesthetics	W ▲	W ▲	W ▲	W —	W ▲	W —	W ▲	11
Foundation - Anaesthetics	G ▲	G —		W —	G —	G ▲	G —	5
Higher - Anaesthetics	W —	W —	W —	W —	W —	W —	W —	11

GMC Trainer Survey

Specialty	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for Training	Rota Design	Resources for Trainers	Support for Trainers	Trainer Development	Response rate
Anaesthetics	80.91	53.79	71.88	73.18	70.27	70.45	85.98	71.59	78.98	71.82	86.36	50%

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

GMC NTS & STS report NHS Fife 2019 (anaesthetics)

(Clinical Lead response)

In terms of the adequate experience box in the ST section I am not surprised as they have had to do a reasonable amount of obstetrics. This has been compounded by the deanery sending us a majority of LTFT trainees whose extra hours are not back filled. We also had the situation where we have had 2 long-term sickness absence on the ST rota which necessitated more obs and CEPOD from the remaining trainees. In the last month we altered the daytime allocation to minimise this and hopefully this will be picked up in the next survey.

We are continuing to develop the rota to improve the trainee experience and are getting good feedback about the

improvements we have put in place to facilitate AL and study leave.

(PG Tutor response)

It is difficult to give every trainee the same regional experience as the lists doing this are less frequent. We have established a what's app training opportunities group which allows consultants to identify potential training opportunities and alert the trainees of this on a day to day basis.

I am glad to see the general improvement on the CT outcomes compared to last year, with only regional teaching and rota design falling into the lower quartile. Over the past year we have put a lot of effort into redesigning the rota and splitting the service management of the on call rota from the trainees' educational governance. This has resulted in a change from a rolling rota design to a more flexible bespoke design.

The lower quartile result for adequate experience from the STs may be due to a higher level of obstetrics/emergency theatre work that needs to be covered.

We are addressing this in two ways. We have started a new policy of allocating these trainees to elective theatres in addition to the emergency cover with the aim for the trainee to seek the theatre that has the most educational benefit to them. We are currently auditing this. We have recruited a greater number of middle grade staff who will take some of the emergency work from the trainees in weekday hours, allowing the trainees to gain greater elective theatre experience.

Study leave continues to be granted for study leave for national and regional events with only limitations enforced due to on call commitments.

We are planning to improve the weekend and night time environment for the trainees as part of a larger improvement of departmental facilities.

The FY1 results continue to be very positive.

3.3   Site: Victoria Hospital, Specialty: Cardiology

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
ST (aggregated)	W -	P ▼	W -	W -	P -	P ▼	W ▼	W -	R ▼	P -	R -	R -	P ▼	W -	W -	P -	W -	P	5

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical								3
Core - Medical (aggregated)								4

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The Cardiology Department requested greater detail on which particular specialty of trainee filled in the feedback as Cardiology do not have this many trainees (even on aggregate), this was requested from the Deanery but to date we have had no reply.

It seems likely that this reflects the training environment for the Medical Registrars in Fife. Local teaching has been running for 1 year now.

3.4   Site: Victoria Hospital, Specialty: Clinical Oncology

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Higher - Medical								1
Higher - Medical (aggregated)								2

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

There are no trainees in Fife working in Oncology.

3.5 Site: Victoria Hospital, Specialty: Emergency Medicine

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
F2	G -	G ▲	G ▲	G -	G -	W ▼	G -	W -	W -	G -			W -	G -	G -	G -	G -	G -	6
ST	W -	P ▼	R ▼	W -	P ▼	W -	W -	W -	P ▼	P	W -	R -	W -	P ▼	W ▲	P ▼	P ▼	W -	5
GPST	G -	W -	W -	G -	G ▲	W ▼	L -	W -	W ▲		W -	W -	W -	W ▼	W -	G ▲	W -	W -	5

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Anaesthetics								1
Core - Anaesthetics (aggregated)								1
Foundation - Anaesthetics	W —	L —	W —	W ▼	L —	W —	W —	16
GP - Emergency Medicine	W —	W —	W —	W —	G ▲	W ▲	L ▲	8
Higher - Anaesthetics	W —	W —	W —		W —	W —	W —	5

GMC Trainer Survey

Specialty	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for Training	Rota Design	Resources for Trainers	Support for Trainers	Trainer Development	Response rate
Emergency medicine	74.09	26.89	83.71	61.82	74.58	68.56	33.33	57.39	71.59	67.73	70.45	100%

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The department queries the responses for the ST part of the NTS, there were only 2 STs in Emergency Medicine during the survey so it is thought that this will perhaps be feedback from ACCS in ED and not EM trainees.

At the beginning of the year EM only had one registrar which had a significant impact on the EM ST's from Edinburgh. The clinical supervision is however the same for all our trainees (i.e. the FY2's and GPST's) with a consultant mostly present in the department till after mid-night. However overnight there is an expectation that the ST's will call the on-call consultant if

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required. We offer all trainee's dedicated WPBA time, with all consultants contributing to this from their SPA time.

All ST's are strongly encouraged to go to regional training if on shift except for when on nights. This has been well utilised by most trainees so far. In the future we have changed the system so on training days (now monthly) trainees are given the day as CPD which is now rota'd.

We have a very robust induction programme aimed at all levels over 2 days with no clinical commitments.

EM data.png

Please see the attached for results for EM at VHK showing good to excellent feedback for the last 7 years:

It is gratifying that analysis of the 2019 GMC survey reveals NHS Fife as third highest rated site for emergency medicine in terms of trainee satisfaction with a score of 92.67

Clinical Lead's feedback:

<u>FY2</u>

From the GMC NTS (trainee) survey it would appear that Overall satisfaction has been maintained. It is reassuring to see that Clinical Supervision within and out of hours is performing well. We have consultant supervision in the ED 0800-2300 at all times. This is the maximum length of time we can commit to direct ED consultant clinical supervision. Educational Supervision rating has increased. We have not specifically made any changes this year - all FY2 get allocated a clinical supervisor at the beginning of their post and are encouraged to meet with their supervisor within the first 2 weeks of their post. We have 2 Foundation programme tutors in the ED consultant Group, 2 consultants who were not recognised as trainers completed this within the last year this means that allocations may be more evenly spread which is beneficial to supervisor and trainee. We have a robust induction Handover and i am pleased this has been maintained. Adequate experience has dropped but not an outlier – i'm unsure why this has happened. It may be that this reflects that due to the activity in majors and resus the FY2 doctors do not see so many of the minors flow patients? It is reassuring to see that curriculum coverage has increased and is a high outlier . Rota is managed by an ED consultant and the FY2 have their rota's for their 4 months of their post in advance. This rota has been adapted over the years as more requirements come into place for length of shift/amount of nights in a row etc. Educational Governance : FY2s are given opportunity to get prebooked Time with an ED consultant for completion of CBD's etc which they seem to like.

GPST

From the STS and GMC NTS it would seem that like the FY2 doctors the GPST trainees are overall very satisfied with their posts. Educational supervision and clinical supervision is the same structure as the FY2 above.Induction/teaching/curriculum coverage have all increased this year. As in the FY2 report 'adequate experience' has dropped though curriculum coverage has increased. Again this may reflect the difficulty in getting into see patients in the minors flow are of the department. GPST's (as are FY2's) are encouraged to go into the minors area at 4pm when they are on the 8-6pm shift. Teaching in the department includes 'microteaching' M/W/T/F. We also run Simulation scenarios in the department on alternate Tuesdays. We also have teaching boards that change weekly. A Teaching schedule is shared with the ED team.

ST

The ST GMC NTS (trainee) survey results are deeply disappointing and I am struggling to explain as they are considerably outwith the FY2/GPST survey results. They also have significantly dropped when compared to the 2018. As a clinician when i get a result outwith what I was expecting I would review the input data – unfortunately in this situation am unable to review this. I did however as the TPD to see if he could gather any more information and he was able to analyse the free text input –

The anonomised Free text comments were

Jun18	Superbly supportive team and training environment within the Emergency Department at Victoria Hospital, Kirkcaldy.	
Jun18		No isolated senior teaching during rotation. Almost all teaching focused on FY2/GPST level, no teaching aimed at management level/registrars. This would be useful to guide improvement in managing the department out of hours
Nov18	A truly rewarding experience, by far the best department I have ever worked in. Senior staff put forth a huge effort to make juniors feel welcome, appreciated and supported. Sincere thanks to them for the wonderful experience of working in this team.	
Feb19	Good formal and informal teaching.	Difficulty in getting experience in "minors" area of A&E due to clinical demands in majors/resus and no formal rota-ing to specific areas (as a GP trainee, minors is one the most relevant areas and one of the areas I know the least about).
Feb19	This has been one of the best training jobs I have ever had. The environment is positive and teaching/ training is clearly a key priority.	
Feb19	I would say this is the best job I've had for feeling valued as a team member. I have learnt so much and the team is great. Despite the 'A&E rota' I'm so glad I've done it.	

	The rota was excellently organised. Teaching and assessments v organised.		
Mar19	The A&E department at Victoria Hospital, Kirkcaldy is a great place to work. All colleagues are very supportive and I have learnt lots during this job.		
Mar19	The ED team in Fife are fantastic. They are friendly supportive and keen to teach. I have never felt more part of a team, more able to provide good care or more supported. The best job of foundation.		
Jun19	This post is an absolutely brilliant FY2 job which is interesting, varied and supportive. I would strongly recommend this post to any foundation		

ST trainees get the same clinical supervision as FY2/GPST's in that there is consultant cover from 8am to 23:00. Consultants do often remain in the department past their on call commitment to support clinical activity and support the clinical team. It is unclear if ST trainees therefore feel that the clinical supervison is directed more at the junior tier and they are feeling left to 'just get on with it'......? There is no scope to increase OOH consultant clinical supervison unless there is significant Fife ED consultant expansion from our current 10.95 WTE to 16 WTE which is unlikely any time soon.

Educationally the ST trainees get a Fife Educational supervisor for their post. They should all get an ESLE performed by their supervisor within 2 months of starting their post. Opportunities exist to get allocated time with an ED consultant for completing CBD's/ESLE's etc.

New ST trainees commencing in Fife attend the local FY2/GPST induction as there is a lot of information given that is relevant to the ST. It is however reasonable that we could add on a separate hour for the middle grades of induction that would be more ST specific. Although we are unable to do this for the August induction 2019 we will try and do this for Feb 2020.

Regional teaching is having a revamp in 2019/20 and is underway.

I note the comments about no isolated middle grade teaching on site. We to get the middle grades to do Team leaders during our simulations. It is however a fair comment and as a department we should consider trying to allocate 1 hour per week to specific middle grade management teaching. The Fife ED consultant team will have a discussion at a future consultant meeting about this.

I am please that 'Teamwork' has improved as we really do try and strive for a Teamwork culture – as was highlighted with an award in the recent NES awards.

Dr Andrew J Kinnon
Clinical Lead in EM

30th July 2019

3.6   Site: Victoria Hospital, Specialty: Endocrinology & Diabetes

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical								2
Core - Medical (aggregated)	W—	W—	W—	W—	G—	W—	W—	8

GMC Trainer Survey

Specialty	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for Training	Rota Design	Resources for Trainers	Support for Trainers	Trainer Development	Response rate
Endocrinology and diabetes mellitus												25%

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The green for teaching is encouraging and the whites for the remainder of the categories is acceptable.

3.7 Site: Victoria Hospital, Specialty: Gastroenterology

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
ST (aggregated)	W	W	G	W	P	P	L	W	W	W	W	W	R	L	W	P	W		3

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Medical								1
Foundation - Medical (aggregated)								1

GMC Trainer Survey

Specialty	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for Training	Rota Design	Resources for Trainers	Support for Trainers	Trainer Development	Response rate
Gastroenterology												50%

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

GI does participates in corporate induction but since April 2019 the chief resident sends the core trainees /SpR about to start in GI for the next block a starter pack (Hints and Tips in GI). This will hopefully improve our feedback for induction. There is also a folder in the ward which has information and at changeover a pack is given to all trainees starting, by our ANP and they are given a tour of the layout of the unit and instructed on their daily responsibilities
GI per say is not responsible for the trainee study leave but we find most are unable to avail themselves of the opportunities due to lack of middle grade staffing to keep ward safe. The green for supervision out of hours is reassuring from a patient safety perspective. As the total number of returns was 3 these results may be swayed by an outlying opinion and so we await next years results with interest.

3.8   Site: Victoria Hospital, Specialty: General Internal Medicine

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
F2	W ▲	W -	W -	W -	W ▲	W ▲	W -	W ▲	W -	W ▲			W ▲	W ▲	G ▲	W ▲	W ▲	W -	10
F1	W -	W -	W ▲		R ▼	W -	W -	R ▼	W -	W -				W -	W -	R ▼	W -	W -	18
GPST	W -	W ▲	W ▲	W -	W -	W -	W -	R ▼	W -	W -	W -	W -	R ▼	W -	W -	W -	W -	W -	9

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical	W —	W —	W —	W —	W —	W —	W —	11
Foundation - Medical	W —	W —	R —	W —	W —	W —	R —	58
GP - Medical								1
GP - Medical (aggregated)	W —	W —	W —	W —	W —	W —	W —	5
Higher - Medical	W —	W —	W —	W —	W ▲	W —	W —	6

GMC Trainer Survey

Specialty	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for Training	Rota Design	Resources for Trainers	Support for Trainers	Trainer Development	Response rate
General (internal) medicine												17%

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Please see the attached document which resulted from our recent Deanery Visit, it has actions for most of these flags:

NHS Fife Gen Med
Action Plan Final 30-0

3.9   Site: Victoria Hospital, Specialty: General Psychiatry

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
GP - Psychiatry								1
GP - Psychiatry (aggregated)								3

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Numbers too small to make any valid comment

3.10 Site: Victoria Hospital, Specialty: General Surgery

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
ST	W -	W ▲	W ▲	G ▲	W -	W ▲	W -	W -	W -	W -	L ▲	W -	W ▲	W -	W -	W -	W ▲	W -	7
F2	P -	W -	W -	W -	W -	W -	R ▼	W -	R -	R			W -	W ▼	P ▼	W -	R ▼	W -	4
F1	W -	R ▼	W -		W -	W -	W -	W -	W -	W -				W -	W -	W -	W -	W ▲	16
GPST	W -	W -	W ▲	W -	W ▲	W -	W ▲	W -	P ▼		R -	W -	W -		W ▲	W -	W -	W -	3

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Surgical								3
Core - Surgical (aggregated)	L —	W —	L —	W —	W —	W —	W —	8
Foundation - Surgical	W —	W —	G —	W ▲	W —	W —	W ▲	44
Higher - Surgical	W —	W —	W —	W —	W —	W —	W —	7

GMC Trainer Survey

Specialty	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for Training	Rota Design	Resources for Trainers	Support for Trainers	Trainer Development	Response rate
General surgery	71	45	66.25	71	72.08	72.5	50.83	68.75	80	66	72.5	38%

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

ST training: Has generally been positive, but through feedback from trainees and the TPD for General Surgery, there are a few areas to focus in the forthcoming years: Workload distribution – to give ST trainees some regular exposure to OP clinics and Endoscopy training. Previously they got a lot more operative theatre exposure and less of the other 2. Measures are being taken to address this from January 2019

FY2: It is disappointing to know that we have not done well with the FY2 trainees in terms of Overall satisfaction (Pink flag), Red flags for – Supportive environment, Educational Supervision, Feedback and Educational Governance. A further pink flag for Teamwork. There is some mismatch between GMC and STS survey results for FY doctors.

The reasons for this is multi-factorial and is listed below:

1. We have 2 Educational supervisors for the 4 FY2 trainees. One of the AES has been off sick and been off work for nearly 6 months. This has led to 2 trainees with difficulties in supervision and we as a unit did not pick this up till quite late. This issue has been addressed for the trainees from April 19.
2. The FY2's gain good exposure to Emergency General Surgery during their time here and during the elective weeks are allocated to sessions on an ad hoc basis. Over the last 6 weeks we have adjusted this and ensured they are attached to one of the 2 teams, which will give them a sense of belonging and will enable them to provide continuity of care to patients. We have started to allocate them to OP clinics and to appropriate Operating theatres and this has been received positively. We are extending this pattern to the forthcoming batches as well
3. During on call the FY2's cover Emergency GS and Urology. As they are covering both specialities, this has led to inherent problems with this type of work. Clash of priorities, missing parts or full ward rounds thereby leading to communication failures, ability to access middle grade/ senior help for Urology during the day time. We have been trying to improve the working arrangements, but have not been able to make significant improvements. This issue had been escalated to the senior management members for their input. It is disappointing especially when other tiers of trainees are having a relatively good training time.
4. Feedback- might have been an issue due to issues mentioned in 1. AES's will be asked to reflect on this and deliver a better feedback to trainees.
5. Team work- Should be addressed by implementing plans in 2.
6. Educational Governance- We will seek more info on this aspect. As far as the Educational programme for the unit, we do have a robust system in place. The question is whether this is not accessible to the FY2's.We do have our FY2's presenting on the Unit activities every week, which is a very useful governance matter.

FY1's: Overall has been satisfactory apart from a red flag for clinical supervision. We will focus on this as no issues were raised during the various open forums or to the AES's. We will explore this further with the FY1's.

GPST's – we do not have any GPST's within General Surgery rather they are in ENT.

In summary we are disappointed with the FY2 results but have identified where the major problems lie and have already started work to address these.

3.11 Site: Victoria Hospital, Specialty: Geriatric Medicine

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
ST (aggregated)	W -	W -	W -	W -	W ▼	W ▼	W ▼	W -	W -	P ▼	W ▲	W -	W -	W ▼	G -	W ▼	W -	W	6

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical	W	W	W	W	W	W	W	6
Foundation - Medical	G —	W —	W —	W —	W —	W —	G —	7
GP - Medical	W —	W —	W —	W —	W —	W —	R —	15
Higher - Medical								1
Higher - Medical (aggregated)								4

GMC Trainer Survey

Specialty	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for Training	Rota Design	Resources for Trainers	Support for Trainers	Trainer Development	Response rate
Geriatric medicine	71.25	19.79	65.63	75	73.44	67.71	45.83	45.31	78.13	71.25	68.75	33%

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The red for workload may relate to the high levels of boarding patients we are looking after as a team. The challenges for this were well described at the deanery visit and the organisation is still working on solutions. We try to mitigate by ensuring that consultants review boarders at each daily board round as well as at every consultant led ward round to ensure plans are still ongoing but we regularly run with around 35-40% additional boarding patients on top of our wards.

It was interesting to see that the f1s rate it a green for workload and the GPSTs red- think we need to ask trainees what the perceived differences are. May be that GPSTs also feel they have to support more junior trainee if no specialty registrar on the ward?

3.12 Site: Victoria Hospital, Specialty: Haematology

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
ST (aggregated)	W -	W -	G -	G -	W ▼	W ▼	L -	W -	W -		L -	W -	G -		W	W	W		3

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Higher - Medical								2
Higher - Medical (aggregated)	W —	G —	W —	W —	W —	L —	W —	7

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

We work very hard as a department to ensure the educational experience in Haematology is excellent. Following the recognition we received from NES in Oct 2017, regarding the quality of our training in Haematology within NHS Fife, it is good to see that our efforts are continuing and are being rewarded. It is encouraging to see that the trainees enjoy their time with us and see it as a good learning environment.   This continues to give us good evidence in the era of declining StR numbers, that Fife serves as a good training environment and registrars should continue to come to Fife for training purposes.

3.13 Site: Victoria Hospital, Specialty: Infectious Diseases

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Medical								1
Foundation - Medical (aggregated)								1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Too small numbers to comment

3.14 Site: Victoria Hospital, Specialty: Intensive Care Medicine

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
ST (aggregated)	W ▲	W -	W -		P -	W -	W -	W ▲	P -	W ▲	W -		W ▲		P	P	W		3

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Anaesthetics								2
Core - Anaesthetics (aggregated)	W —	W —	W —	W —	G —	W —	W —	5
Foundation - Anaesthetics								2
Foundation - Anaesthetics (aggregated)	W	W		W	G	W	G	5
Higher - Anaesthetics	W —	W —	G —	W —	G —	L —	W —	7

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

It seems from the attached report that the flags are good for handover and teaching and for team culture.

The ICM tutors have worked hard over the last several years to provide a comprehensive induction pack and face to face tour of the unit on induction day. This is constantly being updated as things change in the unit and our current tutor ensures that he is there to deliver this or ensures another consultant does so if he is not available unavoidably, and also ensures that trainees starting at different times have a proper induction. We all do teaching on ward rounds and have a teaching session on a Tuesday morning for trainees as well as an xray meeting weekly, a weekly ICU Grand Round where the trainees are scheduled to present journal articles, and a regional journal club. The trainees are also encouraged to attend the anaesthetic journal club and the grand round on a Wednesday if time allows. If the clinical workload is low we will often provide extra

teaching sessions and also encourage senior trainees to give teaching to students or juniors. Hands on clinical teaching of practical procedures is provided by consultants as required. The ICM tutor organises the trainee rota and is constantly ensuring that they are not disadvantaged educationally if the workload is high. He is very supportive to all the trainees and brings any concerns over their welfare or workload to the attention of the senior team at our monthly senior staff meetings. He also represents their interests at the regional tutors' meetings.

It is gratifying to see that team culture is rated highly as we feel that the ICM Tutor, consultant body and senior nursing team are a particularly supportive and positive group of individuals who very much value and nurture our trainees, giving them plenty of one to one support. Each trainee has a supervisor and the three meetings are carefully adhered to by the supervisors. Due to this culture we have had many trainees telling us that working in Fife ICU has been their favourite attachment.

A search of overall satisfaction by speciality group places ICM in Fife as the fifth highest scoring unit in the UK at 94.2.

3.15 Site: Victoria Hospital, Specialty: Obstetrics & Gynaecology

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
F2 (aggregated)	W -	W -	G ▲	W ▼	W -	W -	W ▼	W -	W -	G ▲			P ▼	W -	L -	W -	W -	W	10
ST	W -	W ▼	W -	W -	W -	W -	W -	W -	W -	W -	W -	W -	W -	W -	L ▲	W -	W -	G -	7
GPST	W -	W ▼	W ▼	W -	W -	W -	W -	W -	W -	W -	R -	R ▼	W -	W -	W -	W -	W ▼	W -	7

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Surgical	G —	W ▼	W —	G —	W ▼	W —	W —	5
GP - Surgical	W —	R ▼	W —	W ▼	R ▼	W ▼	W —	10
Higher - Surgical	W —	W —	W —	P ▼	W —	W —	W —	5

GMC Trainer Survey

Specialty	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for Training	Rota Design	Resources for Trainers	Support for Trainers	Trainer Development	Response rate
Obstetrics and gynaecology	60	40.1	75	60.63	78.33	62.5	18.75	54.46	71.88	58.13	57.81	53%

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The Obstetrics & Gynaecology team continue to provide an outstanding level of support in training and supervision of trainees in a very friendly environment as shown in the survey. Our unit is expanding with appointment of more new consultants to support the service as well as to improve direct supervision and training to all trainees.

It is very satisfactory to see the reflection of the hard work that has been provided by the whole team as shown in most of the items of the survey.

Regarding the red flag of attending local teaching; this is the result of significant shortage of the number of trainees available to cover day to day workload especially emergency duties. This is may be due to multiple factors e.g. service commitments,

the actual number of trainees available to attend the teaching sessions, maternity leave and sickness absence.

The geographical separation of the Gynaecology ward has added an extra pressure and limits the opportunity for the on-call trainee to attend the Tuesday local teaching meeting.

These factors have been discussed and will be discussed again in the departmental meeting with involvement of trainee representative to discuss possible options.

A recent meeting with rota master and rota organiser, action plan agreed to support trainees to attend more regional and local teaching. This was also discussed with all trainees at the induction day and trainees encouraged attending local and regional teaching events and to report to educational supervisor if any difficulty encountered.

The rota allows every trainee to attend more than 50% of the teaching session during the placement. Educational and clinical supervisors will be monitoring the trainee attendance and will facilitate every opportunity for every trainee.

Trainees are encouraged to put requests for study leave with advanced notice to allow the leave request without interruption of the service and to maintain equal opportunity with all trainees.

Trainees are told and encouraged to take study leave and attend every teaching opportunity even during on-call. This provision accepted by the senior member of the team to cover junior doctors allowing them to attend teaching session. These policies have been supported by consultant body and management team.

Our unit provides a monthly programme every Tuesday afternoon which covers various topics including clinical cases, MDT, risk management cases, audit, journal club and other teaching activities, free training courses of contraception implant and IUCD insertion, attending Obstetric emergency course (PROMT) during placement. This local teaching is available for all trainees including Obst&Gyn trainees, GPSTs & FYs.

In addition to the ongoing teaching activity on Tuesday afternoon and as a part of the action plan; there will be regular teaching sessions dedicated for GPSTs and FYs to meet the curriculum

We believe in direct engagement and involvement of trainees in local decision management policies by having trainee representative in division meeting to explain and discuss important items in team meeting agenda. Having trainee representative in such meeting helps trainees to voice their concerns and to engage them in decision making policies.

As we always believing in constructive feedback, we are endeavour to continue to make progress based on regular feedback

from trainees.

3.16 Site: Victoria Hospital, Specialty: Oral and maxillo-facial surgery

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Surgical								4
Core - Surgical (aggregated)	L	W	W	W	W	G	G	7

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Our trainees work across both Victoria and Queen Margaret Hospital sites. We have close clinical supervision in clinics and theatre with trainees also well supported by our 3 tier on-call system for out of hours work at Victoria Hospital. They are encouraged as active team members.

3.17 Site: Victoria Hospital, Specialty: Otolaryngology

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
GP - Surgical	W ▬	W ▬	W ▬	W ▬	W ▬	W ▬	W ▬	7

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The ENT department is aware that the training environment has maintained its standards, a new structure to the rota has been implemented for the trainees and the department is optimistic that these changes will result in improved feedback from the trainees.

3.18 Site: Victoria Hospital, Specialty: Paediatrics

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
ST	W -	P ▼	P ▼	R ▼	W -	W -	W -	W -	W -	W -	P ▼	W -	W -	W -	W -	W -	W ▼	W -	7
GPST	W -	W ▼	W ▼	W ▼	R ▼	W -	W -	W -	P ▼	W -	W -	W -	W -	W -	W -	W ▲	W ▲	W -	6
F2 (aggregated)	W -	G ▲	G -	W ▼	W -	W -	W ▼	W -	W -	W -			W -	W -	W ▼	W ▲	R -	W	5

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Paediatrics	W —	W —	W —	W —	W —	W —	W ▼	6
GP - Paediatrics	W —	W —	W ▼	P —	W —	W —	W —	11
Run through - Paediatrics	W —	W —	R —	W —	W —	W —	W —	11

GMC Trainer Survey

Specialty	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for Training	Rota Design	Resources for Trainers	Support for Trainers	Trainer Development	Response rate
Paediatrics	71.67	25	83.33	63.33	72.5	59.72	55.55	52.08	79.17	65	58.33	27%

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Handover ST.

General Paediatrics comment:

A new flag for us at this grade. Have sought feedback from trainees. One issue has been the 5pm paediatric handover. In the last 2 months this has been audited by one of the STs and a new format introduced that makes it more efficient, is more standardised, checklists for patient safety issues, and minimises unnecessary interruptions. The trainees comment that this has improved things significantly already.

They did not think there were any issues with the other (9am and 9pm) handovers in paediatric.

Neonatology comment:

It is not always possible for a Consultant to be present at the 5PM handover due to other commitments. In that case the on-call consultant contacts the on-service consultant for a hand-over by telephone. In most cases, the consultant will return later and review the babies in the unit.

Induction GPST.

There were some mitigating factors at induction in Feb 19; with one of our PNPs who delivers induction was on compassionate leave at short notice. The current induction programme has some content that is probably not that relevant or appropriate for them and we are revising it. However, the induction programme is 2.5 days in length which includes 1 day of neonatal life support, so there is considerable investment already into the induction. Those involved are considering how this can be improved. There will be some adjustments to the induction programme next week but there has not been time to make substantial changes which are more likely to take place in Feb. The emphasis to these trainees at induction is to alert them to how well supported and supervised they will be.

Not sure what the issue is with clinical supervision of STs. Nothing has changed. Local teaching probably refers to lack of bleep free teaching, we have a pretty good weekly teaching programme, but will try better re the consultant COW taking the bleep for the Thursday pm teaching.

3.19 Site: Victoria Hospital, Specialty: Palliative medicine

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
GP - Medical								1
GP - Medical (aggregated)								4
Higher - Medical								1
Higher - Medical (aggregated)								2

GMC Trainer Survey

Specialty	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for Training	Rota Design	Resources for Trainers	Support for Trainers	Trainer Development	Response rate
Palliative medicine												67%

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Small numbers in each group make comments difficult.

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3.20 Site: Victoria Hospital, Specialty: Rehabilitation Medicine

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Medical								1
Foundation - Medical (aggregated)								1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Too small numbers to comment

3.21 Site: Victoria Hospital, Specialty: Renal Medicine

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
ST (aggregated)	P -	P ▼	W -	W -	P ▼	P -	W -	W -	W -	P ▼	R -	R -	R -	W -	W -	P ▼	W -	P	5

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical								2
Core - Medical (aggregated)	G —	W —	W —	W —	G —	G —	W —	8
Higher - Medical								1
Higher - Medical (aggregated)								1

GMC Trainer Survey

Specialty	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for Training	Rota Design	Resources for Trainers	Support for Trainers	Trainer Development	Response rate
Renal medicine												50%

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
I understand that these responses for renal ST grade are made about the general placement for the year of the survey, and they have not been specifically asked about the local renal medicine department. I therefore assume that the questions relate to GiM overall. Within Renal and Renal ward, consultant oversight and input is very robust. Certainly there is no lack of supervision. However, for more senior trainees, the environment can be stifling. In the last year we have been able to provide a good exposure to clinic, however rota pressures limit trainees being able to attend. For senior renal trainees we have effectively provided regular timetabled outpatient specialty clinics. Renal has had limited input to local teaching and less to regional teaching. I suspect the CMT feedback actually better represents feedback specific to the VHK Renal environment

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3.22 Site: Victoria Hospital, Specialty: Respiratory Medicine

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical								3
Core - Medical (aggregated)								4
Foundation - Medical								1
Foundation - Medical (aggregated)								2

GMC Trainer Survey

Specialty	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for Training	Rota Design	Resources for Trainers	Support for Trainers	Trainer Development	Response rate
Respiratory medicine												40%

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Sadly numbers are too small to make any real conclusions.

3.23 Site: Victoria Hospital, Specialty: Trauma and Orthopaedics

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
ST	W -	W ▲	P -	W -	W -	W -	W -	W -	W -	W -	G -	W -	G ▲	W -	W -	W -	W -	W -	6

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Surgical								1
Foundation - Surgical (aggregated)								4
Higher - Surgical	W —	W —	W —	W —	W —	W —	W —	10

GMC Trainer Survey

Specialty	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for Training	Rota Design	Resources for Trainers	Support for Trainers	Trainer Development	Response rate
Trauma and orthopaedic surgery												11%

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The good reports for local teaching - We have a departmental meeting monthly, at which we discuss difficult and interesting cases and M&M. The trainees have monthly SE Scotland teaching days which the Consultants all reduce daytime duties including clinics and theatre to accommodate their absence and enable attendance at this teaching.

The Good Study Leave feedback is I feel as a result of our adaptability to accommodate most study leave requests in our rota. All trainees as far as I am aware have been able to attend both local, national and international meetings when requested.

The one poor feedback for clinical supervision out of hours is not entirely clear to the reason for this. I plan to ask the trainees to complete an anonymous feedback regarding this to find out the specifics for this and work on improvements.

I also plan to discuss this at our consultant meeting to address concerns from the other side.

This is slightly contradicted by the improved overall clinical supervision category.

The trainee is resident oncall with a consultant oncall off site. This system has always worked very well (and still does) and we would never allow a trainee to have to take a patient to theatre unsupervised overnight in any situation, so the exact nature of this feedback I will try and find out.

We have a good ethos in NHS Fife Orthopaedic department and have always felt the trainees progress significantly throughout their time with us which is extremely rewarding for us as trainers.

The poor trainer survey response rate is disappointing and I will endeavour next year to promote and encourage trainer responses when the survey is sent out.

3.24 Site: Victoria Hospital, Specialty: Urology

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
ST (aggregated)	W -	W -	W	W -	G	W -	W ▼	W -	W -	W -	W -	W -	W -	W -	W	W	W		3

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Higher - Surgical								1
Higher - Surgical (aggregated)								2

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The green for induction is encouraging along with the department being white for all other categories but this must be viewed in the context of only 3 returns.

3.25 Site: Victoria Hospital, Specialty: Vascular Surgery

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Surgical								1
Core - Surgical (aggregated)								1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Vascular surgery no longer has an inpatient service in NHS Fife.

3.26 Site: Victoria Maternity Unit, Specialty: Obstetrics & Gynaecology

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
ST (aggregated)	W	W	W	W	W	L	W	W	W		R	P	W		W	W	W		3

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Higher - Surgical								1
Higher - Surgical (aggregated)								4

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

See comments in section 3.15

3.27 Site: Adamson Hospital, Specialty: Geriatric Medicine

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Medical								1
Foundation - Medical (aggregated)								2

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Numbers too small to draw any valid conclusions

3.28 Site: Whytemans Brae Hospital, Specialty: General Psychiatry

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Psychiatry								1
Core - Psychiatry (aggregated)								4
GP - Psychiatry								2
GP - Psychiatry (aggregated)	W—	W—	R—	W—	W—	W—	W—	8

GMC Trainer Survey

Specialty	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for Training	Rota Design	Resources for Trainers	Support for Trainers	Trainer Development	Response rate
General psychiatry												50%

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

In response to aggregated red flags regarding handover we significantly overhauled this process introducing a team based handover process at weekends, this was introduced at the beginning of 2019 so it may take some time to be reflected in the feedback.

3.29 Site: Whytemans Brae Hospital, Specialty: Old Age Psychiatry

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Higher - Psychiatry								1
Higher - Psychiatry (aggregated)								1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Number too small to make any comment but see above (General psychiatry) for an overview of this locations performance.

3.30 Site: Stratheden Hospital, Specialty: Child & Adolescent Psychiatry

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Psychiatry								1
Core - Psychiatry (aggregated)								4
Higher - Psychiatry								1
Higher - Psychiatry (aggregated)								2

GMC Trainer Survey

Specialty	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for Training	Rota Design	Resources for Trainers	Support for Trainers	Trainer Development	Response rate
Child and adolescent psychiatry												100%

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Difficult to make any comments on this sample size.

3.31 Site: Stratheden Hospital, Specialty: Forensic Psychiatry

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Psychiatry								1
Core - Psychiatry (aggregated)								3

GMC Trainer Survey

Specialty	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for Training	Rota Design	Resources for Trainers	Support for Trainers	Trainer Development	Response rate
Forensic psychiatry												50%

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Sample size to small to draw any valid conclusions

3.32 Site: Stratheden Hospital, Specialty: General Psychiatry

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
F2 (aggregated)	P -	P -	W -	W ▲	P -	P -	W -	G ▲	W -	W -			W -	W ▲	W -	P -	W -	W	5

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Psychiatry								3
Core - Psychiatry (aggregated)	W —	W —	W —	W —	W —	W —	W —	10
Foundation - Psychiatry								4
Foundation - Psychiatry (aggregated)	W —	P —	R —	W —	W —	W —	W —	10
GP - Psychiatry								1
GP - Psychiatry (aggregated)	W —	W —	R —	W —	W —	W —	W —	7

GMC Trainer Survey

Specialty	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for Training	Rota Design	Resources for Trainers	Support for Trainers	Trainer Development	Response rate
General psychiatry												33%

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

I have noted previously that it is genuinely difficult to learn productively from, and to comment specifically upon potentially very historical (2017 onwards?) and otherwise limited (consequently collated) information, which also doesn't distinguish between feedback received in relation to GAP and Old Age FY2 posts at Stratheden, which may generate significantly different challenges/experiences.

However, in respect of the particular issues highlighted above as potentially problematic, I can offer the following observations:-

Following the triggered Deanery visit last autumn, amendments were made to clinical handover and induction arrangements which appear to have addressed previous trainee concerns in each sphere.

I'm not sure what difficulties with the educational environment at Stratheden were being referenced above. We have a small, readily accessible library in the Clinical Governance dept plus reasonably reliable computer access across the site, and the PGE programme is presented from Stratheden during the summer term. I shall discuss with local clinical colleagues whether it would be practicable for us to do more in relation to the provision of short-term audit projects, and the pursuit of consistent arrangements for group-based presentation/discussion of difficult cases.

With regard to clinical supervision within the GAP remit: all of the patients whom my trainee sees within hours are discussed with and/or overseen by me, and no junior colleague has expressed any consistent concern to me in respect of perceived deficiencies of, or unsupportive/non-constructive, delivery of supervision. I therefore find it difficult to offer a direct and otherwise explanatory response to this pink-flagged entry.

Similarly, with regard to curriculum coverage, in so far as it entails exposure to as many direct clinically salient and educationally instructive experiences, as possible, the pink flag is difficult to account for. However, additional formal FY2 teaching sessions, conducted weekly, 30 minutes away in Kirkcaldy, can certainly be difficult for Stratheden based trainees to attend. We have attempted to address this matter via a variably effective video-link which fosters remote participation in non-practical tutorials. Individual colleagues have also, with the knowledge of education supervising staff, taken steps to cover identified topics via recourse to alternative, on-line resources.

A perceived inadequacy of experience and overall post dissatisfaction have not been indicated in views which previous trainees have expressed directly to me during and/or at the conclusion of their Stratheden placements, In general, on the contrary, they have been largely positive. This is frustrating, because I don't know whether the pink flags in each regard relate to GAP or Old Age FY2 remits, and/or reflect so profound a reluctance to be forthcoming with any criticism that the trainees opt instead to be complimentary about their 4/12 placements here. We do also have a nominated consultant liaison contact for trainees at Stratheden, to whom in-post/site-based concerns can be expressed (over and above the standard supervisor remit). Perhaps we need to look as a group at how well or otherwise this provision is functioning. Meanwhile, I shall certainly seek to emphasize to my newly commenced FY2 trainee (as I have also attempted to do with her predecessors) that it is both valuable and necessary that we are made aware, in a timely fashion, of any perceived problems with the posts which we supervise; in order that we can respond appropriately and supportively to address concerns in real time.

In terms of handover process, there is an out of hours handover email mailbox, and all jobs/info for the OOH doctors are emailed in to this. The OOH doctors will also email in any information to be handed over at the end of their shift, and all of the junior doctors are supposed to check this inbox when they come on shift (so they should see any jobs which are outstanding for their site). There is also a telephone conference call involving the OOH doctors and Unscheduled Care Team (UCAT)

which takes place at 5pm on weekdays and 9am at weekends to allow verbal handover in addition to any emails sent.

3.33 Site: Stratheden Hospital, Specialty: Old Age Psychiatry

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Psychiatry								1
Core - Psychiatry (aggregated)								3
Foundation - Psychiatry								1
Foundation - Psychiatry (aggregated)								3

GMC Trainer Survey

Specialty	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for Training	Rota Design	Resources for Trainers	Support for Trainers	Trainer Development	Response rate
Old age psychiatry												33%

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Numbers to small to draw valid conclusions

3.34 Site: Queen Margaret Hospital, Specialty: Breast Surgery

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Higher - Surgical								1
Higher - Surgical (aggregated)								2

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Numbers too small to draw valid conclusions.

3.35 Site: Queen Margaret Hospital, Specialty: Dermatology

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
GP - Medical								1
GP - Medical (aggregated)								4

GMC Trainer Survey

Specialty	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for Training	Rota Design	Resources for Trainers	Support for Trainers	Trainer Development	Response rate
Dermatology												33%

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Sample size too small to draw valid conclusions

3.36 Site: Queen Margaret Hospital, Specialty: General Psychiatry

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
ST (aggregated)	W -	P -	W -	P -	W -	W -	W ▼	W -	W -	P -	P -	W -	W -	W -	P -	W -	W -		5
F2 (aggregated)	W -	W -	W -	W -	W ▲	W -	W -	W -	W -	W -			W -	W -	R -	R -	W -	W	6
GPST (aggregated)	P ▼	W -	W -	W -	P -	R ▼	W -	W -	P ▼	W -	W ▲	W -	W -	R -	P -	P -	W ▲	W -	6

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Psychiatry								2
Core - Psychiatry (aggregated)								4
Foundation - Psychiatry								3
Foundation - Psychiatry (aggregated)	W —	W —	W —	R —	W —	W —	R —	11
GP - Psychiatry								2
GP - Psychiatry (aggregated)	P —	W —	W —	W —	W —	W —	W —	6
Higher - Psychiatry								1
Higher - Psychiatry (aggregated)	W —	W —	R —	W —	W —	W —	W —	6

GMC Trainer Survey

Specialty	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for Training	Rota Design	Resources for Trainers	Support for Trainers	Trainer Development	Response rate
General psychiatry												100%

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

This result does contradict the informal feedback that we have received (including via our own trainees, and through, our outgoing chief registrar who has taken a leadership role on engaging trainees following the deanery visit). We know that one

of the OA GPSTs has had a tough time due to her supervisor who has now retired, and the CR has done quite a lot to support her. However other than this everyone has seemed reasonably happy.

The one thing that stands out is that these results are aggregated for the past three years and that potential OK results from this year may still be 'contaminated' by the dire ones last year. It would be interesting to separate these, as we have been fairly surprised by this given that we have all felt a much more positive and happy vibe within the department this year (compared to last).

The chief registrar has performed a valuable role this year in identifying issues, which we have now acted on and so we hope to see an improvement over the next year. It is interesting to note this may be becoming visible in the feedback from the QMH core psychiatry group (section 3.48). We will keep this situation under review.

3.37 Site: Queen Margaret Hospital, Specialty: Geriatric Medicine

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical								1
Core - Medical (aggregated)								1
GP - Medical								3
GP - Medical (aggregated)	W —	W —	W —	W —	W —	W —	W —	12

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
The department has returned solid and stable whites on the survey.

3.38 Site: Queen Margaret Hospital, Specialty: Old Age Psychiatry

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Psychiatry								1
Core - Psychiatry (aggregated)								3
Foundation - Psychiatry								2
Foundation - Psychiatry (aggregated)								4

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

STS data only and small numbers

3.39 Site: Queen Margaret Hospital, Specialty: Ophthalmology

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
ST	W -	W ▲	W -		G ▲	W -	L ▲	W -	W -		W ▲	W ▲	G ▲	W -	L ▲	W -	W ▼	W -	4

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
GP - Surgical								1
GP - Surgical (aggregated)								3
Higher - Surgical	W —	W —	W —	W —	W —	W —	W —	6

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Clinical supervision "W ▲" - difficult to know whether this is due to supervision in clinics / lasers / theatres. I think we provide good support in all areas. Main change since previous years is the introduction of the "Jack and Jill" theatres, which allows increased throughput, even on training lists. Good for training, good for patients, good return on investment.

Induction "G ▲" - it's the same induction programme as in previous years. A comprehensive 3 days, covering all the essentials, even for GPST starting with no prior knowledge of ophthalmology.

Supportive environment "L ▲" - I would agree that it's a good and generally cohesive department with positive relationships. Same nursing and senior medical team as in previous years, so cannot explain the change in status.

Local and regional teaching, both "W ▲" - no change from my perspective. Monday lunchtime teaching is run in the same way as always, with input from consultants and trainees on the rota; regional teaching provided by Edinburgh on Friday

afternoons, but difficult for trainees to attend (usually ~50%) due to a 1:5 on-call rota and zero days.

Study leave "G ▲" - the primary obstacles to trainees being given study leave are limited funds and limited staffing (only 2 trainees permitted on leave at any one time). Funds have been generously supplemented with input from departmental funds; and we make every effort to accommodate leave requests, as far as staffing levels permit.

Teamwork "L ▲" - we have been most fortunate to have excellent trainees who have worked well together. Other than that, I refer to my comments on "environment" above

Educational governance "W ▼" - the one index in which we have fallen from previous standards. I must say I find this difficult to reconcile, as I take a very close interest in the supervision of the trainees, and am always available (and reminding trainees) to meet.

3.40 Site: Queen Margaret Hospital, Specialty: Oral and maxillo-facial surgery

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Surgical								4
Core - Surgical (aggregated)	G	W	W	W	P	W	W	10

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Our trainees work across both Victoria and Queen Margaret Hospital sites. We have close clinical supervision in clinics and theatre with trainees also well supported by our 3 tier on-call system for out of hours work. We had one trainee leave post early and another long term absence which impacted on formal teaching. This should improve with new cohort of trainees starting in September.

There is a formal DCT teaching programme throughout the year and a two day induction programme MAXFACTS specifically for OMFS. There is a single DCT in post. Staff shortages at consultant and mid grade level have meant no formal in house teaching was specifically laid on for this single trainee, however there was continual assessment and feedback through SLA's. Personally an in house teaching programme throughout the year is essential and will be addressed next year when we hope all 5 DCT posts that are currently filled start.

3.41 Site: Queen Margaret Hospital, Specialty: Palliative medicine

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Higher - Medical								1
Higher - Medical (aggregated)								1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Numbers too small to comment

3.42 Site: Queen Margaret Hospital, Specialty: Rehabilitation Medicine

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
GP - Medical								1
GP - Medical (aggregated)								2

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Numbers too small to comment

3.43 Site: Queen Margaret Hospital, Specialty: Trauma and Orthopaedics

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Higher - Surgical								2
Higher - Surgical (aggregated)								4

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Please see VHK trauma and orthopaedics section as all trainees are based and work out of VHK.

3.44 Site: Lynebank Hospital, Specialty: Psychiatry of Learning Disability

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
ST (aggregated)	W -	W ▲	W ▼		W -	W -	W -	W -	W -		P ▼	W -	W -	W -	W	W	W		3

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Psychiatry								2
Core - Psychiatry (aggregated)	W	W	W	W	W	W	W	5
GP - Psychiatry								1
GP - Psychiatry (aggregated)								2
Higher - Psychiatry								1
Higher - Psychiatry (aggregated)								4

GMC Trainer Survey

Specialty	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for Training	Rota Design	Resources for Trainers	Support for Trainers	Trainer Development	Response rate
Psychiatry of learning disability												67%

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Most of the pink flags appear to have come from aggregated GPST feedback (overall satisfaction, clinical supervision out of hours, adequate experience, reporting systems, teamwork and curriculum coverage). Our service had previously been made aware of reported issues and had made arrangements to formalise good experience such as regular mental state examinations to be discussed with supervisor. Additionally there was recognition of need for clarity with the GP trainees as to their role in the service.

In our service, as supervisors we remain happy to discuss issues with trainees which can be raised with the relevant service(s) if this is a problem for trainees. I note we have had the GPST post removed, which was originally supposed to

occur in August 2020 but has effectively occurred in August 2019 due to the error in advertising the posts (so we will no longer have any more GPSTs at Lynebank as things stand). Looking at the survey data, this decision appeared to reflect on the comments about overall satisfaction, adequate experience and curriculum coverage. However I also comment that we have tried to gear supervision both toward learning about psychiatry generally as well as having some focus on learning disability psychiatry. I must admit to being slightly puzzled at the score on teamwork as I believe that's something which is prevalent and necessary in learning disability services, so it's hard for me to comment further without more information.

Some of these comments apply in terms of what we try to provide for CTs as well. I note the only pink score for CT and ST experience was for local teaching. I comment that we are fully supportive of trainees accessing all the teaching they require and have not prevented this at any time. The reason behind this score may be within normal error, but if an issue may require further information as to what it means (and may need to be shared with others if this relates to Fife psychiatry teaching generally, for instance).

As a general comment, in our service, I believe we are committed to recognising the training needs of trainees and supporting this via availability of appropriate clinical and educational supervision and allowing attendance at appropriate training activity.

3.45 Site: NHS Fife, Specialty: Public health medicine

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Run through - GP								1
Run through - GP (aggregated)								2

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Small numbers

3.46 Site: Lynebank Hospital, Specialty: Core Psychiatry Training

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
Core (aggregated)	W	W	W	W	W	W	W	W	W		P	W			W	W	W		3 (aggregated)

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

See section 3.44

3.47 Site: Lynebank Hospital, Specialty: General Psychiatry

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
GPST (aggregated)	P -	W -	P ▼	W -	W ▲	P -	W -	G -	W -		W -	W ▼	G	P -	P	P	W		3 (aggregated)

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
See section 3.44

3.48 Site: Queen Margaret Hospital, Specialty: Core Psychiatry Training

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
Core (aggregated)	W ▲	P -		W -	W -	W ▲	W -	W -	W -	P -	R -	W -	W -	R -	R -	P -	W ▲	W	5 (aggregated)

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
See section 3.36 Whilst the results remain a concern they are aggregated and it is encouraging that the changes implemented are beginning to show an effect with improvements in overall satisfaction, experience and governance.

3.49 Site: Stratheden Hospital, Specialty: Core Psychiatry Training

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
Core	P ▼	W -	W -	W -	W -	W -	W -	W -	W -	W -	P ▼	W ▼	W -	W ▼	W -	P ▼	W -	R ▼	5

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

From summer 2019 there has been an improvement in local teaching taking place and number of trainees attending them. All the journal club slots have been utilised by trainees to present papers and cases.
Curriculum coverage-My trainee achieves coverage for all areas in Curriculum.
I am unable to comment on rota design as I am not involved in this. I have not been made aware of any issues by my trainee.

I think the core trainees are understandably frustrated with the rota. Due to having to spend their 'long days' (daytime and evening OOH) at the UCAT team, they are often away from their own sites. They also have half days after 24 hour on call shifts, and by the time attendance at teaching, study leave and annual leave is taken into account, they feel that they are away from the site a lot. The days where they are then on site may be affected by commitments as the daytime site duty doctor – they will not have clinics booked for those days, and may end up spending much of the day dealing with urgent issues rather than their own routine clinical work. Another commitment which may affect the time they have available to do their own posts is that they generally cross cover for UCAT days/annual leave/study leave for one another. The feedback I have had from trainees is that at times they feel like they don't actually have a lot of time to spend in their own post, and some have felt that this can make it difficult to make use of all of the training opportunities available. The consultants on site are very aware of this, and are proactive in trying to ensure that trainees can best utilise available opportunities. The frequency of day duty rota has been reduced (by moving to whole days instead of half days), however, as the OOH rota is a Fife wide one and the requirement for long day doctors to be based at UCAT is in place, there appear to be limited options in terms of the Fife-wide rota design.

3.50 Site: Victoria Hospital, Specialty: ACCS

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
Core	W ▲	W -	W ▲		W ▲	L ▲	G ▲	W ▲	W ▲		W ▲	R -		W ▲	L ▲	W -	W -	G ▲	3

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

ACCS covers 4 specialities so it is difficult to comment on areas with any certainty. It is however encouraging that both rota design and supportive environment are green and that workload is white. The light greens for experience, teamwork and feedback are also encouraging. It is encouraging to see an improvement on last year's results. No comment on red flag which applies to regional teaching, which is run out of Lothian.

3.51 Site: Victoria Hospital, Specialty: Core Medical Training

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
Core	W -	W -	W -	P ▼	W ▲	G ▲	G ▲	W -	W -	W -	W ▲	W -	W -	W -	G -	G ▲	W ▲	W -	10

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

It is encouraging that CMT has scored greens in experience, supportive environment, teamwork and curriculum coverage. Handover is being looked at as part of the ongoing review of general medicine and it is hoped this will improve in the next survey.

3.52 Site: Victoria Hospital, Specialty: Core Surgical Training

GMC NTS (Trainee)

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
Core (aggregated)	W -	G ▲	G -	W -	G -	W -	W ▼	W -	W -		W -	G -	W ▼	W -	W -	W -	L -	W	5 (aggregated)

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
The feedback from Core Trainees have been positive and Fife General Surgery has delivered well for these group of trainees with right balance of operative, OP clinic and emergency work.

4 Sign-off

Form completed by	Role	Signature	Date

Datix Incidents reported by trainee doctors by Site and Sub category - 010818-310719

Site	Total
Victoria Hospital	113
Queen Margaret Hospital	15
Stratheden Hospital	5
Whyteman's Brae Hospital	5
Health Centre / Clinic / Medical Practice	3
Dental Premises	3
Adamson Hospital	1
Glenrothes Hospital	1
Lynebank Hospital	1
St. Andrews Community Hospital	1
Pharmacy (Community Services)	1
Non NHS Fife Premises/Care Facility	1
Offsite e.g. Patients Home	1
Total	151

Datix Incidents reported by trainee doctors by Specialty and Category - 010818-310719

Specialty	Total
General Medicine	13
Paediatric	12
General Gynaecology	9
Accident and Emergency	8
Theatres	8
Acute Medical Admissions Unit (AMAU)	7
Adult Mental Health - Acute	7
General Surgery	6
Maternity / Obstetrics	6
Neonatal	6
Intensive Care Unit	5
Medicine For The Elderly	5
Orthopaedic Trauma	4
Anaesthetics	3
Cardiology	3
No specialties in this Directorate	3
Renal Medicine	3
Sexual Health	3
Urology Surgery	3
No value	3
Colorectal Surgery	2
Endocrinology	2
Gastroenterology	2
No specialties in this Service	2
Test Specialty 1 (DO NOT USE)	2
Addictions Team - West - Kirkcaldy	1
Adult Mental Health - Low Secure Unit	1
CHP Administration Services	1
CT Scanning	1
Day Hospital - MH	1
Ear, Nose & Throat / Audiology	1
Endoscopy	1
General Adult Assessment	1
Hospital at Home - East	1
Hospital at Home - West (Dunfermline)	1
Learning Disabilities - Inpatients	1
Long Stay / Continuing Care	1
Medical Assessment	1
Minor Gynae Surgery	1
Ophthalmology	1
Oral Maxillofacial Surgery	1
Palliative Care Inpatient beds	1
Pharmacy - Stores & Distribution	1
Recovery and Adaptation	1
Respiratory / G.I.	1
Respiratory Medicine	1
Resuscitation	1
Stroke / General Medicine	1
Ultrasound	1

Ref	Category	Sub category	Description	Staff / Patients listed in Description or Action Taken Fields	Include Y/N?	Central/Peripheral?
WEB99932	Other Clinical Events	Delay In Treatment	Patient A had a history of bowel cancer resected in 2016. He was admitted under care of surgeons on 13.3.19 with a painful incarcerated hernia. Abdo Xray report: "Mild gaseous distension of some small bowel loops in the left side the abdomen raising some suspicion of obstruction." Treated for UTI and discharged on 14.3.19. Re-admitted on 18.3.19 at 23:50 via A&E. Presented with 5 days of vomiting, hiccups and difficulty opening bowels. Severe AKI noted on bloods. Seen by surgeon in A&E - deemed to have low risk of incarcerated hernia and referred to medics. Admitted to AU1 on 19.3.19 at approx. 09:30. Surgical review by Surgeon A at 15:00 and CT recommended. Re-assessed by Surgeon A at 21:00 - incarcerated hernia noted and documents likely for theatre following day. Patient A not taken over by surgeons and not assessed by Consultant in AU1. Instead, transferred to Renal Unit (back of ward) without referral to Renal team.	Surgeon A - Dr Sayers - Surgical ST3 Surgeon B - Mr Manimaran - Consultant Surgeon oncall Doctor A - Dr Alfonzo - Renal Consultant ICU Doctor A - Dr M McMahon - ICU Consultant	Y	Peripheral
WEB97362	Other Clinical Events	Unexpected Deterioration in Condition of Patient	Patient a became unwell with reduction in O2 sats and cyanosis. Patient had been unwell during day with probable cytarabine related syndrome and associated pyrexia. Patient A had been receiving Dapsone 200mgs TDS and had received 3 x doses, this was prescribed by Doctor A on the 28/1/19. Blood gas performed as dapsone related methemoglobineania was considered the cause of hypoxia/cyanosis. Patient should not have been on dapsone and dose was 6 x the daily dose. Methaem 19.8% on blood gas	Patient A- Sandra Ritchie Doctor A - Aspen McIntosh Consultant A- Dr Andrew Clark	Y	Peripheral
WEB94635	Medication Incident	Prescribing	Patient setn home with a box of metoprolol labelled take twice a day. In notes it says 'patient aware of plan for metoprolol'. On IDD in text it says up to once a day, in prescription side it says take up to twice a day. Box labelled by ward staff for patient to take home. Daughter and patient say it said take twice a day - not when required. patient took twice a day without the need (no chest pain) and was readmitted on 25th November with bradycardia of 22 and AKi on CKD	Patient - Ann Nobile Doctor writing IDD Dr Duncan Blues FY1	Y	Central
WEB93448	Cardiac Arrest	Cardiac arrest unexpected / no deterioration noted	Nurse A expressed concerns to colleagues and FY1 on ward regarding Patient A, due to increase in 02 requirement and did not seem himself, taking off o2 mask, appeared aggitated, muddled at times, pale and grey in colour and short of breath. fewsing 3 at 23.30 due to bp 98/60, RR22 and sp02 94%. fy1 went to see patient and was not concerned at this time. At 00.09 Patient A became distressed, noticed sp02 = 88% myself nurse A and nurse B were with Patient A trying to assist him into the chair. Patient A was sat on the edge of the bed and stated he just needed time to get his breath back. Then Patient A arrested.	Nurse A - Amy Goodwin Nurse B - Emma Hunter FY1 - DR JEU Patient A - Thomas Buchanan	Y	Peripheral
WEB92794	Theatre / Surgery Incidents	Count Incorrect (swab/instrument/needle etc) Incorrect at time of count - follow S.O.P	Charge Nurse A was scrubbed for a hemiarthroplasty with Registrar A and Registrar B as surgeons, unsupervised by a consultant. Before cementing, Charge Nurse A checked swabs with APA A and the count was correct. There was a swab on the wound which was visible and the surgeons acknowledged it was there during the count. Before inserting the femoral stem Charge Nurse A again did a swab count and the count was correct. The swab remained on the wound and visible. After the femoral stem had been cemented in Registrar B tried to remove the swab next to wound. He was having some difficulty. When he finally removed the swab Charge Nurse A examined it and informed the surgeons that part of it was missing including part of the raytec. The missing part was approx. 2x2 cm. It became apparent that part of swab had been cemented into the femoral stem with the implant.	Registrar A - Ms Bell Registrar B - Mr Makaram APA A- APA Downie Consultant A - Mr Sharma Consultant B - Mr Dunstan(not in theatre) SCN A - SCN Thomson SCN B - SCN Spark Charge Nurse A - Barbra Black	Y	Central
WEB92649	Cardiac Arrest	Cardiac arrest following recognised patient deterioration	Patient A became unwell, unresponsive and had a cardiac arrest and CPR performed. Patient passed away.	Patient- George Fagan. Staff Nurse- Jelly John. Staff Nurse- Nicola Keeney. Ortho ANP- Nicola Kelly. Ortho FY1 Allister Cockburn. Crash Team on duty. DCN. HAN team. Ortho Reg- Gordon Snowden.	Y	Central
WEB102065	Theatre / Surgery Incidents	Anaesthetic Issues	Sub-optimal peri-operative management of ASA III dialysis dependent patient for nephrectomy. 4 hour operation performed with x1 20G PVC BP cuff on forearm next to working fistula - unreliable measurements, touching fistula Dialysed in morning as K+ 6.7, tinzaparin in HD filter, spinal performed for operation Patient extubated at end of case and size 3 I-gel inserted. On arrival ICU clearly obstructed breathing pattern, ETCO2 17 Failure to recognise/act on this by anaesthetist I-Gel removed and patient re-intubated A-line inserted on left arm, BP significantly higher ABG K+ 6.3/formal 6.8 Difficult dynamic between anaesthetist and ICU team Excellent support from ICU nursing team	Annemarie Docherty - ICU ST7 Chris Perrara(?) - Locum Anaesthetic Consultant	Y	Peripheral
WEB101469	Other Clinical Events	Conflict Over Case Management	He is a 60yr old man with a history of mental health issues (Schizophrenia, alcohol abuse and cognitive issues) on Clozapine. He presented to medicine on 17th April with confusion. He was cathetherised for retention on admission. Over the course of the weekend he developed increasing abdominal distension. He had an AXR on Mon 22nd April and this showed gaseous distension. Later that day, he had a CT-AP which was felt to demonstrate a pseudo-obstruction. The Surgical Reg (Reg A) reviewed that evening and wrote will review on the WR tomorrow +/- flexi sigy with decompression. After there was no surgical review on 23rd the ward doctor phoned and was told this hadn't been the plan, but we were to arrange the endoscopy ourselves. My consultant colleague (Cons A), phoned the surgical team 24th April and one of the STrs came to review (Reg B). The following day (25th April), Cons A phoned again to ask the surgical team to insert a flatus tube and take over the care of the patient. Reg C came and inserted a soft flatus tube but said	Difficult to make out some of the names for the surgical entries from the STrs Reg A K.Asup Reg B Mr Usman Reg C Mr Chan Cons A Ralph Thomas Cons B Mr Keoffman Cons C Mr Evgenikos Cons D Mr Luhmann	Y	Central
WEB101255	Medication Incident	Prescribing	Patient A admitted 12/4/19 with reduced mobility and urinary symptoms due to urinary retention. The VTE risk assessment on page 8 of the patient care and assessment record was not completed by Doctor B and patient did not receive dalteparin prophylaxis. This was not picked up at the first consultant review by Doctor C as the ward round checklist to ensure this was done was not completed. Was then not picked up again in admission. Reviewed by Doctor D on 2 occasions on ward round on ward 32 and subsequently in ward 4. Patient A deteriorated on the 22/4/19 with evidence of sepsis and multi organ failure. Large DVT developed at same time. Was treated with treatment dose as well as antibiotics and fluids. In conjunction with next of kin, decision to palliate made as did not respond to treatment clinically. Doctor D noted the error regarding lack of VTE prophylaxis having never been prescribed on reviewing notes to issue death certificate	Patient A- William Bond Doctor B- Sunny Jabbal (SpR) Doctor C- Iain Murray (Consultant) Doctor D- Aylene Kelman (Consultant)	Y	Peripheral

Post Specialty	Trust / Board	Site	Indicator	2012	2013	2014	2015	2016	2017	2018	2019
Emergency Medicine	Fife	Victoria Hospital - F704H	Overall Satisfaction	81.65	86.00	92.57	86.77	93.54	89.92	89.31	92.67
			Clinical Supervision	86.72	88.00	93.75	86.12	89.35	92.50	93.13	94.50
			Clinical Supervision out of hours				82.88	88.73	90.00	89.17	87.92
			Reporting systems					84.90	82.19	82.08	81.92
			Work Load	25.74	37.50	34.82	34.13	29.49	26.04	30.47	39.17
			Teamwork						81.25	74.48	82.78
			Handover	36.76	45.83	76.79	75.96	80.45	71.53	78.33	83.47
			Supportive environment				78.85	86.15	77.50	86.88	85.00
			Induction	95.29	92.50	96.79	97.31	93.46	88.54	87.81	87.67
			Adequate Experience	86.47	89.17	97.14	89.23	95.38	93.33	91.56	89.50
			Curriculum Coverage						84.03	86.46	89.44
			Access to Educational Resources	62.43	59.93	71.27	71.43	75.45			
			Educational Governance						78.47	75.52	75.00
			Educational Supervision	79.41	87.50	96.43	98.08	90.38	89.58	83.59	83.75
			Feedback	74.62	87.50	86.67	74.17	83.80	79.17	90.83	83.75
			Local Teaching	69.88	61.33	77.67	71.00	72.71	71.63	72.00	77.78
			Regional Teaching	66.10	71.83	74.70	75.94	75.31	63.67	52.22	54.45
			Study Leave	70.12	64.44	65.33	59.74	69.24	47.57	53.75	57.74
			Rota Design							72.08	70.00

8. DME Action Plan: to be returned to Jill Murray at foundation.qualitymanagement@nes.scot.nhs.uk **by 12 June 2019**

Site: General (Internal) Medicine, Victoria Hospital, Kirkcaldy

Ref	Issue	By when	Owner	Action(s)	Date Completed
8.1	The site must develop an effective boarding policy of safe selection, tracking and managing boarded patients and ensuring appropriate clinical ownership & oversight of patient care.	Immediate	Clinical director, General manager and Nurse Director	*There is a SOP for boarding in Fife. The main issue is that there are not enough medical beds to house the current level of admissions, resulting into overflow into surgical and 'overflow' wards (the latter has not got permanent nursing staff or any medical staff). The F1s in medicine and surgery are team based rather than ward based (at the request of NES from previous visits) which enhances their training.* *The bed management team are sometimes forced to look for patients to board beyond those identified as safe to board due to numbers. Additionally in Fife the HSCP has failed to provide timely/adequate services to aid discharge and there*	**Ongoing**

				are always significant numbers of patients in delay. *This is a complex problem which cannot be solved immediately but NHS Fife recognises the problem and is working on reducing the boarding burden on all concerned.*	
8.2	Handover processes must be improved to ensure there is a safe, robust handover of patient care with adequate documentation of patient issues, senior leadership and involvement of all trainee groups who would be managing each case.	22 December 2019	Handover Lead and trainee leads, with Clinical Director	*The Handover lead has introduced a new handover model with support from IT that now provides a manageable list of patients transferred from the Admissions Unit to wards. This has already received favourable feedback from trainees. We acknowledge that handovers require further work and the Medical Directorate is addressing this.*	**Ongoing**
8.3	Solutions must be found to address the junior middle grade trainee rota, the intensity of which may have non-intended consequences on patient	22 December 2019	Rotamaster + trainee rep with MEQM and DME	*The Clinical Director with assistance from Medical Education and with representation from trainees on the rotas are investigating options to reduce the intensity of the on-call sections of the junior middle grade*	**August 2019.**

	and trainee safety.			*trainee rotas (Rotas A&B) in line with the senior middle grade rota (StR3+ Rota). Discussion was had with trainee representatives and a decision was made based on the majority of responses showing that the trainee cohort currently working in NHS Fife preferred having the on-call weeks together and the ward weeks separate. Due to this the decision was made to not alter the structure of the rota. The start times of all rotas have been adjusted so that all trainees on normal shifts begin work at 0830am.*	
8.4	Appropriate outpatient clinic training opportunities must be provided for General Practice, Core Medical and Specialty trainees.	22 December 2019	Clinical Director, DME and Chief Registrar	*The chief registrar is auditing Registrar clinic attendance.* *CR Summary:* *The overall impression is that registrars are attending clinic much more regularly. Most have felt the timetabling of clinics empowered them to leave the ward. There are still some wards where leaving the ward has been more difficult.* *CR Recommendations:*	**Ongoing**

				1) **Acknowledge the consultants who are allowing registrars to sit in their clinic and see patients – this is much appreciated and found to be very educational by the registrar cohort** 2) **Reiterate clinic timetable to consolidate this into routine ward life** 3) **Longer term, ensure induction highlights this clinic timetable for new registrars. Make ward specific induction material which includes this.** 4) **Share this good practice amongst all training grades requiring clinic attendance**	
8.5	Barriers preventing trainees attending their dedicated teaching days must be addressed.	22 December 2019	DME and clinical leads	*Foundation trainees must attend their teaching sessions (delivered in house on Tuesdays/Thursdays) whether they are on downstream wards or on call at the front door. DME will encourage and enforce including communicating with Charge Nurses to make them more aware.*	**Ongoing**

| 8.6 | Hospital and Departmental inductions are provided which ensure trainees are aware of all of their roles and responsibilities and feel able to provide safe patient care. | 22 December 2019 | **Induction Coordinators** | *The only reference in the report that is negative about induction relates to specific ward induction, We will ask that there is additionally a specific ward orientation when trainees commence.* | **August 2019** |

Scotland Deanery

Director of Medical Education Report

NHS Education for Scotland

NHS Board	Fife			
Responsible Board Officer	Dr Chris McKenna			
Director of Medical Education	Dr Morwenna Wood			
Reporting Period	**From**	01/08/2018	**To**	31/07/2019

Note to DME: Please complete all sections of the report in relation to the last training year. For assistance, please contact Duncan Pollock at Duncan.Pollock@nes.scot.nhs.uk or 0141 223 1625.

Please complete and return to Duncan.Pollock@nes.scot.nhs.uk by **6th August 2019.**

1: Undergraduate Medical Education: Quality Report

Key to survey results

Undergraduate Survey (UG)*

Key	
R	Score less than 0
A	Score 0 to less than 0.55
W	Score 0.55 to less than 1.55
G	Score more than or equal to 1.55
	No results available
▲	Better result than last year
▼	Worse result than last year
—	Same result as last year

*This report utilises data from the Scottish Student Evaluation Survey. Results are only provided where there are at least five responses. "Number of respondents" is the total responses received; the number of responses received for some questions may be significantly fewer. "Possible responses" is the number of students surveyed.

1.1 Site: Cameron Hospital, Specialty: Rehabilitation Medicine

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
St Andrews	Rehabilitation Medicine	3	G	G			G			G						G						G	21	43

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

This module continues to have consistent green flags and due to the past years' successes, the module lead took the same approach for this year. He ensures the students feel welcome and that the session is focused on them. He spends the whole session with the students and uses varied teaching and media; talks, presentation and a DVD which is a recording of a patient who demonstrates features and consequences of traumatic brain injury.

When the students are taken to the ward, their clinical examination technique is observed and the aim is for the module lead to build the students' confidence in examining patients. Throughout the time on the ward the students are observing and examining patients with neurological signs and conditions. The group further discusses those clinical signs and conditions throughout the session. After the session the module lead sends the students, by email, a resume of what was covered as a reminder and attaches 2 or 3 articles to assist with their reading of what was covered in the main session.

1.2 Site: Queen Margaret Hospital, Specialty: General Psychiatry

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
St Andrews	Psychiatry	3	G —	W —			G —			G —						G —						G —	13	33

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
The tutors continue to follow a successful format that has been finely tuned over the years and works well. The tutors plan to continue the same format for the upcoming year.

1.3 Site: Stratheden Hospital, Specialty: Old Age Psychiatry

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
St Andrews	Old Age Psychiatry	3	G ▲	W ▬			G ▲			W ▬						G ▲						W ▬	9	23

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The teaching for this module is delivered by very experienced Consultants. The students get a thorough introduction to Old Age Psychiatry and take a medical history from a patient in pairs, which works well. The students are permitted to carry out a cognitive assessment and in pairs carry out a bedside cognitive test.

The likely reasons for the new green flags include an information pack that is now issued when the students arrive which includes a timetable for the session, a copy of the ACE-III and its scoring system, a guide to the mental state examination, some written information about common topics in old age psychiatry and a copy of the Alzheimer's Scotland Dementia Handbook. Having clinical contact and then the opportunity to discuss the patients they have seen is an experience the students' value.

1.4　Site: Stratheden Hospital, Specialty: General Psychiatry

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Psychiatry	4	W —	W —	G ▲	G ▲	G ▲	G ▲	G ▲	G ▲	W ▲	G ▲	W ▲	G ▲	G ▲	G ▲	W —	W —	W —	G ▲	G ▲	G ▲	5	9
St Andrews	Psychiatry	3	G ▲	W —			W —			G ▲						G ▲						G ▲	9	23
Edinburgh	Psychiatry	5	R ▼	W ▲	G —	W —	W —	W —	W ▼	W ▼	W ▲	A ▼	W —	W —	W ▲	W ▲	W —	A —	W ▲	W —	W —	W —	5	6

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Dundee and St Andrews – A new Local Module Lead has been appointed to lead these universities and he has updated the block guide for the students so as to manage their expectations better. The update should also allow the students to feel the block is more organised and benefit the most from the autonomous approach we have to them organising parts of their own timetable. Edinburgh – Although the survey started with 5 responses, not all students completed the questions by the end. The question relating to 'overall satisfaction' only had 2 responses so we feel these results are irrelevant. It is challenging to comment on the amber flags when there is no free text comments provided.

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1.5   Site: Victoria Hospital, Specialty: Anaesthetics

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Edinburgh	Anaesthesia	6	G ▲	G ▲	G ▲	G ▲	G ▲	G ▲	W —	G ▲	G ▲	G ▲	G ▲	G ▲	G ▲	G ▲	G ▲	W —	W —	G ▲	G ▲	G ▲	8	11
Edinburgh	Critical Care	6	G ▲	G ▲	W —	G ▲	G ▲	G ▲	G ▲	G ▲	W —	G ▲	W —	G ▲	W —	W —	W —	W —	W ▲	W —	G ▲	W —	W —	5	8

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Anaesthesia – the Local Module Lead for Anaesthetics is an experienced and enthusiastic teacher which is reflected in the increased number of green flags. The students are welcomed with a timetable one week in advance which seems to be valued and the Local Module Lead is contactable for advice throughout the students' week in Anaesthetics.

Critical Care – the department have put in a few changes over the last year to improve the students' experience in Critical Care including a thorough welcome email to all students prior to their start date; there is a Consultant present, normally the Local Module Lead, for orientation and tutorial on first day of attachment; the department have introduced a new examination proforma to help students assess patients; and all unit doctors support the ethos of training.

1.6   Site: Victoria Hospital, Specialty: Cardiology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
St Andrews	ANP GI/Cardiology	3	G	W			G			G						G						G	10	24
St Andrews	Cardiology	3	G ▲	W —			G ▲			G ▲						G ▲						G ▲	10	14

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
ANP GI / Cardiology – this is a new module that has been greatly received due to its uniqueness of teaching. The ANP tutors are ensured the students had a comfortable learning environment, aiming to be informative and approachable. They were pro-active in sourcing patients to examine and obtain a history from and also being able to interpret investigations as a team was valuable. For the year ahead the tutors hope to provide more information about the ANP position and its role within the multidisciplinary team. Cardiology – the increase in green flags is due to the original tutor returning from a period of absence. The tutor is enthusiastic with the students and enjoys leading the session.

1.7　Site: Victoria Hospital, Specialty: Paediatrics

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Child Health	4	G—	W—	W▼	G—	W▼	G—	G—	G—	G▲	W—	W—	W▼	W—	W—	G▲	W▼	W▼	W—	W—	W—	14	24
Dundee	Paediatrics	5	G—	W—	W▼	G—	W▼	W▼	G—	W▼	W—	W▼	W—	G▲	W—	W—	W—	W—	W—	G▲	G▲	G▲	5	7

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

We are pleased with the results from Paediatrics and appreciate the work the experienced and enthusiastic Local Module Lead puts into the module.

1.8   Site: Victoria Hospital, Specialty: General Internal Medicine

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
St Andrews	Clinical Reasoning	3	G—	G—			G—			G▲						W—						G—	48	126
St Andrews	Every Person Every Time	3	G—	G—			G—			G▲						G—						G—	36	81
Dundee	Foundation Medicine	5	G—	W▼	G▲	G—	G—	G—	G—	G—	G—	G▲	G—	G—	G—	G—	G—	W—	G▲	G▲	G▲	G▲	8	16
St Andrews	Inter Professional Care	3	W—	G—			W—			G▲						G▲						G▲	49	111
Edinburgh	Medicine	6	G—	G—	G—	G—	W▼	G—	G—	G—	G—	G—	G—	W▼	G—	W▼	W—	W—	W—	G▲	W▼	W—	8	24
St Andrews	When Organs Fail	3	G—	G—			G—			G—						G—						G—	44	100

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Clinical Reasoning – the lead tutor of this module works predominantly at St Andrews University so therefore has a good awareness of what is involved in the curriculum which is seen as advantageous. The session is taught alongside an Advanced Nurse Practitioner with core knowledge of the subject and patients which works well in giving students insight into working as a multi-disciplinary team. The tutors are confident in giving the students the independence to work at the appropriate level of training.

Every Person Every Time – this module works well with an enthusiastic tutor who works closely with the University of St Andrews so has a clear understanding of the needs of the students that are on placement in Fife. Good practice that could be shared includes allowing students to see patients without direct supervision, the near-peer support and guidance from the FY1, providing real-life practical examples of how clinical risk is being managed specific to each patient and having the benefit of cooperative patients and supportive nursing staff whilst on the wards.

Foundation Medicine - The likely cause of the dip in the block organisation is due to the Local Module Lead being suddenly

off sick and there was only temporary cover for the induction sessions. There has since been a change of Local Module Lead since March. The department plans to continue their programme of simulation based teaching which is very popular with the students, as well as the formal tutorials on chest x-rays, ECG's and handover.

The Interprofessional Care module brings together undergraduates of medicine, nursing, AHP and social care to work with, from and about each other. The aim is to improve collaborative learning and working, patient safety and health outcomes. The feedback from students is very positive and what they like most is that it is not simulated - they are communicating with and examining real patients on a ward. A challenge for this module is getting enough of a range of students from different disciplines on a regular basis. We continue to advertise the module at the appropriate universities and liaise with practice education leads to highlight the module for their students.

Medicine – the Local Module Leads work hard to organise the block and make sure the students get off to a good start, with a thorough induction meeting. He is able to offer the students frequent high quality tutorials and bedside teaching with support from colleagues. The Local Module Lead runs a mock end of placement OSCE and makes sure that the students receive detailed individual end of placement feedback about their overall performance and professionalism.

When Organs Fail – The team deliver a very efficient welcome tutorial and the teaching session is well structured and student participation is sought. The teachers believe the uniqueness of what is done in the Intensive Care Unit engages the students and therefore results in good feedback.

1.9   Site: Victoria Hospital, Specialty: Dermatology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
St Andrews	Dermatology	3	G —	G —			G —			G ▲						G —						G —	6	8

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

We are pleased with the continued positive results from Dermatology.

1.10 Site: Victoria Hospital, Specialty: Emergency Medicine

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
St Andrews	Emergency Medicine	3	G —	G ▲			G —			G ▲						G —						G —	46	124

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
The tutor that leads this module is a very experienced teacher and always ensures the teaching carried out is at the appropriate level of the students' careers. The teacher uses a 'teach not test' approach to ensure he is objectively instructing the students rather than using an examine style.

1.11 Site: Victoria Hospital, Specialty: Otolaryngology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
St Andrews	ENT	3	W ▼	G ▬			W ▼			W ▬						W ▼						W ▼	5	15

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
The morning the students spend in the ENT department is well organised by an enthusiastic teacher. We hope there will be more ENT opportunities for the upcoming year due to the department recruiting more Consultants.

1.12 Site: Victoria Hospital, Specialty: Gastroenterology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
St Andrews	Gastrointestinal	3	G ▲	G ▲			G ▲			W ▲						G ▲						G ▲	14	36

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

We are pleased with the continued positive and improved results from Gastrointestinal. The module is lead by two experienced Consultants who have dedicated time for teaching. The tutor knows his patients well and carefully selects who will be asked to take part in teaching. The tutor is always prepared before and during the session to ensure the students are aware of what is happening throughout.

1.13 Site: Victoria Hospital, Specialty: General Surgery

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Edinburgh	General Surgery	6	A —	A —	W —	W ▲	W —	A —	W —	W —	W ▲	W ▲	W ▲	W ▲	A —	W ▲	W —	W ▲	W —	W —	W —	W —	19	47
St Andrews	Surgery	3	G ▲	G —			W —			W —						G ▲						G —	45	104

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Edinburgh There have been a few improvements in General Surgery and we continue to work with the department to develop the placements further. The Local Module Lead has set up morning teaching sessions for the students; although the sessions have been popular, we are looking to change the time to lunchtime so that the students can still attend ward rounds in the mornings. The Local Module Lead also plans to deliver a clearer induction at start whereby the students' timetables are as comprehensible as possible. St Andrews The lead tutors plan to update the module descriptor that can be found in the student handbook with clearer information describing what will happen during the session to ensure they are managing expectations appropriately.

1.14 Site: Victoria Hospital, Specialty: Haematology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
St Andrews	Haematology	3	G —	G —			G —			G —						G —						G —	7	15

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
The continuing green flags are evidence that the department's efforts are continuing and are being rewarded. It is encouraging to see that the students enjoy their time with the department and consider it to be a good learning environment.

1.15 Site: Victoria Hospital, Specialty: Infectious Diseases

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
St Andrews	Infectious Diseases	3	G ▲	W —			W —			W —						W —						G ▲	7	15

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The session the students spend in Infectious Diseases is well organised and taught by an enthusiastic teacher. The unique aspect of this module is appealing to students. This year will see the employment of another member of staff so we are hopeful more Infectious Diseases teaching will take place in the upcoming academic year.

1.16 Site: Victoria Hospital, Specialty: General Psychiatry

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
St Andrews	Loss	3	G —	G —			G —			G —						G —						G —	42	106

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

This module continues to receive green flags as it is unique to the rest of the clinical placements. Many of the students have not had a personal experience of grief and bereavement – and it can be difficult for students to understand and appreciate the intense emotional distress associated with the death of a family member. This placement seeks to dispel some of the myths around death by allowing students to meet with those who have experienced bereavement and explore what the bereaved found helpful and what they found less helpful. In addition the placement covers practical elements of roles through visits to the Mortuary, the Baby Mortuary and the Hospital Chapel. The placement also gives time for students to consider how they maintain their own compassion and well being in the midst of suffering and distress.

1.17 Site: Victoria Hospital, Specialty: Geriatric Medicine

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
St Andrews	Medicine of the Elderly	3	W —	G ▲			G ▲			W —						G —						G ▲	23	40
Edinburgh	Medicine of the Elderly	6	W ▼	G ▲	G ▲	W ▼	W ▼	W —	W —	W —	W —	W —	W —	W —	W —	W —	W —	W —	W —	W ▼	W —	W —	8	26

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
The improvements in organisation are testimony to assistance and administrative support offered by the Undergraduate medical education co-ordinator. Teaching delivery reflects the combined dedication within the department to ensure sessions are delivered as timetabled or rescheduled. The numbers of Edinburgh responders are generally low with little free text comments so it is difficult to reflect on how the teaching sessions have been received.

1.18 Site: Victoria Hospital, Specialty: Neurology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
St Andrews	Neurology	3	W ▼	W ▬			G ▲			G ▲						W ▬						G ▲	6	15

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
A new member of staff has taught sessions this year so it is reassuring to note the 'total experience' for the students has improved. The department remain keen to teach and will continue to improve through shared good practice.

1.19 Site: Victoria Hospital, Specialty: Obstetrics & Gynaecology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Obstetrics & Gynaecology	5	W ▲	W ▲	W —	G ▲	W —	W —	W ▲	W ▲	W ▲	W ▲	W ▲	W ▲	W —	W ▲	G ▲	W —	W —	G ▲	G ▲	G ▲	5	8
Edinburgh	Obstetrics and Gynaecology	5	W —	W —	W —	W ▼	W —	W —	W —	W —	G ▲	W —	G ▲	G ▲	G ▲	G ▲	W —	G ▲	W —	G ▲	W —	W —	5	10
St Andrews	Reproductive Health	3	G —	G —			G —			G —						G —						G —	58	120

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

We are pleased with the continued positive and improved results from Obstetrics and Gynaecology overall. The Local Module Leads for Edinburgh and Dundee have worked together to change the rota so the students get a personal timetable which allows them to experience all parts of Obstetrics and Gynaecology.

1.20 Site: Victoria Hospital, Specialty: Ophthalmology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
St Andrews	Ophthalmology	3	G	G			G			W						G						W	7	8

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
This module continues to receive good feedback due to the enthusiasm of the lead tutor and his connection with the University of St Andrews.

1.21 Site: Victoria Hospital, Specialty: Trauma and Orthopaedics

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
St Andrews	Orthopaedics	3	W —	G —			G ▲			W —						G ▲						G —	47	119

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
The team deliver a highly patient based teaching session, with only a short talk before moving to an inpatient ward where students take histories on their own, then get shown how to examine before examining real patients again.   This upcoming year the tutors are hoping to add more interactive elements to the teaching, with some trauma teaching included if possible. The tutors are also planning to add some pre-module reading to the university system which will allow for additional teaching time on X-Ray interpretation in Trauma and Orthopaedics along with teaching on clinical decision making.   The high level of patient interaction and active participation helps to maintain the good feedback and hopefully the planned changes will help improve the experience for the students.

1.22 Site: Victoria Hospital, Specialty: Palliative Medicine

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
St Andrews	Palliative Care	3	G ▲	G ▬			G ▲			G ▲						G ▬						G ▲	29	53

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
We are pleased with the continued positive and improved results from Palliative Care.

1.23 Site: Victoria Hospital, Specialty: Intensive Care Medicine

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
St Andrews	Peri-operative Care	3	W ▬	G ▬			W ▬			W ▬						G ▲						W ▬	7	18

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
This session is well organised by an experienced teaching Consultant and supported well by nursing staff.

1.24 Site: Victoria Hospital, Specialty: Renal Medicine

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Edinburgh	Renal	5	W—	W—	W—	G▲	W—	W—	W—	W—	W—	W▼	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	13	29
St Andrews	Renal Medicine	3	G—	W▼			G—			G▲						G—						G▲	6	15

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Edinburgh – It is encouraging to see maintained high scores, particularly on teaching quality. Due to significant staff changes, there will be a new Local Module Lead for Renal next year and a thorough handover is being planned to maintain the high quality of renal undergraduate experience.

St Andrews – the overall experience of this session has improved and we are pleased with the continued level of high satisfaction from students.

1.25 Site: Victoria Hospital, Specialty: Respiratory Medicine

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
St Andrews	Respiratory	3	W —	W ▼			W —			W —						W ▼						W —	13	16

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Overall this session is well received. The decrease in block organisation and support is due to one of the sessions being taken by a Respiratory Consultant who offered to step in to teach last minute due to sickness in another specialty.

1.26 Site: Victoria Hospital, Specialty: Urology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
St Andrews	Urology	3	G ▬	G ▬			G ▬			G ▲						G ▬						G ▬	17	27

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
We are pleased with the continued positive results from Urology.

2 Sign-off

Form completed by	Role	Signature	Date

NHS FIFE
CLINICAL GOVERNANCE COMMITTEE

DATE OF MEETING:	August 2019
TITLE OF REPORT:	NHS Fife Prevention and Control Of Infection Annual Report 2018-2019
EXECUTIVE LEAD:	Helen Buchanan
REPORTING OFFICER:	Christina Coulombe

Purpose of the Report (delete as appropriate)		
~~For Decision~~ ~~reach a conclusion~~	~~For Discussion~~ ~~consider the options and any impact~~	**For Information** for noting

SBAR REPORT
Situation
The Board are asked to consider and agree/approve the content of the NHS Fife Prevention and Control of Infection Annual Report 2018-2019.
Background
The annual report provides information to the ICC, CGC and board on progress against the IPC programme of work and compliance with national guidance and targets.
Assessment
IPC Team activities are reported through the NHS Fife Infection Control Committee and lines of accountability are clearly defined as per HAI Standard 1 and Vale of Leven Report rec. *9, 48.*
Risks to the organisation will arise if there are insufficient resources available with the necessary expertise to carry out operational responsibilities.
Recommendation
Decision – the board are asked to consider this report and make a decision on accepting this paper for ratification.

Objectives: (must be completed)	
Healthcare Standard(s):	Healthcare Associated Infection (HAI) and Antimicrobial Resistance (AMR) Policy Requirements DL (2015) 19, National Healthcare Quality Strategy (2010) ambitions, the European Centre for Disease Control (ECDC) HAI requirements and relevant Patient Safety Essentials and Safety Priorities CEL 19(2013).
HB Strategic Objectives:	Effective Efficient

Further Information:	
Evidence Base:	As above
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Infection Control Committee

Impact: (must be completed)	
Financial / Value For Money	N/A
Risk / Legal:	Plans in place to mitigate any risks identified
Quality / Patient Care:	Supports quality strategy
Workforce:	N/A
Equality:	The Board and its Committees may reject papers/proposals that do not appear to satisfy the equality duty (for information on EQIAs, click here EQIA Template click here • Has EQIA Screening been undertaken? Yes/No (If yes, please supply copy, if no please state reason) • Has a full EQIA been undertaken? Yes/No (If yes please supply copy, if no please state reason) • Please state how this paper supports the Public Sector Equality Duty – further information can be found here • Please state how this paper supports the Health Board's Strategic Equality Plan and Objectives – further information can be found here • Any potential negative impacts identified in the EQIA documentation - Yes/No (if yes please state)

NHS Fife Prevention and Control of Infection Annual Report 2018-2019

Christina Coulombe Infection Control Manager

Approval Record	Date of Approval
NHS Fife Executive Directors Group	
NHS Fife Infection Control Committee	
NHS Fife Clinical Governance Committee	
Chief Executive for NHS Fife Board	

CONTENTS

1.0 INTRODUCTION

Infection Prevention and Control Team (IPCT)

Christina Coulombe, Infection Control Manager
Julie Cook, Senior Infection Prevention and Control Nurse
Margaret Selbie, Acting Senior Infection Prevention and Control Nurse (Bank)
Jacqueline Donachie, Infection Prevention and Control Nurse
Janice Barnes, Infection Prevention and Control Nurse
Nykoma Hamilton, Infection Prevention and Control Nurse
Catherine McCullough, Infection Prevention and Control Nurse
Hayley Wilson, Infection Prevention and Control Nurse (seconded post)
Elizabeth Dunstan, Infection Prevention and Control Surveillance Nurse
Mirka Barclay, Infection Prevention and Control Surveillance Nurse
Lynsey Delaney, Infection Prevention and Control Surveillance Midwife
Kathleen Diamond, Clerical Officer
Ken Marshall, Data Analyst (Bank)
Dr Keith Morris, Dr Priya Venkatesh, Dr Craig Ferguson, Dr David Griffith, Infection Control Doctors (ICDs)

Celebrating Success

Since April 2018 to end of March 2019, the Infection Prevention and Control Service have:

∗ Secured a part-time Infection Prevention and Control Nurse (IPCN) to support the IPCNs.

∗ Continued to support three of our IPCNs to study for the MSc specialist practitioner qualifications in Infection Prevention and Control.

∗ Sponsored our Senior IPCN to undertake the NHS Fife Clinical Leadership Course.

∗ Supported all the IPCNs and the IPC Surveillance Nurses and Midwife to attend the Infection Prevention Society (IPS) Annual Conference in Glasgow in September 2018.

∗ Participated in the IPS Infection Prevention and Control Awareness Week in October 2018. This UK wide awareness week was instrumental in promoting Standard Infection Control Precautions (SICPs), norovirus preparedness for the winter months in our hospitals and communities, influenza and how to prevent spreading the virus and the importance of hand hygiene at home and in the clinical setting.

∗ Supported European & World Antibiotic Awareness Week in November 2018 with staff and public awareness raising. Nykoma Hamilton (IPCN), David Griffith,

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Consultant Microbiologist supported this event. The events of the day were communicated via Twitter and Dispatches.

∗ The IPCT continue to host 'Lunch and Learn' sessions in the IPCT department to support team professional development. External and internal speakers covering topics ranging from Vale of Leven Hospital Enquiry to new emerging cleaning technologies have supported these sessions.

∗ WHO SAVE LIVES: Clean your Hands Campaign: Global Hand Hygiene Day - 5 May 2018 - 'It's in your hands - prevent sepsis in healthcare' The Infection Prevention and Control Nurses (IPCNs) visited a number of inpatient areas during the campaign. Information boards were used together with national and local materials to raise awareness of Sepsis. This was advertised on Dispatches and tweeted to NHS Fife, the World Health Organization and to Professor Didier Pittet.

∗ The IPCT hosted a highly successful winter preparedness study day 'Winter is coming. Are you prepared?' This popular event was attended by eighty-eight staff from across NHS Fife and premiered "Get it now" a parody of the hit song 'Let it go' from the film *Frozen*™, highlighting the importance of getting the influenza vaccine. The video received over twenty thousand hits online.

∗ Dr Keith Morris was a finalist in Kingdom FMs 'unsung hero' award 2018, nominated for his extraordinary work preventing infection in NHS Fife.

Nationally recognised work

The IPCT supported and continue to support work across a broad range of national stages. The team supported/are supporting:

∗ **The British Society of Antimicrobial Chemotherapy** (BSAC) to develop free online resources for nurses interested in the field of Antimicrobial Stewardship. These include guidelines, free book available to download, articles and more. There has been worldwide interest in this resource with Professor Dilip Nathwani Chair of BSAC and previously Chair of Scottish Antimicrobial Prescribing Group (SAPG) keen to promote the nursing role within antimicrobial stewardship.

∗ **NHS Education for Scotland** (NES) with the continuing development of NES module 'Getting it Right - Interactive Resource for the practical application of Standard Infection Control Precautions (SICPs)', a national resource to support compliance with SICPs.

∗ **National Services Scotland** with the Excellence in Care (EiC) programme. The IPCT are involved with the EiC lead to develop reliable systems for Multi Drug Resistant Organism (MDRO) Clinical Risk Assessment and Screening using Quality Improvement Science. The developed tool is currently being trialled in AU2 and AU1. This local work is informing the national approach for HAI indictors for EiC.

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* **National Services Scotland and Health Protection Scotland** in the development of *A National Monitoring Framework to Support Safe and Clean Care Audit Programmes: An Organisational Approach to Prevention of Infection Auditing*. This Framework is an agreed recommended minimum approach to auditing for all NHS boards. The framework applies to all audits of prevention of infection practice across primary and secondary care settings and refers to them as 'Safe and Clean Care Audits'. It supports a strategic approach to 'Safe and Clean Care Auditing' in line with the *HIS HAI Standards 2015*. NHS Fife is the first board in Scotland to develop an audit tool for staff based on the national framework.

* **The Arts and Humanities Council** with their *Re-Envisaging Infection Practice Ecologies in Nursing (RIPEN) antimicrobial resistance (AMR)* study. The RIPEN study explores how arts and humanities based approaches might help nurses think about positive prevention work while also re-envisaging practice in the event of a future with minimal or no effective antibiotics. RIPEN is a collaboration between five UK Higher Education Institutions and is funded by the Arts and Humanities Research Council.

* **Infection Prevention Society** at their Annual Conference by presenting '*Can PVC related bacteraemia be prevented'* to national and international delegates. Dr Keith Morris demonstrated Fife is at the forefront of Peripheral Vascular Cannula (PVC) related *Staphylococcus aureus* Bacteraemia (SAB) prevention work in Scotland.

* **NHS Tayside and the University of Dundee** with a four-year research study; *ARCH: Antibiotic Research in Care Homes*. The aim of the study is to carry out a programme of in-depth multidisciplinary research around how we might safely improve/reduce antibiotic use and ultimately Antimicrobial Resistance (AMR) in care homes.

The team continued to develop the Infection Prevention and Control Service to

- ✓ focus more on prevention than control
- ✓ sustain and build on achievements and strengths to date
- ✓ ensure that what works is implemented across the healthcare system
- ✓ support greater integration and partnership across the healthcare system
- ✓ ensure we prepare for the future and respond to emerging threats
- ✓ demonstrate our commitment to sustainable improvement
- ✓ promote a culture of zero tolerance of avoidable infections

The board recognises our collective responsibility towards Healthcare Associated Infection (HCAI) risk and continuously supports our implementation of new initiatives to control these risks. Development, implementation and review of policies alongside surveillance and education are key components of the Infection Prevention and Control Team's proactive approach to addressing the HCAI agenda.

Prevention and control of infection is everyone's responsibility and, as a multidisciplinary team, every member of staff is dedicated to maintaining consistently high standards to ensure patients receive clean, safe care.

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2.0 EXECUTIVE SUMMARY

- The Infection Prevention & Control Team (IPCT) continues to work towards improving surveillance, prevention and control of HCAI across Fife through collaborative joint working.

- During 2018-19, the IPCT was fully established.

- Absence rates were well above the organisational target during eight months of the financial year rising to 43.5% in August 2018.

- National Hand Hygiene audit reporting discontinued in September 2013, however auditing in Fife continues and has shown sustained high levels of compliance.

- Fife continues to comply with national mandatory surveillance requirements.

- Surgical Site Infection (SSI) rates fluctuate, but for reported orthopaedic procedures, they remain at a very low level. Rates for Caesarean Section were above the national rate in 2018-19. Rates for large bowel procedures remained with the national average.

- *Escherichia coli* bacteraemia (ECB) surveillance continued during 2018. NHS Fife has witnessed an increasing trend in the number of cases year on year since surveillance began.

- *Clostridioides difficile* infection (CDI) rates continue at a level below the national average. The March 2019 CDI Local Delivery Plan (LDP) Standard was achieved.

- The SAB rate for Fife has fluctuated during 2018 -2019. The March 2019 LDP Standard was not achieved.

- The winter of 2018-19 was quiet in terms of norovirus outbreaks. All outbreaks were contained with no spread to other wards and staff demonstrated great commitment and effort.

- A number of wards and bays were temporarily closed to admissions and transfers due to Influenza and other respiratory infections. There was a similar picture in most boards across Scotland.

- Seven hundred and twenty eight clinical and non-clinical staff attended face-to-face Infection Prevention and Control training sessions during 2018-19. These training sessions are over and above mandatory induction and core training and eLearning.

- Fife remains GREEN in the National Cleaning Specification monitoring reports.

- The Healthcare Environment Inspectorate inspected Fife once during 2018-2019. An unannounced inspection took place at Glenrothes Hospital, NHS Fife, from Tuesday 19 to Wednesday 20 March 2019. This inspection resulted in three requirements.

Fife has made significant progress in the prevention and control of infection and the management of HCAI during 2018-19, and responded quickly and effectively to developments and changes in national strategy. This will form a strong base from which to move forward on the challenges of the next twelve months.

NHS Fife has:

- Achieved the Local Delivery Plan Target for *Clostridioides difficile* Infection for another consecutive year.
- Continued to maintain hand hygiene compliance in both opportunity and technique compliance.
- Continued to celebrate low rates of surgical site infection in orthopaedic categories.
- Continue to work collaboratively with the Planned Care Directorate to support improvements in the care of patients undergoing Caesarean Section procedures.
- Continued to support quality improvements projects across the organisation through collaborative joint working across all of health and social care to improve clinical outcomes for patients with vascular access devices.

Christina Coulombe, Infection Control Manager on behalf of the Infection Prevention and Control Team

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3.0 PURPOSE OF REPORT

The purpose of this report is to provide information to the Infection Control Committee (ICC), Clinical Governance Committee (CGC), NHS Fife Board and all other interested parties on progress against the main objectives of the *Prevention & Control of Infection Work Programme (2018-19).* The format ensures all elements that are required by the *NHS Health Improvement Scotland (HIS) Standards (2015)* are included.

4.0 INFECTION CONTROL STRUCTURE AND ORGANISATION

4.1 Structures

Infection Control structure is defined within the *Prevention & Control of Infection Implementation Framework 2019-21* which lays down individual responsibilities and committee accountability for delivery of Infection Prevention & Control in NHS Fife and the Health and Social Care Partnership.

In 2018-19, the IPCT reported through the NHS Fife Infection Control Committee (ICC), to the NHS Fife Clinical Governance Committee (NHSFCGC), the HSCP Clinical and Care Governance Committee and the Executive Directors Group (EDG). These groups then reported to the NHS Fife Board and Integrated Joint Board. The ICC meets bimonthly with minutes of the meeting being widely distributed*.*

NHS Fife has systems in place to ensure that national requirements for infection control, decontamination and cleaning as laid down in Chief Executive Letters (CEL), Chief Medical Officer for Scotland (CMO) letters, Chief Nursing Officer for Scotland (CNO) letters and other mandatory guidance are identified and addressed. These are disseminated direct to the Infection Control Manager (ICM) from the Scottish Government Health & Social Care Directorate (SGHSCD) Healthcare Associated Infection (HCAI) Policy unit or via the Chief Executive and the Executive Lead for Infection Prevention & Control.

4.2 Staffing and Resources

The IPCT was recruited to established strength by end of March 2017. Absence was an ongoing challenge during 2018-2019. Absence rates fluctuated from 0%-43.5%.

5.0 GOVERNANCE

5.1 Internal Audit

No requests for review of IPC services were received from Internal Audit for this reporting period.

6.0 NATIONAL STRATEGY

6.1 NHS HIS HAI Standards (2015)

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The 2015 standards provide the core structure for inspection tools used by the Healthcare Environment Inspectorate (HEI) for hospital inspections.

NHS Fife received one inspection for the period April 2018 to end of March 2019.

Glenrothes Hospital Inspection

An unannounced inspection took place at Glenrothes Hospital, NHS Fife, from Tuesday 19 to Wednesday 20 March 2019. This inspection resulted in three requirements.

Inspection focus

- Standard 2: Education to support the prevention and control of infection.
- Standard 6: Infection prevention and control policies, procedures and guidance.
- Standard 8: Decontamination.

The following areas were inspected:

- Day hospital.
- Outpatient department (clinical rooms).
- Ward 1.
- Ward 3.

Inspection Requirements

Requirement 1.
NHS Fife must ensure that:
a) Staff are aware of NHS Fife's mandatory IPC education requirements, and b) Nursing and medical staff complete the mandatory IPC education.

Requirement 2.
NHS Fife must ensure staff comply with Health Protection Scotland's National Infection Prevention and Control Manual:
a) For the management of used linen, and
b) For the provision of a designated, lockable disposal hold where waste can be stored before removal.

Requirement 3.
NHS Fife must ensure that:
a) Patient equipment and the environment is safe and clean, minimising the risk of cross infection, and
b) The built environment is maintained to allow effective cleaning.

The inspection noted:

- Good standard of cleanliness in most areas inspected.
- Good staff compliance and knowledge of standard infection control precautions.

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Scrutiny and Assurance:

Areas highlighted for action.

Education

Staff were reported as being unclear of what mandatory infection prevention and control training they should complete. Staff were unaware of where to find this information. An extant NHS Fife Education, Training and Development Strategy is available however in light of the inspection this has now been updated and is currently under consultation. The aim is to ensure staff have clear guidance on HCAI education requirements in an easily accessible document that is easily understood and implemented.

Water Safety

During the inspection the inspection team found one shower room used as a storage room, this was addressed immediately at the time of the inspection. This is not common practice i.e. all other rooms inspected were compliant with water safety and control of Legionella. NHS Fife comply with national water safety guidance throughout NHS Fife. Water safety guidance is extensive and infrequently used water outlets is only one part of the management of water systems in their entirety in healthcare premises. The NHS Fife Water Safety Group provides assurance to the Infection Control Committee of compliance with all water safety issues.

Safe Management of the care environment and care equipment

One clinical examination room (Podiatry room) was found to be below the standard for both environmental and care equipment cleanliness; this was addressed immediately at the time of the inspection. The mould found on a skirting board in a visitor's toilet was also dealt with immediately. This finding is not reflective of the general standard of cleanliness of the patient environment or care equipment in Glenrothes Hospital. All systems and processes are being reviewed as part of the newly commissioned Environmental Safety and Cleanliness Assurance Group. Assurance and escalation measures are being strengthened and formalised.

Safe Management of Linen

In one treatment room, one clinical examination couch was made up with linen and ready for use. The inspection team were not assured bed linen was being changed between patients. All clinical examination couches should have disposable white roll in use as standard. The practice of using linen was stopped immediately at the time of the inspection and replaced with disposable white roll.

Safe Disposal of Waste

Clinical waste was found to be stored in an unlocked sluice room. A new lockable storage area has been identified. Sharps boxes found in a staff changing room while

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waiting uplift is an isolated incident. This is not standard practice and was addressed immediately.

Key Learning:

All wards and departments must ensure they can demonstrate:

- Compliance with mandatory HCAI education requirements.
- Compliance with water safety management.
- Compliance with Standard Infection Control Precautions (SICPs), specifically Management of Linen, the Care Environment and Care Equipment and the Safe Disposal of Waste.

6.2 HAIRT reporting to Board

As part of the National HCAI Action Plan, all NHS Boards are required to provide a report on HAI during the public session of their bimonthly Board meetings, and to publish this on their website.   A national HAI Reporting Template (HAIRT) produced by SGHSCD and revised in June 2010 has been used to update the NHS Fife Board.   The report provides a spreadsheet of monthly case numbers and comparative data for CDI and SABs for individual acute hospitals, for community hospitals and for the community. It also highlights key actions and improvement work aimed at reducing these infections.

7.0 PROGRESS AGAINST INFECTION CONTROL PRIORITIES 2018-19

The Prevention and Control of Infection Work Programme 2018-19 is the NHS Fife delivery plan to comply with the national strategic objectives. The programme of work support the National Quality Strategy ambitions as below.

National Quality Strategy ambitions
Patient centred
Control and prevention of HCAI measures will be proportionate and appropriate for the person receiving healthcare and the environment that healthcare is delivered.
Safe
A clean safe environment and the control and prevention of HCAI and antimicrobial resistance will reduce the risk of the population being exposed to or acquiring an HCAI (including resistant organisms) within any setting, that healthcare is delivered.
Effective
Control and prevention of HCAI measures and programmes, including prudent use of antimicrobial agents, surveillance, new technologies, education, training and research will support effective, equitable and consistent delivery of healthcare.

The *Prevention and Control of Infection Communications Plan 2018- 2020* separately details how the Infection Prevention and Control Team communicate on a formal and informal basis with other colleagues, departments and the public.

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Achievements within the seven main delivery areas of the *HAITF Delivery Plan* were reported to the ICC at its bimonthly meetings and to CGC through the ICC minutes and papers.   Progress against the seven delivery areas is summarised below.

7.1 Antimicrobial Prescribing and Resistance

7.1.1 Scottish Management of Antimicrobial Resistance Action Plan (ScotMARAP)

The ScotMARAP is NHS Scotland's overarching strategy for reducing antimicrobial resistance and associated HCAI.   NHS Fife Antimicrobial Management Team (AMT) oversees implementation of the ScotMARAP recommendations, including addressing educational recommendations and antimicrobial prescribing restrictions.   The AMT action plan for ScotMARAP delivery is reviewed at AMT meetings and reported through minutes to the ICC.

7.1.2 Antimicrobial Prescribing Guidelines

NHS Fife has an established antimicrobial management team (AMT) which reports to the NHS Fife Managed Services Drug and Therapeutic Committee.   Minutes are provided to the ICC.

The AMT has produced antimicrobial prescribing guidance since 2009 covering adult and paediatric prescribing in both primary and secondary care.   Since 2014, the guidance is available as a Smartphone app and via a web viewer. Guidance is reviewed at least every 2 years but with the introduction of the app, it can now be updated instantly and this is done as required.

The aim of guidance is to restrict use of agents particularly associated with *Clostridioides difficile* and to ensure that Scottish Antimicrobial Prescribing Group (SAPG) policy on hospital antimicrobial prescribing was met.   Guidance also has a role in reducing antimicrobial resistance, taking into account local resistance data collected by the labs.

A restricted antimicrobial list covering all wards has been in place since March 2009 and is updated annually or when required.

The antimicrobial pharmacist maintains a database of all AMT guidelines with review dates to ensure they are reviewed every two years (or sooner if necessary), as per the most recent recommendation from SAPG.

7.1.3 Antimicrobial Prescribing Education and Training

Education on antimicrobial prescribing is given at junior doctors' induction to raise awareness and promote use of the guidelines. Training on antimicrobial prescribing is also given at NHS Fife Mandatory Training for Consultants days.   The AMT has provided training to community prescribers at protected learning time sessions and clinical forum meetings.

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In addition to the education given to medical prescribers, the AMT nurse lead has developed an awareness/education program on the use of antimicrobials for nurses. Information on the importance of appropriate antimicrobial use is communicated to all staff at NHS Fife Corporate Induction and Statutory Training.   The topic is also included in a presentation given to nursing staff at their induction.

7.2 Cleaning, Decontamination and Estates

7.2.1 Cleaning and Estates Monitoring

All hospitals and health centres throughout NHS Fife have participated in the *National Monitoring Framework* for *NHS Scotland National Cleaning Services Specification*. Since April 2006, all wards and departments have been regularly monitored with quarterly reports being produced through Health Facilities Scotland (HFS).

The *National Cleaning Services Specification* – quarterly compliance report results for 2018-19 consistently showed NHS Fife achieving GREEN status for both cleaning and for estates monitoring. Results are reported bimonthly to the ICC via the HAIRT report.

7.2.2 Decontamination

The Decontamination Group meets quarterly and receives reports on primary care decontamination in dental Local Decontamination Units (LDU), endoscope decontamination in Endoscope Decontamination Units (EDU), and central decontamination delivered through a Service Level Agreement with Tayside CSSD.

7.2.2.1 Primary Care Decontamination

In NHS Fife, general practice instruments are either single-use or are decontaminated centrally and podiatry services moved to single –use instruments in 2010, so only dental services operate LDUs.

7.2.3 Estates - Equipment Procurement

Nominated IPCNs sit on National Procurement Commodity Advisory Panels (CAPs) and on Board procurement groups as part of NHS Fife's strategy for effective and safe procurement of a wide range of patient related equipment, soft furnishings, furnishings and medical devices.

7.3 IPC Policy Guidance and Practice

7.3.1 Infection Control Manual

The *NHS Fife Infection Control Manual* is available exclusively in electronic format on the NHS Fife intranet and NHS Fife external website.

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As per **CNO (2012) 01**, Chapter 1 to 3 of the *National Infection Control Manual* are incorporated into the online NHS Fife manual. Further sections of the *National Infection Control Manual* will replace NHS Fife chapters as they are published.

Implementation of policy elements is monitored through the Infection Prevention and Control Team audit programme and Senior Charge Nurses fulfil the requirements for SICPs auditing laid down in **CNO (2012) 01** and later modified by the CNO letter of 17 May 12.

Manual sections sit under the overarching Infection Control Policy with the status of Standard Operating procedures (SOPs) which are updated on a rolling programme (every two years in line with HAI Standards 2015).

7.3.2 HCAI Education, Training and Development Strategy: Mandatory and Continuing Education

The *HCAI Education, Training and Development Strategy* was developed to ensure that all staff had access to appropriate HCAI education and training. (Line managers are required to ensure all staff have HCAI objectives in their annual personal development plans).

The IPCT have delivered face-to-face education on a variety of topics to doctors, nurses, midwives, AHPs, estates and facilities staff, outside contractors, students and the public during 2018-2019. Small-scale on-site training delivered in the ward is being used as a more accessible vehicle for staff than formal instructive teaching sessions. High profile national campaigns are supported with the IPCT staff having stands at entrances to hospitals and health centres etc. The ethos of the programme is to reach as many staff and members of the public as possible. In total, three hundred and sixty-eight staff in ASD and three hundred and sixty staff in the HSCP received face-to-face training in their own departments.

Table 1: Face to face Education April 2018 – March 2019

Staff Group	Total Trained
ASD staff, students, estates and facilities	368
HSCP staff	360
	728
Subjects Covered	Total Trained
Hand Hygiene	90
SICPs	155
CPE & other resistant organisms & AMR	116
HAI-SCRIBE	49
Clinical Skills	90
Winter preparedness & Outbreak Management	137
Safe and Clean Audit Training	15
Other	76
	728

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HCAI education is a core component of corporate induction, nurse induction, junior doctors' induction, Consultant Mandatory Programme, and Core Update training programmes and is available as an e-learning module(s) on NHS Fife LearnPro. All NES developed e-learning programmes are available to staff on NHS Fife LearnPro.

The IPCT also scrutinises audit and surveillance results and other local data sources i.e. the Dashboard, LanQip, Serious Adverse Event Reviews (SAER) learning identified during incidents and outbreaks as well as intelligence gathered during clinical visits. All of this information is used on an ongoing basis to drive education and training interventions. In addition, intelligence shared nationally through the infection prevention and control community e.g. SICN, from Health Protection Scotland (HPS) etc. is utilised to inform local education and training interventions.

7.3.3 Hand Hygiene

7.3.3.1 Trends

Publication of National Hand Hygiene Audit data ceased in Sept 2013 with Boards moving to reporting of data in their bimonthly HAIRT reports.

Since then, NHS Fife has maintained a consistently high average compliance. The IPCT carry out Hand Hygiene quality assurance audits as part of the *HCAI Prevention and Control of Infection Assurance Framework*.

7.4 Organisational Structures

7.4.1 Public Involvement

A member of the public sits of the NHS Fife ICC and contributes to the outcomes of the committee.

7.4.2 Communications

The IPCT has a *Prevention and Control of Infections Communications Plan*, which has been in place since June 2011 (updated accordingly). NHS Fife recognises the importance of having a comprehensive set of accurate, relevant and accessible information available for patients and the public. During the year, patient and public information leaflets on MRSA, *Clostridium difficile,* Norovirus, Laundering of Patient Clothing, and Infection Control advice for Patients & Visitors have continued to be provided to wards and clinical areas. Leaflets on peripheral vascular devices, Vancomycin Resistant *Enterococcus* (VRE), Carbapenemase Producing *Enterobacteriaceae* (CPE) and MRSA screening are provided on a targeted basis to patients affected by these issues.

In addition to hard copy leaflets distributed to wards and clinics, these have been made available online to ensure that they are available for staff to use when briefing patients and visitors. Translation services are available on request.

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In response to HEI requirements, and to ensure that all patients are provided with relevant HCAI information on admission, the general Infection Prevention and Control advice for Patients & Visitors leaflet is available to all clinical areas for distribution. Banner-stand posters aimed at both staff and visitors reinforce key HCAI messages.

7.5 Staff and Leadership

7.5.1   Structures and accountabilities

In October 2015, the IPCT was reorganised to comply with the *Vale of Leven Public Enquiry Report (2014)* recommendations. The IPC team returned to single system working managed by an Infection Control Manager with responsibility for a Fife wide service.

7.6 Quality Improvement

7.6.1   *Quality Improvement Programmes and partnership working with the Scottish Patient Safety Partnership (SPSP)*

During 2018-2019, the IPCT worked collaboratively to support improvement work in preventing SAB via the Vascular Access Strategy Group (VASG), in supporting improvements in Urinary Catheter Care via the Urinary Catheter Improvement Group (UCIG) and in standardising the Standard Infection Control Precautions (SICPs) audit tool, methodology and reporting via the new Safe and Clean Care Audit Framework.

VASG

VASG was established:

- To strengthen governance arrangements around the use of VAD
- To ensure all patients requiring intravenous treatment will have their treatment administered through the most appropriate venous access device, based on clinical assessment.

Policies, procedures, education, and training have all been reviewed and updated. There is now a strong foundation for practice, continuous learning and competency for staff in all departments both in acute and in our community.

UCIG

Fife has also established a Urinary Catheter Improvement Group (UCIG), a multi-disciplinary and multi-agency programme of work, which will support a reduction in Catheter Associated Urinary Tract Infection. This work is across all of Health, both in the Acute Services Division (ASD) and the health and social care partnership (HSCP).

The aim of this work is:

- To reduce avoidable harm.

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- To improve equity and quality of urinary catheter care across the system.
- To reduce variation with standardised consistent pathways of care.
- To improve governance arrangements for all urinary catheters and ensure these are robust, accessible, consistently applied and measures (process and outcome) are reported reliably and consistently to provide assurance and data for improvement.

Progress during 2018-2019; Key strengths of this work to date include:

- Understanding of the issues across both health and social care through case review.
- Clarity of purpose for this improvement work.
- Clear quality ambition linked to outcomes.
- Committed team who are motivated to progress quality improvement work in this area.
- Effective collaboration and engagement to co-produce the actions with a wide range of different subject experts.
- Devolved leadership to support pace and focus on different work streams.
- Quality Improvement Methodology is being utilised to support tests of change using PDSA approaches before scaling up.
- Whole systems approach acute, community, social care & independent sector.
- Communication will be a priority as this work is developed further.
- Scoping and sharing learning with other boards; invited to share Fife's journey to date with other boards.

Safe and Clean Care Audit Framework

This programme of work was established to standardise the current SICPs audit tool and provide a consistent and reliable method for IPC auditing. The tool is built on the *National Monitoring Framework to Support Safe and Clean Care Audit Programmes: An Organisational Approach to Prevention of Infection Auditing.*

The *National Monitoring Framework for Safe and Clean Care Audits* has been produced as an agreed recommended minimum approach to auditing for all NHS boards. The framework applies to all audits of prevention of infection practice across primary and secondary care settings. The framework supports a strategic approach to *Safe and Clean Care Audis* in line with the *HIS HAI Standards (2015).*

NHS Fife is the first board in Scotland to develop a tool based on the national framework.

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7.7 Surveillance

NHS Fife complies with the mandatory surveillance requirements laid down in **HDL (2006)38** and **CEL 11 (2009).**
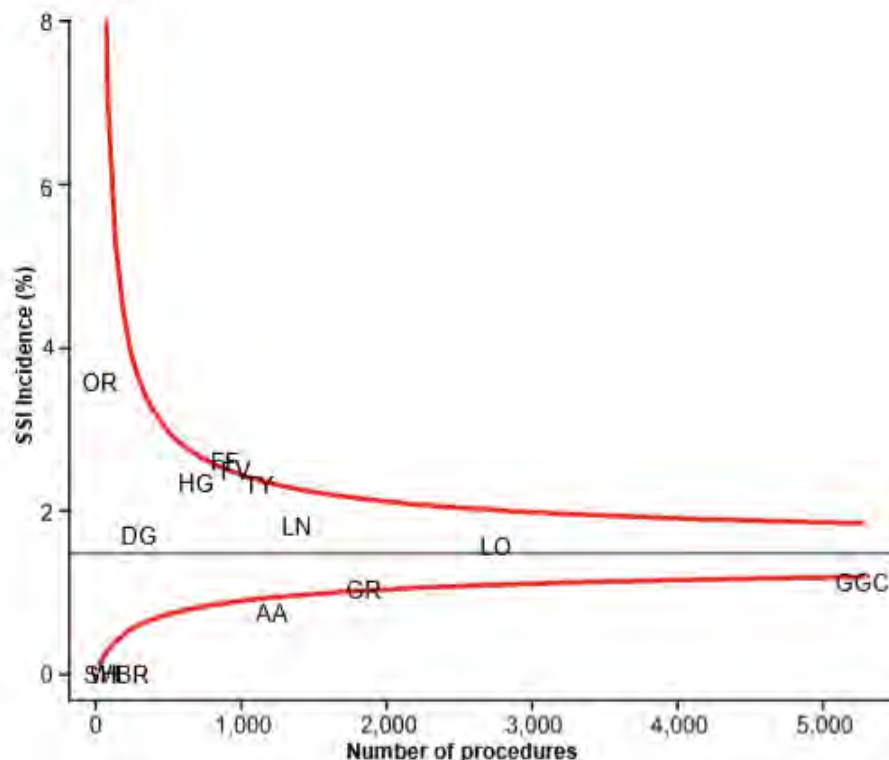
7.7.1 Surgical Site Infection (SSI)

Inpatient and readmission surveillance to day 30 post-operation is undertaken for all hip arthroplasties and large bowel surgery. Inpatient, post discharge surveillance until day 10 and readmission up to day 30 post-operation is carried out for all caesarean section procedures.

7.7.1.1 Caesarean section (C-Section)

16,804 C-sections were performed in Scotland during 2018 with 250 SSIs being reported to HPS. The overall SSI incidence including the PDS period to day 10 was 1.5%. NHS Fife performed 890 procedures with 23 SSI cases reported to HPS. The overall incidence including the PDS period to day 10 was 2.6%. NHS Fife was reported as an outlier in the funnel plot analysis i.e. incidence was above the upper 95% confidence interval in the *HPS HAI Annual Report 2018*. (See Figure 1). (FF – NHS Fife).

Figure 1: C-Section SSI Incidence (per 100 procedures) in inpatient and PDS to day 10 for all NHS boards in Scotland in 2018

[Source of data is Surgical Site Infection Reporting System (SSIRS).
NHS Orkney and NHS Shetland overlap as do NHS Fife and NHS Forth Valley.]

A breakdown of the twenty-three SSIs diagnosed by SSI type is illustrated in Figures 2 and 43

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Figure 2: NHS Fife: Percentage of SSI following Caesarean Section by SSI type, 2018 (inpatient)
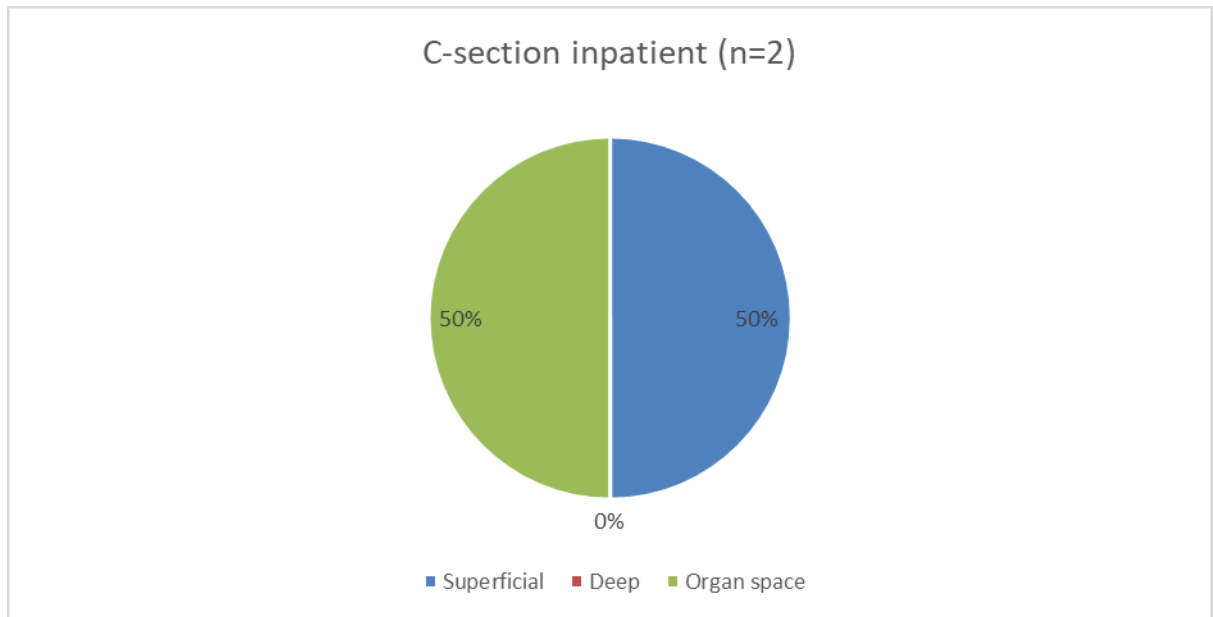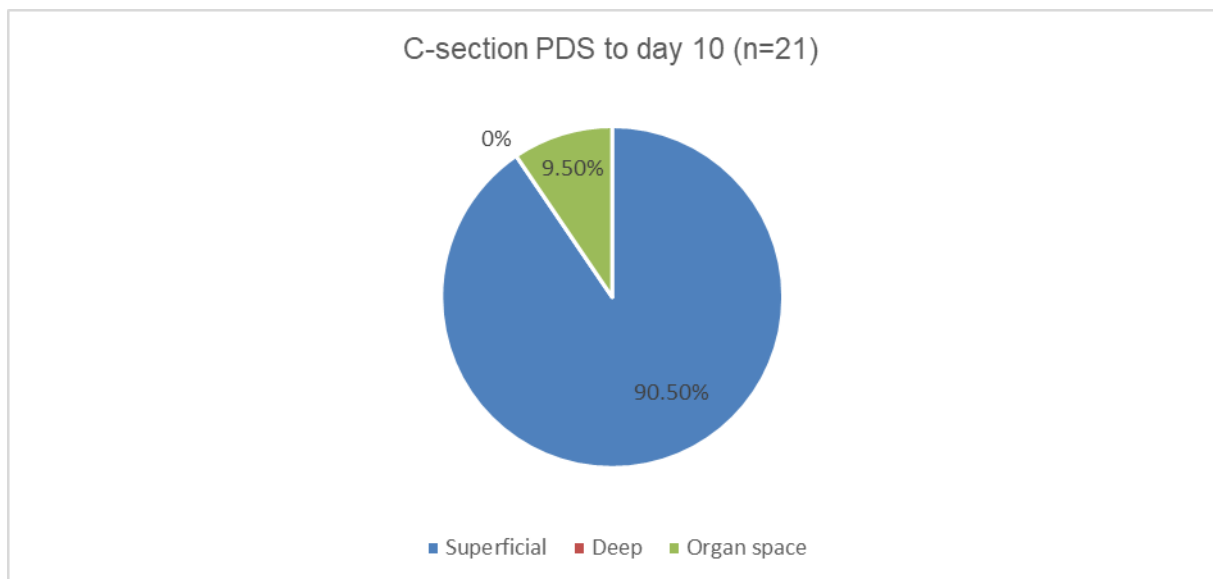

C-section inpatient (n=2)

50%   50%

0%

■ Superficial   ■ Deep   ■ Organ space

Figure 3: NHS Fife: Percentage of SSI following Caesarean Section by SSI type, 2018 (PDS to day 10)

C-section PDS to day 10 (n=21)

0%   9.50%

90.50%

■ Superficial   ■ Deep   ■ Organ space

NHS Fife also received an exception report from Health Protection Scotland (HPS) for an increased incidence in surgical site infection (SSI) for C-section procedures for Quarter 1 (January to March) 2019. NHS Fife reported twelve SSIs for Q1: 6.5% incidence per 100 procedures, which is in stark comparison to a 1.6% national incidence rate for the same quarter. NHS Fife was highlighted as an outlier in the funnel plot analysis available via the *Commentary on quarterly epidemiological data on Clostridioides difficile infection, Escherichia coli bacteraemias, Staphylococcus aureus bacteraemias and surgical site infection in Scotland Quarter 1 (2019).*

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To date, Fife has now received seven exception reports, ranging from the first report in Q3 2013 and the most recent, for Q1 2019 (see Figure 4 & Table 2).

Figure 4. NHS Fife C-section SSI Quarterly Rate Q1 2013-Q1 2019 with exceptions
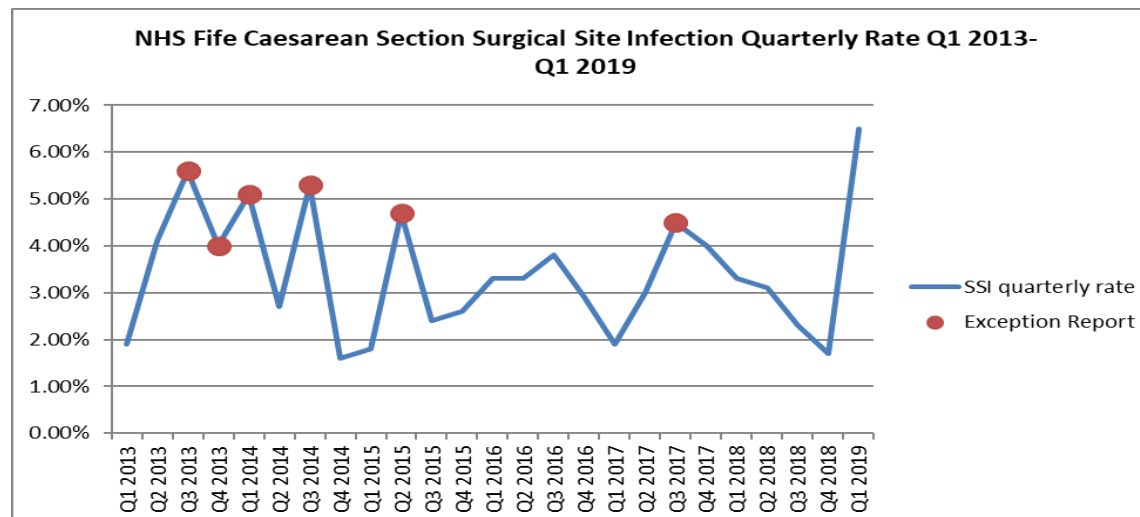

Table 2: Comparative Incidence rates for NHS Fife and Scotland Q3 2017 to Q1 2019

Reporting Period	NHS Fife Incidence rate	Scotland Incidence rate
Q3 2017	**4.5% Exception**	1.3%
Q4 2017	4.0%	1.6%
Q1 2018	3.3%	1.6%
Q2 2018	3.1%	1.5%
Q3 2018	2.3%	1.5%
Q4 2018	1.7%	1.4%
Q1 2019	**6.5% Exception**	1.6%

Much improvement work has taken place to try to reduce the risk of SSI, such as providing regular training to medical and midwifery staff, reviewing dressing use, implementing a new antibiotic regimen, reviewing anaemia management to optimise patients' haemoglobin prior to and following surgery and reviewing all deep and organ space SSI cases.

This work continues to be driven by the SSI Implementation Group led by the Women's and Children's Directorate. NHS Fife developed an SSI Implementation Group to address the elevated SSI rate in 2013. This group looks at all elements of the C-section patient journey and makes improvements to care, where necessary. All SSI cases are reviewed and risk factors for developing an infection noted. Analysis showed that adherence to the antibiotic prophylaxis administration required improvement and that anaemia post-surgery is a common factor seen in patients who developed an SSI. In November 2018, antibiotic prophylaxis was changed, as there was previous inconsistency with dosage. Anaemia management has also been reviewed.

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In 2019, the group will continue to meet regularly and will look closely at infection cases, current practice and will review case ascertainment methodology.

7.7.1.2. Hip Arthroplasty

Nationally, 8,707 procedures were recorded through the hip arthroplasty SSI surveillance programme during 2018, of which there were 62 SSIs (0.7%). In comparison, 531 procedures were performed in NHS Fife, with three SSI cases reported (0.6%). Within NHS Fife, 100% of the SSI cases were identified on readmission to hospital (n=3).

NHS Fife continues to perform extremely well in this category of surveillance, reporting in line with the national incidence rate or below. See Figure 5.

Figure 5: Hip Arthroplasty SSI incidence (per 100 procedures) in inpatients and on readmission to day 30 for all NHS boards in Scotland in 2018

[Source of data is Surgical Site Infection Reporting System (SSIRS).]
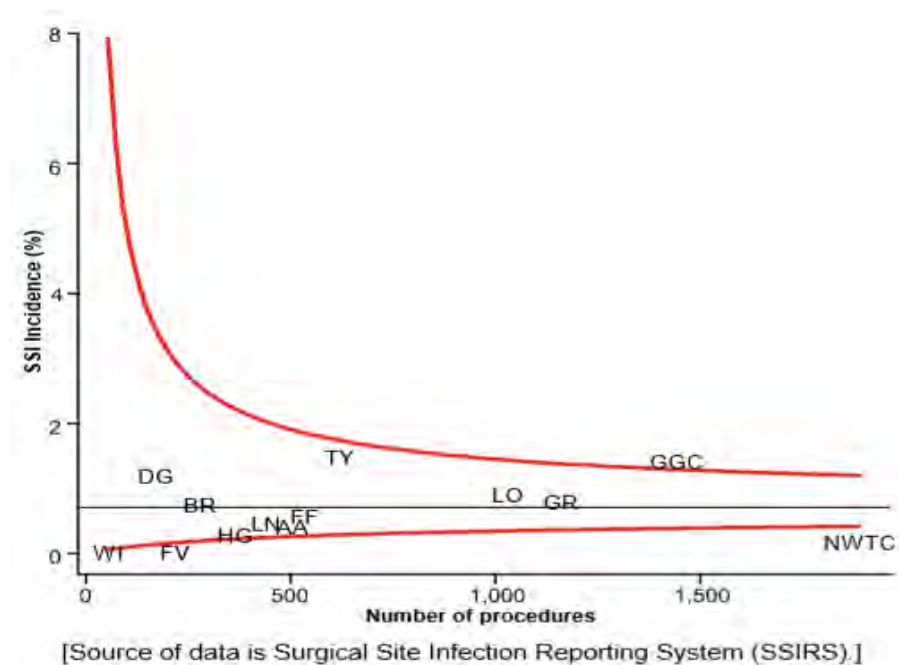
7.7.1.3. Large Bowel

Large bowel and major vascular procedures have been included in the surgical site surveillance programme since April 2017. HPS has evaluated data collected since implementation of these new procedures and these data will be included within NSS Discovery on the SSI surveillance report dashboard from July 2019. This data is for management purposes only at this time. Reports are discussed at the bi-monthly Infection Control Committee.

7.7.1.4. Escherichia coli Bacteraemia (ECB)

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Gram-negative bacteria are an important cause of serious infections in healthcare and community settings. One of the main drivers of Antimicrobial Resistance (AMR) is a rise in the incidence of infections, particularly Gram-negative infections that is highlighted in the UK's five-year national action plan *Tackling antimicrobial resistance 2019–2024* and *Contained and controlled. The UK's 20-year vision for antimicrobial resistance.*

Escherichia coli was the most common cause of Gram-negative bacteraemia in Scotland in 2018 followed by *Klebsiella pneumoniae* and *Pseudomonas aeruginosa*. Incidence rates over the last five years have remained stable for Gram-negative bacteraemia. Although there was no overall increase between 2017 and 2018, there was an increase in healthcare associated ECB for Scotland. In funnel plot analyses of ECB incidence rates for 2018, NHS Fife was above the 95% confidence interval upper limit in healthcare associated cases. See Figure 6.

Figure 6: ECB incidence rates (per 100,000 TOBDs) for HCAI cases for all NHS boards in Scotland 2018.
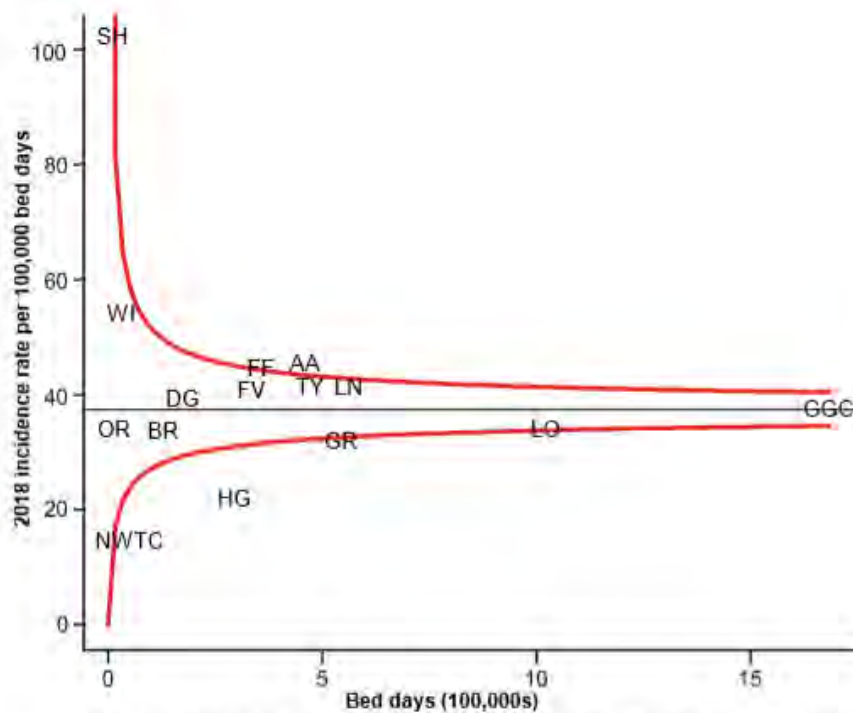
[Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Information Services Division ISD(S)1.]

Having identified there was an increasing trend in cases, the IPC Surveillance Team analysed retrospective data from May 2017 to March 2018 and established that the percentage of ECBs related to urinary catheters ranged from 14.4% to 16.7%, which was higher than expected when it was compared to other board data at that time. An in depth analysis of the data further highlighted that a number of the cases were potentially related to issues encountered during insertion, maintenance or removal within the community care setting.
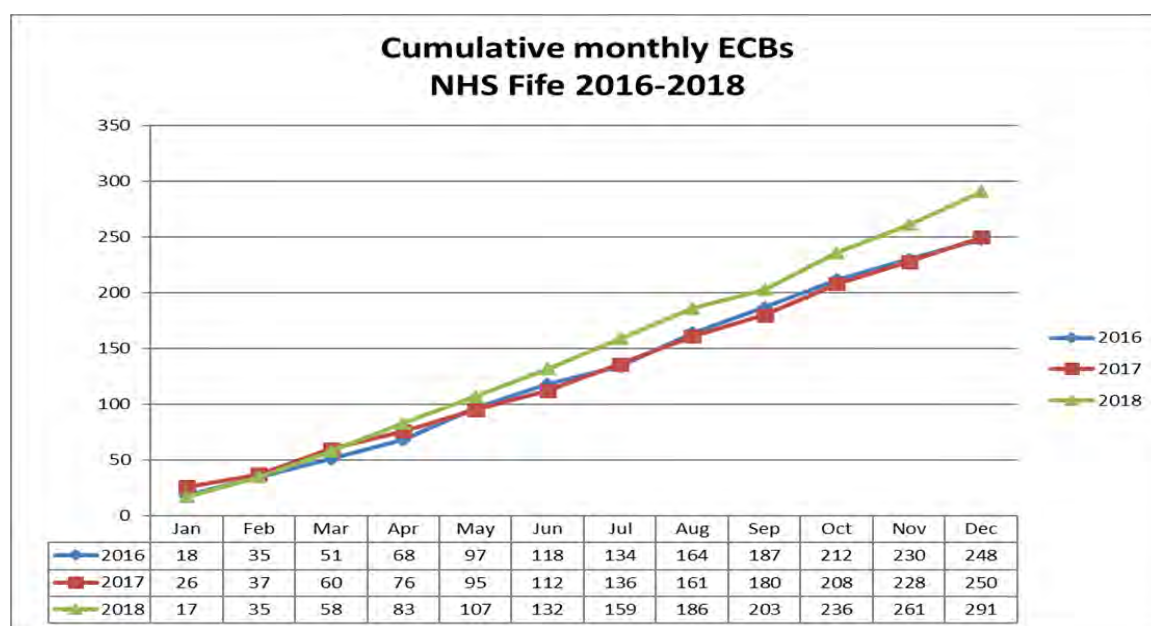
An investigation was undertaken to determine if there were recurrent issues, themes or trends that might be addressed to prevent and reduce harm to patients with urinary

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catheters. The learning from this process has informed a multi-agency approach to quality improvement as detailed in *7.6.1*.

With an increase in ECB seen year on year, this quality improvement work is fundamental in the effort to reduce ECB and urinary catheter use in general. See Figure 8.

Figure 8: Cumulative total of ECB 2016-2018

Cumulative monthly ECBs NHS Fife 2016-2018

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2016	18	35	51	68	97	118	134	164	187	212	230	248
2017	26	37	60	76	95	112	136	161	180	208	228	250
2018	17	35	58	83	107	132	159	186	203	236	261	291

### 7.7.2. *Clostridium difficile Infection* (CDI)

NHSFife and Fife Health & Social Care Partnership have witnessed a decreasing trend in the number of CDI cases over a period of nine years (see Figure 10). Since 2009, significant progress has been made to improve the clinical outcomes for our patients and service users. Groundbreaking work on antimicrobial stewardship together with a strong focus on infection prevention and control across all care delivery systems has resulted in:

- 72% overall reduction in cases
- 78% reduction in the Acute Services Division (ASD)
- 49% reduction in community wards and GP surgeries

In 2019, more pioneering work will be focused on our patients and service users with recurrent infection. This is another Fife wide initiative to improve clinical outcomes, improve quality of care while reducing the number of cases overall. See Figure 9.

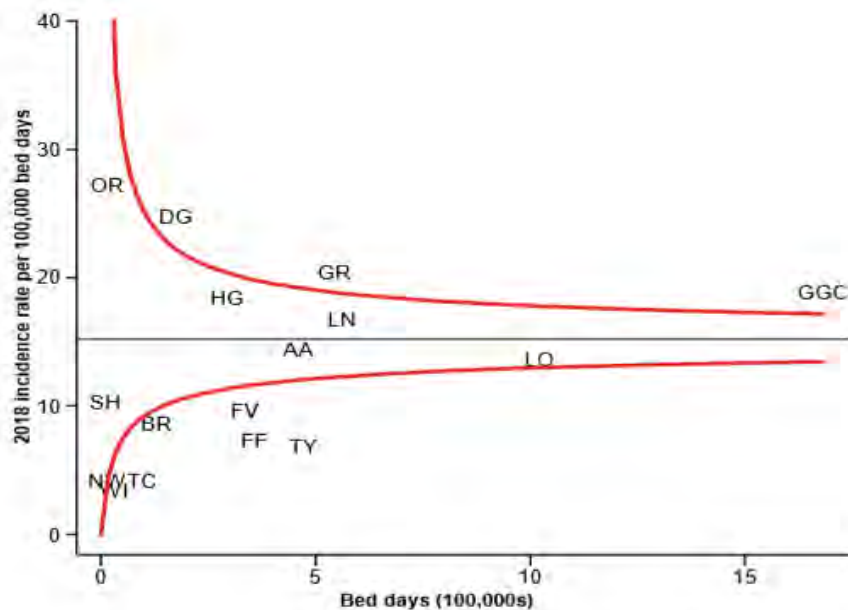| Infection Control Annual Report 2018-19	Version: Final	Created on: 1 July 2019
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Figure 9: CDI 2009 to Dec 2018
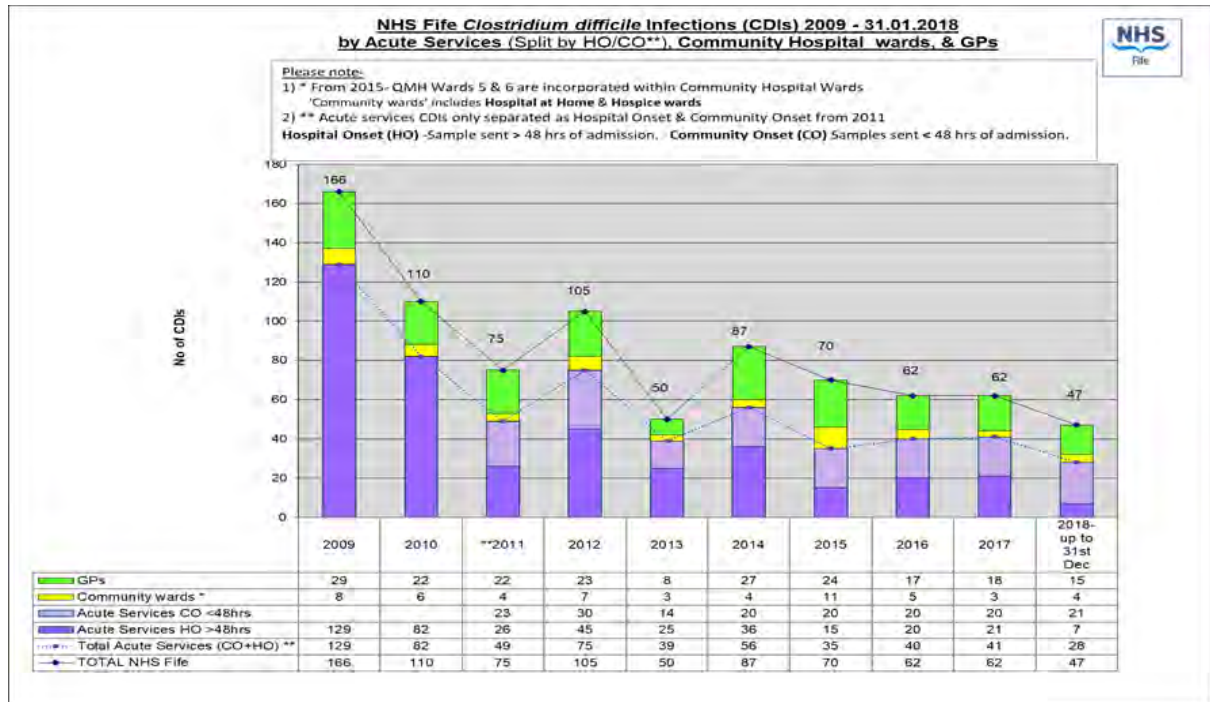
7.7.2.1 National context

During 2018, there were 1,313 cases of CDI in patients aged ≥15 years in Scotland compared to 1,369 in 2017. In NHS Fife, there were 47 cases in 2018 compared to 62 in the previous year. These data fell well below the March 2018 and March 2019 Local Delivery Plan (LDP) target of 0.32 for all CDI. NHS Fife is well within the parameters for performance as demonstrated in Figure 10.

Figure 10: CDI incidence rates (per 100,000 TOBDs) in healthcare associated infection cases among patients aged ≥15 years for all NHS boards in Scotland in 2018

[Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Information Services Division ISD(S)1.]

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7.7.3 *Staphylococcus aureus Bacteraemia (SAB)*

During 2018, there were 1,585 cases of SAB reported in Scotland, 70 (4.4%) were MRSA bacteraemias and the remaining 1,515 (95.6%) were MSSA bacteraemias. This was compared to 1,574 in 2017, of which 76 (4.8%) were MRSA and 1,498 (95.2%) were MSSA.

In NHS Fife, there was 113 SAB. One hundred and eight SAB were identified in the Victoria Hospital, two SAB were acquired in Queen Margaret Hospital, two in Glenrothes Hospital and one was acquired in a patient under the care of Hospital at Home; 108 (95.6%) were due to MSSA and five (4.4%) were due to MRSA. Figure 11 demonstrates the trend of SAB over the previous 13 years.

Figure 11: Trend of SAB
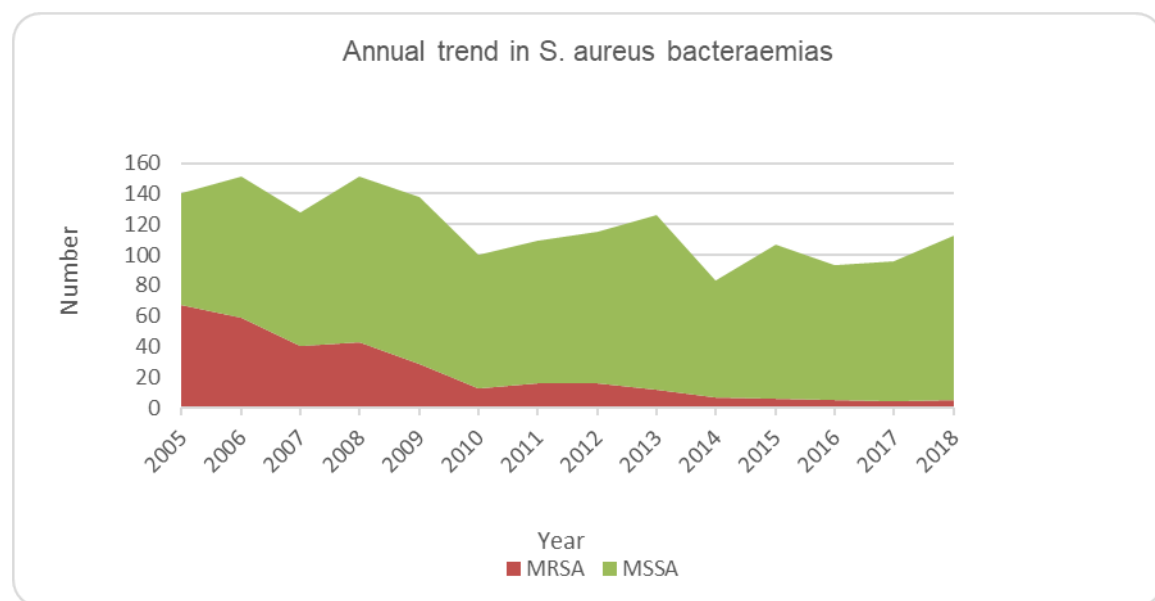
Forty-six (40.7%) of SAB episodes were hospital acquired and sixty-seven (59.3%) were non-hospital acquired. Non-hospital SAB can be divided into Healthcare Associated Infection (HCAI) and community acquired infections. Table 3 Demonstrates the age and sex split of hospital and non-hospital acquired SAB.

Table 3: Age, sex and sensitivity of each SAB by origin
*The origin of a SAB is defined in the Enhanced *S. aureus* Bacteraemia Surveillance Protocol April 2016, Version 1.0

	Hospital acquired infection* (*n*=46)	Healthcare associated infection* (*n*=27)	Community Acquired infection* (*n*=40)	Total SAB (*n*=113)
	n (%)	n (%)	n (%)	n (%)
Male	26 (56.5)	16 (59.3)	27 (67.5)	63 (55.8)
Female	20 (43.5)	11 (40.7)	13 (32.5)	33 (44.2)
Age: mean (Range) years	65 (1 to 98)	64 (24 to 89)	62 (10 to 96)	64 (1 to 98)
MRSA	3 (6.5)	1 (3.7)	1 (2.5)	5 (4.4)
MSSA	43 (93.5)	26 (96.3)	39 (97.5)	92 (95.6)

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Vascular access devices, skin and soft tissue infections (SSTI) and other invasive devices accounted for the majority of SAB in 2018. Figure 12 & 13 presents data on the entry point of each hospital acquired and non-hospital acquired SAB during 2018.

Figure 12: Hospital acquired SAB entry point 2018

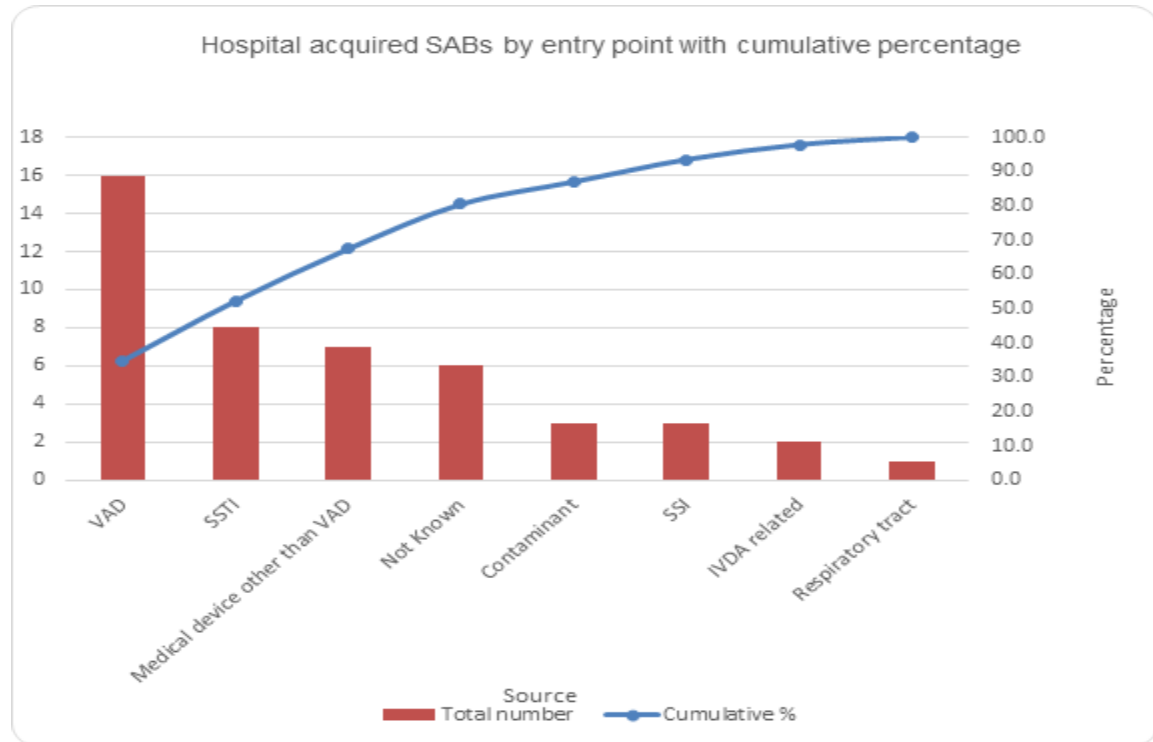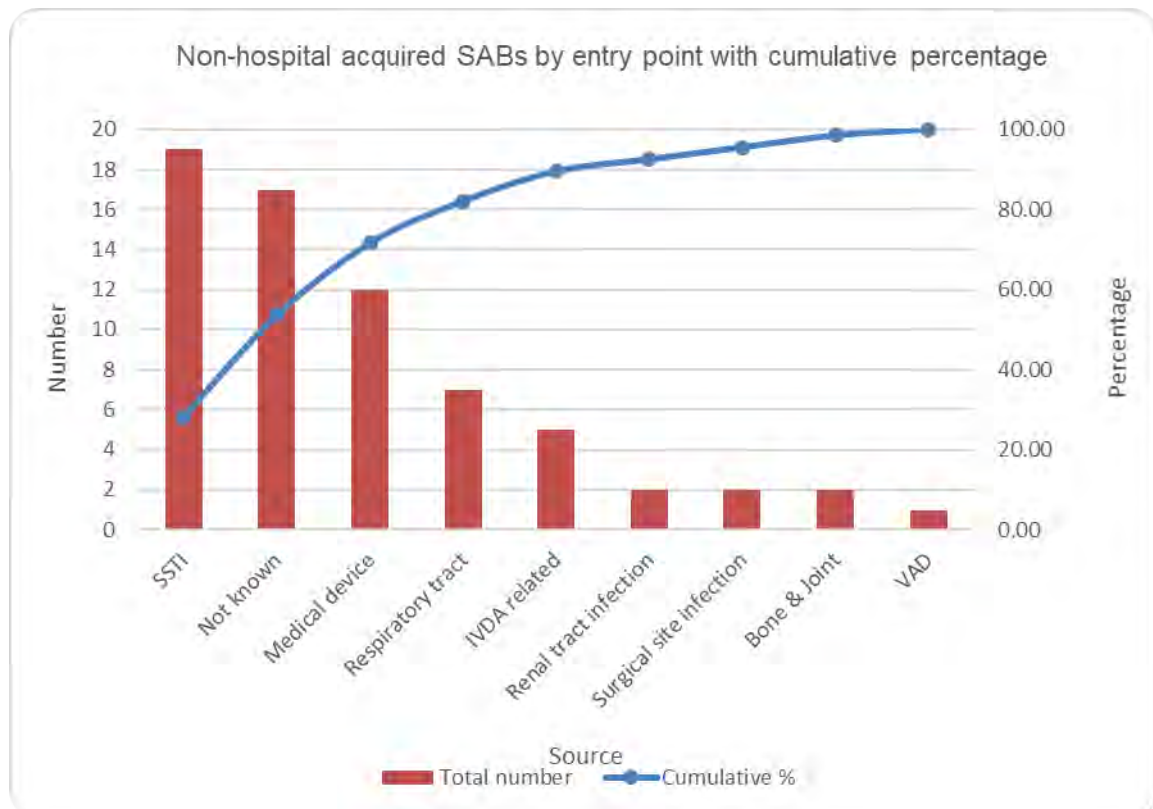

Figure 14: Non-hospital acquired SAB entry point 2018

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	Local targets first set in 2014	Review end 2017	Review end 2017
1	Meticillin resistant *S. aureus* to be ≤5% of total *S. aureus* bacteraemia.	Proportion = 4.2% Target achieved	Proportion = 4.4% **Target achieved**
2	Vascular access device SAB to be ≤35% of hospital acquired SAB.	38.8% of HA SAB due to VAD. Failed to achieve target	34.8% of HA SAB due to VAD. **Target achieved**
3	Total number of PVC related SABs to be halved compared with 2013. (Total in 2013 was 12)	6 PVC related SAB. Target achieved	Eight PVC related SAB. **Failed to achieve target**

2018 Summary:

1. Compared to 2017 there has been a 7.3% increase in the number of SAB. This is the second consecutive year were the number of SAB has increased and the total is above 100 for the first time in 3 years. The rise is due to an increase in the number of hospital acquired SAB plus an increase in healthcare associated bloodstream infections.

2. In 2018, there were five MRSA bacteraemia, one more than in 2017. This is the second year where the proportion of invasive MRSA has been less than 5%. **NHS Fife has achieved the local improvement target** set by the ICC for MRSA bacteraemia to be less than 5% of total *S. aureus* bacteraemias.

3. The proportion of hospital acquired SAB in 2018 increased to 40.7% from 37.5% in 2017. The increase is concerning because the hospital environment is the main area were interventions can and are being targeted.

4. The proportion of VADs resulting in a hospital acquired SAB in 2018 has fallen to 34.7% from 38.9% in 2017 (total number of hospital acquired SAB related to VAD in 2018 was 16). **NHS Fife has achieved the local improvement target** set by the ICC of ≤35% of hospital acquired SAB due to VAD. However, NHS Fife only achieved this target because the denominator increased (total number of HAI) rather than an absolute reduction in VAD.

5. Eight SAB were associated with PVC. This is up by two compared to 2017. **NHS Fife has failed to achieve the local improvement target** set by the ICC.

6. Skin and soft tissue infections (SSTI) are the primary cause of non-hospital acquired SAB. In the past, infected IV drug use sites were the most common entry point for non-hospital acquired SAB. The proportion of non-hospital SAB due to Illicit IV drug abuse rose to 7.46% from 3.3% in 2018. More concerning is the rise in urethral catheter related SAB. These are the main devices recorded under 'Medical device'.

7. Areas where effort needs to be focused to reduce SAB further; vascular access devices, skin & soft tissue infections plus urethral catheters.

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8. NHS Fife did not achieve the LDP Standard 0.24 for all SAB for end of March 2018 or end of March 2019.

7.7.4 National MRSA screening programme

The MRSA Screening Key Performance Indicator (KPI) for 2018-19 remains set as '*90% of all acute admissions must have CRA within 48hrs of admission'*.

Table 5: MRSA CRA Compliance to end 2018

MRSA								
MRSA Critical risk assessment (CRA) screening KPI compliance summary:								
Quarter	Q2 2017 Apr-June	Q3 2017 Jul- Sep	Q4 2017 Oct-Dec	Q1 2018 Jan-Mar	Q2 2018 April-June	Q3 2018 Jul-Sept	Q4 2018 Oct-Dec	**Q1 2019 Jan-Mar**
Fife	93%	95%	88%	85%	83%	95%	95%	88%
Scotland	85%	90%	88%	83%	84%	84%	83%	83%

Table 6: CPE CRA Compliance April 2018 to March 2019

CPE (*Carbapenemase Producing Enterobacteriaceae*)					
From April 2018, CRA has also included screening for CPE					
	Quarter	Q2 2018 April- June	Q3 2018 July-Sept	Q4 2018 Oct-Dec	Q1 2019 Jan-Mar
	Fife	85%	85%	64%	**73%**
	Scotland	71%	79%	78%	81%
	CPE CRA screening KPI compliance Summary- Commenced from April 2018				

Compliance with MRSA CRA completion fluctuates however is predominantly within the 90% compliance target in 2018. However, compliance with CPE CRA continues to be a challenge. The IPC are working closely with Excellence in Care to develop a national tool for Multi-Drug Resistant Organisms surveillance, which will be used locally. This tool will support a consistent pathway for the clinical risk assessment of patients and patient placement.

7.7.6 Outbreaks and Incidents

7.7.6.1 Norovirus

The winter of 2018-19 saw a decline in the number of ward and bay closures due to Norovirus in comparison with previous years. There was one ward closed compared to 10 ward/bay closures in 2017-2018.   All outbreaks were contained with no spread to other wards and staff demonstrated great commitment and effort in achieving this. There was prompt recognition and reporting by the ward staff with excellent collaborative working between all staff groups.

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7.7.6.2 Other Outbreaks

The IPCT also provided support to clinical teams to investigate and implement control measures during periods of increased incidence of respiratory illness. For the winter of 2018-19 there were five wards closed due to Influenza and a combination Coronavirus and Respiratory Syncytial Virus (RSV).

Table 7: Respiratory Illness Ward/Bay Closures 2018-2019

Year	Month	Bay/Ward	Causative organism	Days closed	No of pts affected	No. of staff affected
2019	Jan	Bay	Flu A (H1N1)	2	2	0
2019	Jan	Bay	RSV /Coronovirus	7	4	0
2019	Feb	Ward	Flu A	10	11	6
2019	Feb	Bay	Coronovirus	4	6	0
2019	Feb	Bay	Flu A	1	6	0

7.7.7 Infection Control Audits

The IPC audit programme provides assurance to the organisation that the required HAI standards are being met board wide. The focus is on intelligence led auditing which will assist in validating the ward level audit programme and ensure a consistent approach is taken.

A two-year rolling programme was commenced in August 2016, which encompasses all divisions and a wide range of clinical areas. The IPC nurses prioritise areas where issues with compliance have been identified through either observation or other assurance processes provided by other services within the board.

Monitoring and reporting of Estates issues is conducted by the domestic teams as part of NHS Scotland National Cleaning Standards monitoring.

Auditing of Standard Infection Control Precautions is the responsibility of Senior Charge Nurses (SCNs) as part of the Leading Better Care Programme (LBC). In addition to this, the IPC is launching the new *Safe and Clean Care Audit* framework in September 2019.

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8. REFERENCES

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Vale of Leven Hospital Enquiry Report: November 2014

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NHS Fife Clinical Governance Committee
4 September 2019

Agenda item no

Title of Group/Sub-committee	Area Clinical Forum
Date of Group/Sub-committee Meeting:	15 August 2019
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?
Pharmacy: • Implementation of National primary care best practice guidance for management of medicines shortages being progressed   • Working group taking forward the development of smoking cessation pathways across the interfaces of care following approval of secondary care inpatient and outpatient guidance being approved.   Nursing and Midwifery: • NHS Fife maternity service has achieved the UNICEF Baby Friendly Gold Award, the only maternity unit in Scotland to achieve this award.   • Connecting people, connecting support' is about Allied Health Professionals (AHP) in Scotland maximising their contribution to supporting people with dementia and their families, partners and carers to live positive fulfilling and independent lives. Fife have an active multi-disciplinary group looking at various activities to meet the ambitions set out in the document. Currently work is underway to develop video vignettes which will explain what each of the AHP services provide if assistance is required and how AHPs can help people to continue to manage their own health and wellbeing.

Area Clinical Forum	1	Date: 21 08 19
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NHS Fife Clinical Governance Committee
4 September 2019

Agenda item no

What are the concerns/issues/risks you want to bring to the attention of the committee?

Risks/Concerns

Management of Medicines Shortages associated with Brexit

Recruitment issues for number of professions:
- Cardio physiology which is affecting waiting times and sustainability of the service. New Associate Clinical Practitioner roles are being developed and an expansion of the existing Assistant Technical Office role to help alleviate the situation.
- Staffing pressures in audiology due to age profile of staff and insufficient graduate numbers is also a risk
- Pharmacy, including community pharmacy, leading to restricted hours in some pharmacies
- AHP recruitment: some clinics being cancelled due to time delay in staff not being given clearance to start in new posts
- Nursing: currently number of students / NQPs not meeting number of staff retiring / leaving. Impact of Brexit and changes to nursing bursaries in NHS England

Orthopaedic redesign/ rebuild:
- No HSCP Head of Service was aware of this new build even though they have staff working in orthopaedics and therefore have not been asked to contribute to its design or function. An opportunity to discuss plans, ways of working and service delivery would be appreciated.

Actions taken to Alleviate Concerns

- Fife Brexit Medicines PAG set up and currently developing operational procedures for primary care in line with new National guidance

- Mrs Galloway reported that a successful Open Day had been held in June which was well attended by Fife schools, NHS Fife staff and the public. Many young people had been interested in the accredited Biomedical Science degree programme at Abertay University.

- NMAHP links with local schools, promoting careers in healthcare

Area Clinical Forum	1	Date: 21 08 19
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Fife NHS Board

NHS Fife

UNCONFIRMED MINUTES OF THE AREA CLINICAL FORUM HELD ON TUESDAY 15 AUGUST 2019 AT 2.00 p.m. IN THE STAFF CLUB, VHK

Present:

Mrs J Owens (Chairperson)	Associate Director of Nursing
Dr P Duthie	Chair – GP Sub-Committee
Ms D Galloway	Chair – Healthcare Scientists
Mr S Garden	Chair Area Pharmaceutical Committee
Ms A Hughes	Chair of Area Dental Committee
Mrs A Lawrie	Head of Midwifery (representing ENMAC)

In Attendance:

Christine Law   Minute Taker

Declaration of members Interests
There were no declarations of interest from those present.

1   APOLOGIES FOR ABSENCE
Apologies were received from K Baxter, S Bailey, C McDonald, C McKenna

2   CHAIRPERSON'S WELCOME AND OPENING REMARKS

3   MINUTE OF PREVIOUS MEETING HELD ON 11 JUNE 2019
The minute of meeting held on 11 June 2019 was agreed as a correct record.

4   TERMS OF REFERENCE
The Terms of Reference were agreed subject to a change at 6.2 which should read "The Forum will be supported by Corporate Services". Mrs Owens stated the change will be made and the final version be forwarded to the Head of Corporate Governance & Board Secretary for inclusion in the Code of Corporate Governance.

5.   REALISTIC MEDCINE
Dr McKenna is the lead within NHS Fife for Realistic Medicine.

Mr Garden stated that one of the 4 key strands of the Transformation Programme is Medicines Efficiency which includes realistic medicines.

The Personalising Realistic Medicine - Chief Medical Officer's Annual Report 2017-18 contains 13 recommendations.

Further discussion at next meeting.

6. **CLINICAL ENGAGEMENT**

Mrs Owens reported that work is ongoing to strengthen clinical engagement. She stated she is to meet with Helen Helewell, Associate Medical Director to discuss the way forward for Integrated Professional Advisory Group (IPAG) which had not met for sometime.

Dr Duthie stated that there is lack of interaction between NHS Fife and General Practice

It was agreed that alternate ACF meetings will become Development Sessions, when particular topics can be discussed / advised upon / consulted. Focus on Primary Care Improvement Plan for Development Session.

Discussion took place on the possibility of an ACF slot at a forthcoming Board Development Session. Mrs Owens undertook to discuss with Gillian McIntosh.

7. **DOCUMENTS FOR INFORMATKION**

There were no documents.

8 **UPDATES FROM PROFESSIONAL CHAIRS**

Reporting Template

8.1 **Allied Health Professions Clinical Advisory Forum**

Update paper circulated with the agenda. The paper highlighted the following areas of good practice:

Dementia

- Connecting people connecting support
- Purple Alert App
- Chief Nursing Officer Visit to NHS Fife

The report highlighted an area of risk as being lack of involvement with AHP staff in the orthopaedic redesign/rebuild.

Another area of risk is recruitment. A delay in recruitment is causing clinics to be cancelled.

8.2 **Area Dental Committee**

Paper circulated with the agenda.

The report highlighted concerns as Andy Yuill, Dental Practice Advisor is due to retire on 19 September and no action has yet been taken to seek a replacement.

8.3 **GP Sub-Committee**

No update.

8.4 Area Medical Committee
No update.

8.5 Area Optical Committee
No update

8.6 Area Pharmaceutical Committee
Update report circulated with the Agenda.

The report highlighted an area of risk around management of medicines shortages associated with BREXIT. A Fife Brexit Medicines PAG has been set up to develop operational procedures for primary care in line with new National Guidance.

Mr Garden stated the national Brexit Group at Scottish Government level is being reinstated and our local groups will be recommencing.

Mr Garden stated that he also had a concern about staffing and vacancies. There are often Pharmacies not being open for their contracted hours due to staff shortages.

He stated that work is being carried out nationally to change entry for pharmacy applications.

Mr Garden reported that the Pharmacy Care Services Plan has been published.

8.7 Healthcare Science
Update report will be circulated with the Minute.

Mrs Galloway reported that a successful Open Day had been held in June which was well attended by Fife schools, NHS Fife staff and the public. Many young people had been interested in the accredited Biomedical Science degree programme at Abertay University.

Areas of concern include:
Recruitment and retention within cardio physiology which is affecting waiting times and sustainability of the service. New Associate Clinical Practitioner roles are being developed and an expansion of the existing Assistant Technical Office role to help alleviate the situation.

Staffing pressures in audiology due to age of staff and insufficient graduate numbers is also a risk.

8.8 Clinical Psychology
No update

8.9 Nursing and Midwifery

Update paper was circulated with the agenda.

Mrs Lawrie reported that NHS Fife maternity service has achieved the UNICEF Baby Friendly Gold Award, the only maternity unit in Scotland to achieve this award.

She reported NHS Fife is an early adopter site for the National Bereavement Pathway.

She also stated that she is working on clinical governance structures within midwifery and will bring a paper to the next meeting.

Mrs Owens reported that there are various events held across the system to highlight careers in nursing and AHP to school children.

10   ANY OTHER BUSINESS

There was no other business

11   DATE OF NEXT MEETING:

The next meeting, which will be a Development Session, will take place on 10 October 2019 at 2.00 p.m. within the Staff Club, VHK

NHS Fife Clinical Governance Committee
28 August 2019

Agenda item no

Title of Group/Sub-committee	Fife Area Drug & Therapeutics Committee
Date of Group/Sub-committee Meeting:	19 June 2019
Release: draft/final minutes	Draft
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?

This should include good practice

- Work of the Safe and Secure Use of Medicine Group (SSUOMG). The SSUOMG is a very active group that meets on a monthly basis and is chaired jointly by pharmacy and nursing. The group has a full agenda with the main focus being the review and update of the Safe and Secure Use of Medicine Policy and Procedure (SSUMPP). Another substantial piece of work for the group is audit; thirteen audits have been identified and prioritised.

- Increase in the uptake of biosimilar medicines. Uptake for biosimilar adalimumab in NHS Fife has increased from 13% in April to 45% in June and uptake of biosimilar trastuzumab has increased from 65% in April to 100% in June.

What are the concerns/issues/risks you want to bring to the attention of the committee?

Include any actions taken to date

The Patient Group Directions Pharmacist post is currently a one year fixed term post until the end of September 2019. The expiry of the short-term post has governance implications for the management of existing PDGs (approximately 200) and the review of expired PGDs/actioning of new PGDs. Funding issues of short-term post require to be addressed.

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Author: Clinical Governance	Page 1 of 1	Review Date: May 2020

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MINUTES OF THE MEETING OF THE FIFE DRUGS AND THERAPEUTICS COMMITTEE HELD AT 12.30PM ON WEDNESDAY 19 JUNE 2019 IN DINING ROOM 1, THE TRAINING CENTRE, VICTORIA HOSPITAL, KIRKCALDY.

Present:	Dr Chris McKenna (Chair)
	Ms Claire Fernie
	Mr Scott Garden
	Dr John Kennedy
	Mrs Evelyn McPhail
	Mr Euan Reid

In attendance: Mrs Sandra MacDonald (minutes)

ACTION

1   WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were noted from Dr Annette Alfonzo, Ms Karen Baxter, Dr Rob Cargill, Ms Claire Dobson, Dr John Donnelly, Dr Iain Gourley, Dr David Griffith, Dr Alan McGovern, Dr Tahir Mahmood, Ms Andrea Smith, Ms Geraldine Smith.

It was noted that this was Mrs McPhail's last ADTC meeting due to her impending retirement in July 2019. Dr McKenna thanked Mrs McPhail on behalf of the ADTC for her valuable support and professional advice to the Committee throughout the years.

2   MINUTES OF PREVIOUS MEETING ON 17 APRIL 2019

The minutes of the meeting held on 17 April 2019 were confirmed as a true record.

3   SUMMARY OF ACTION POINTS FROM APRIL 2019 MEETING

The summary of action points was reviewed and updated.

SPSP Medicines Group
A decision on the establishment of a separate SPSP Medicines Group is on hold pending review of the SPSP national programme. It was proposed that in the meantime any issues could be fed into the GMS Interface Group.

Risk Register: Clinical Guidance Documents
Dr McKenna and Mr Garden to discuss requirements for a suitable platform to host Clinical Guidance documents with eHealth. Mr Garden to raise potential regional approach to Clinical Guidance at East Region Pharmacy meeting.

CMcK/ SG

BNF Distribution
It was agreed to reduce the volume of paper copies of the BNF by half, with similar incremental reductions for future editions.

4 ANY OTHER MATTERS ARISING FROM THE MINUTES

None.

5 DECLARATION OF INTERESTS

There were no declarations of interests.

6 ADTC SUB-GROUP UPDATE REPORTS

6.1 Fife Formulary Committee

Mr Reid introduced the update report from the Fife Formulary Committee meeting on 22 May 2019.

Four submissions were approved by the Formulary Committee - Certolizumab pegol (Cimzia®) for moderate to severe psoriasis in patients who have failed to respond to standard systemic therapies, are intolerant to, or have a contraindication to these treatments; Liposomal daunorubicin/cytarabine (Vyxeos®) for Adults with newly diagnosed, therapy related acute myloid leukaemia (t-AML) or AML with myelodyscplasia-related changes (AML-MRC); Methylphenidate (Xaggitin® XL) for moderate to severe ADHD in children aged 6 years and over where psychological approaches alone have not been successful; and Celecoxib for acute pain following hip and knee arthroplasty. A further three Formulary submissions were deferred pending additional information/discussion.

The ADTC noted the update report from the Fife Formulary Committee and supported the recommendations made.

6.2 MSDTC

The minutes from the MSDTC meeting on 23 April 2019 were noted.

Mr Garden also gave a verbal update on behalf of the MSDTC and highlighted key items.

Attendance issues at MSDTC meetings were highlighted. Invitations to authors/specialty representatives to attend meetings to present their submissions and answer any Committee queries have proved successful.

A number of submissions were not approved and have been resubmitted following amendment for discussion at the next MSDTC meeting. The ADTC acknowledged the work involved in preparation of submissions and agreed that guidance/education would be useful to support clinicians on the completion of submissions to avoid potential delays in the decision-making process. Similar issues were highlighted with submissions to the PACS/CAP Panel. It was noted that Mr Notman has recently presented a Grand Round session on the PACS process and the Committee suggested that in addition to this, more focussed work with individual groups would be useful. The

2

Division of Psychiatry meeting was suggested as a potential forum for presenting a session on the PACS process.

The ADTC noted the update report from the MSDTC.

6.3 Safe and Secure Use of Medicine Group Update Report and Terms of Reference

Mr Garden introduced the update report from the Safe and Secure Use of Medicine Group (SSUOMG).

The ADTC noted that the SSUOMG is a very active group that meets on a monthly basis. The group is chaired jointly by pharmacy and nursing and has a full agenda with the main focus being the review and update of the Safe and Secure Use of Medicine Policy and Procedure (SSUMPP). Version 6 of the SSUMPP is scheduled for launch in July 2019, supported by education sessions. Another substantial piece of work for the group is audit. Thirteen audits have been identified and prioritised, the most recent undertaken was the medicines administration audit of controlled drugs and non-controlled drugs. The focus of the next prescribing audit is near-patient dispensing. Work is also underway to clarify the role of Health Care Support Workers in relation to administration of medicines in patients' own homes. A new safe discharge group has been established to review current issues, with positive outcomes from the group since its inception.

The ADTC noted the update from the SSUMG.

Mr Garden also highlighted the updated Terms of Reference for the SSUMOG and took the ADTC through the changes. There were no comments and the ADTC ratified the updated Terms of Reference.

6.4 Realistic Prescribing Group

Mr Reid introduced the update report from the Realistic Prescribing Group.

The ADTC noted the key roles of the Group including development of a realistic prescribing strategy for NHS Fife; development of a model for GP and Pharmacist care home medication reviews; input into development of a Fife social prescribing strategy; development of a communication strategy for public and staff; education and training for staff; and development of realistic prescribing guidance for key prescribing priorities. Three key priorities for 2019/20 are review of bone health medicines in patients who have been prescribed these medicines for more than 5 years; review of patients with dementia who are prescribed anti-psychotics; and review of frail patients who are prescribed two or more anti-hypertensive medicines.

The ADTC noted the achievements since the last update, including a test of change in 5 care homes to evaluate the outcomes of GPs and Practice Pharmacists undertaking joint medication reviews; meeting with MCNs to discuss realistic prescribing; and attendance at a Social Prescribing development session and other events.

3

Issues highlighted were the need for clarity regarding the roles and responsibilities of MCNs in relation to prescribing and the wider medicines efficiency agenda and development of a revised template for prescribing guidance to include realistic and social prescribing.

A discussion followed about the lack of clarity regarding the governance structure for MCNs.

Ms Fernie queried whether membership of the Realistic Prescribing Group now includes a patient representative. Mr Reid to clarify.   **ER**

The ADTC noted the update report on behalf of the Realistic Medicines Group.

6.5 Patient Group Directions Group

Mr Reid introduced the update report from the Patient Group Directions (PGD) Group.

It was noted that the PGD Pharmacist has been in post since the end of September 2018 on a one year fixed term contract. One of the main focuses of the PGD workplan has been reviewing the 56 out-of-date PGDs and development of 8 new PGDs. The gap between review due date and update has reduced from 24 months to 10 months.

The ADTC noted funding issues regarding extension of the PGD Pharmacist post and potential governance implications for the management of existing PDGs (approximately 200) and the review of expired PGDs/actioning of requests for new PGDs.

Mrs McPhail highlighted preliminary discussions at the East of Scotland Director of Pharmacy meeting regarding a potential regional approach to PGDs. Any regional approach would still require considerable pharmacy input.

The ADTC noted the update report from the PGD Group. Mr Garden to take forward issues identified relating to ongoing funding for the PGD Pharmacist role.   **SG**

6.6 Horizon Scanning/New Medicines Fund Group

Mr Garden introduced the update report from the New Medicines Fund/Horizon Scanning Group.

The group was established in January 2018 and meetings are held on a 6 weekly basis. Membership of the group comprises representatives from finance and pharmacy. The main focus of the group is horizon scanning to identify new medicines and maintaining a robust and transparent process for the allocation of New Medicines Fund/Horizon Scanning funding.

4

A revised Formulary submission flowchart has been developed to reflect the role of the New Medicines Fund/Horizon Scanning Group and the Formulary Application Form revised to include a specific section for completion by the Financial Business Partner.

The ADTC noted the current position regarding access to CART-T cell therapy for Scottish patients.

The ADTC noted the update report from the Horizon Scanning/New Medicines Fund Group.

7 SBARs

7.1 Cardiovascular System Formulary Compliance

Mr Reid introduced the SBAR on Cardiovascular System Formulary compliance and briefed the ADTC on the background to this.

The ADTC noted the improvement in Cardiovascular System Formulary compliance from 71.2% (by cost) and 91% (by volume) for GP prescribing in April 2018 to 79.5% (cost) and 91% (volume) in March 2019. Key actions to promote and improve Formulary compliance include non-Formulary medicine reviews by Pharmacy teams, Scriptswitch and desktop messages and establishment of non-Formulary processes within the Managed Sector.

The ADTC noted the improvement in Formulary compliance for Cardiovascular System prescribing and the key actions being taken to continue to promote and improve Fife Formulary adherence.

7.2 Biomelatonin

The ADTC discussed the SBAR relating to the consideration of melatonin 3mg capsules as an NHS Fife Formulary option.

A FAF3 submission and guidance document to be developed and submitted to the MSDTC for consideration. Reference to the Consensus Statement for Off-Label/Unlicensed Medicines to be included in the Guidance and submission. Mr Reid to feed back to Ms Deekae/Mr Binyon. **ER**

7.3 Alemtuzumab

Mr Reid introduced the update report on the actions taken by NHS Fife Neurology in response to MHRA guidance/new restrictions around the use of alemtuzumab and strengthened requirements for monitoring vital signs and liver function.

The ADTC noted the update on patients with MS in Fife who have been treated with alemtuzumab. It was noted that the NHS Fife Clinical Guidance on the Use of Disease Modifying Treatments (DMTs) in Adults with Relapsing Remitting Multiple Sclerosis (RR-MS) has been submitted to the next MSDTC meeting for approval.

5

7.4 Lithium

Mr Reid briefed the ADTC on the background to the SBAR on progress in NHS Fife against SGHD/CMO(2019)4 National Guidance for Monitoring Lithium. The SBAR highlights the progress in NHS Fife against the original national standard document for monitoring the physical health of people being treated with lithium which was produced in June 2017 and the updated guidance produced in March 2019.

The ADTC noted that 321 patients in NHS Fife were identified as taking lithium, the majority of whom had had a lithium level taken within the previous 3 months. The ADTC sought confirmation that all NHS Fife patients taking lithium had been captured. Mr Reid to clarify with Mr Binyon.

ER

The ADTC noted the progress in NHS Fife relating to National Guidance and supported the recommendations within the SBAR.

7.5 Ultra Orphan Medicines Pathway

Mrs McPhail briefed the ADTC on the background to the SBAR on implementation of the ultra-orphan medicines pathway.

The ADTC discussed the potential implications for NHS Fife of the Scottish Government Guidance on the Implementation of the Ultra-Orphan Medicines Pathway which was published in April 2019. The Scottish Government Guidance will be incorporated into the current NHS Fife clinical policy relating to access to new medicines. The NHS Fife New Medicines Fund/Horizon Scanning Group has established robust processes for monitoring expenditure on orphan, ultra orphan and end of life medicines and will consider the Guidance and make any required changes to its processes.

The ADTC noted the Scottish Government Guidance and the potential financial impact of implementation. The NHS Fife Policy to be updated in line with the Guidance and brought to the ADTC for approval in due course. Mr Garden to take forward with Mr Reid.

SG/ER

7.6 Fluoroquinolone Antibiotics - verbal update

Mr Reid provided a verbal update on behalf of Dr David Griffith.

The ADTC noted that the Primary Care Antibiotic Guidance has been amended and the number of indications for prescribing of Fluoroquinolone Antibiotics has been reduced. The updated Guidance has been submitted to the Formulary Committee for comment/approval. The Hospital Guidance is approaching completion and will also include a reduction in the number of indications for use of these antibiotics. All relevant specialty prescribing groups have been consulted.

6

8   RISKS DUE FOR REVIEW IN DATIX

Mr Reid took the ADTC through the paper detailing the two risks overdue. It was noted that a further three are scheduled for review in July 2019.

Risk 356 - Clinical Pharmacy Input
It was noted that there are two similar risks held by Pharmacy Services, risk 89 (Acute) and risk 1445 (Community). There was a discussion about whether this risk should remain on the ADTC risk register or sit with the Acute Pharmacy register. It was agreed that risk 356 on the ADTC register should be closed and a new risk around engagement of all specialties added. Mr Garden to add to the Acute Pharmacy risk register.   **ER**
SG

Risk 522 - Prescribing and Medicines Management Prescribing Budget
It was noted that a significant amount of work on medicines efficiencies has been undertaken. Mr Reid to update with the current situation.   **ER**

Risk 1347 - Out of Date Shared Care Protocols   **ER**
Mr Reid to update with progress.

Risk 1442 - Single National Formulary   **ER**
Mr Reid to update.

Risk 1504: Clinical Guidance Documents
Previously discussed under item 3.

9   ADTC-COLLABORATIVE/SCOTTISH GOVERNMENT COMMUNICATION

9.1   Notes from ADTCC Webex March 2019

The ADTC noted the update from ADTC Chairs and Professional Secretaries Webex on 19 March 2019. Mr Reid also gave verbal feedback from the meeting.

A discussion ensued on the policy for NHS prescribing following private consultation. Mr Reid to produce a brief summary for consideration at the ADTC.   **ER**

10   EFFECTIVE PRESCRIBING

10.1   EAMS Operational Guidance - Tafamidisc

The ADTC noted the EAMS operational guidance for tafamidis for the treatment of transthyretin amyloidosis in adult patients with wild type or hereditary cardiomyopathy to reduce all-cause mortality and cardiovascular-related hospitalisation.

10.2   Medicines Procurement Newsletter

The Medicines Procurement Update April 2019 was noted.

7

10.3   Biosimilar Update April/May/June 2019

The ADTC noted the NHS Scotland Biosimilars Uptake Reports for April, May and June 2019. The ADTC noted that the uptake for biosimilar adalimumab in NHS Fife has increased from 13% in April/22% in May to 45% in June. Uptake of biosimilar trastuzumab has increased from 65% in April/96% in May to 100% in June.

11   PACS/SMC Non Submissions

11.1   Latest Submissions

The table detailing the latest PACS/SMC non submissions was noted.

12   POINTS FOR RAISING AT CLINICAL GOVERNANCE COMMITTEE

It was agreed that the following items should be highlighted to the Clinical Governance Committee: **CMcK**
- PGD Pharmacist - good work carried out and governance implications /funding issues of short-term post to be addressed.
- The work of the Safe and Secure Use of Medicine Group.
- Increase in the uptake of biosimilar medicines.

13   ANY OTHER COMPETENT BUSINESS

There was no other business.

Other Information

a   Minutes of Diabetes MCN Prescribing Sub-Group 21 May 2019 and updated Role and Remit. For information.
b   Minutes of Heart Disease MCN Prescribing Sub-Group 26 March, 1 May 2019. For information.
c   Minutes of Respiratory MCN 3 April 2019. For information.

S MacDonald to liaise with MCNs to request a cover sheet highlighting any issues for raising at ADTC.   **SMacD**

d   Date of Next Meeting
The next meeting is to be held on **Wednesday 21 August 2019 at 12.30pm in Training Room 1, Dining Room, Victoria Hospital, Kirkcaldy**. Papers for next meeting/apologies for absence to be submitted by 9 August.

8

NHS Fife Clinical Governance Committee
4 September 2019

Agenda item no

Title of Group/Sub-committee	Fife HSCP Clinical & Care Governance Committee
Date of Group/Sub-committee Meeting:	24/5/19
Release: draft/final minutes	Final
Author/Accountable Person:	Helen Hellewell

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 A clinical quality report was presented which provides assurance to the Committee on the overall position in relation to national and locally identified clinical priorities which are relevant to the H&SCP. Julie Paterson DGM to update on the ongoing development of the CAMHs service. • Improvements in the CAMHS service waiting times was highlighted as an area of good practice as children were being seen within 2 weeks of referral and then a plan was made to meet their needs in the best way.   Nicky Connor and Helen Wright presented a report on the implementation of safe staffing legislation and assurance was given that plans are in place in all priority areas. The primary care improvement plan was presented. Excellence in Care was presented by Nicky Connor and it was decided that this was to be brought to a future committee development session. Julie Paterson presented the Children's Inspection report Claire Dobson presented the review of winter plan 2018/2019- a discussion on the various steps to reduce the number of delayed discharges took place. Assurance was given that a weekly meeting takes place to look at delays and there is ongoing work to make sure delays are limited as much as possible but this remains a challenging area. Nicky Connor presented the NMAHP professional assurance framework and noted that

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supporting guidance is being refreshed and this will improve the level of detail that can be brought to the committee in future.
What are the concerns/issues/risks you want to bring to the attention of the committee?
It was agreed the following items should be highlighted to the IJB: • Dr McCallum to inform the IJB of the review of Tayside Mental Health Reports. • Primary Care Improvement Plan. • Children's Inspection Report to be taken to the full IJB. • Safe Staffing and Excellence will come to the full Board. • OOH – Michael Kellet reported that this was hoped to be discussed today but did not prove possible due to there being 2 participation requests in relation to OOH's which are still extant. An extra Clinical and Care Governance Committee will have to be held in June to enable us to make progress on the OOH Agenda. • Action plan ongoing for delayed discharges

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Fife Health & Social Care Integration Joint Board
Supporting the people of Fife together

CONFIRMED MINUTES OF CLINICAL & CARE GOVERNANCE COMMITTEE, FRIDAY 24 MAY 2019, 10AM, CONFERENCE ROOM 2, GROUND FLOOR, FIFE HOUSE

Present:	Councillor Tim Brett (Chair)
	Martin Black, NHS Board Member
	Councillor David J Ross
	Councillor Jan Wincott
	Christina Cooper, NHS Board Member
Attending:	Helen Buchanan, Nurse Director, NHS Fife
	Nicky Connor, Associate Nurse Director
	Claire Dobson, Divisional General Manager (West)
	Dougie Dunlop, Chief Social Work Officer
	Simon Fevre, Staff Side Representative
	Michael Kellet, Director Health and Social Care Partnership
	Paul Madill, Consultant in Public Health
	Dr Seonaid McCallum, Associate Medical Director
	Fiona McKay, Head of Strategic Planning, Performance & Commissioning
	Julie Paterson, Divisional General Manager (Fife Wide)
Apologies for absence:	Wilma Brown, NHS Board Member
	Dr Chris McKenna, Medical Director & Responsible Officer for NHS
	Evelyn McPhail, Director of Pharmacy
	Pauline Cumming, Risk Manager
In attendance:	Susan Stewart, PA (Minutes)

NO	HEADING	ACTION
1.	**CHAIRPERSON'S WELCOME & OPENING REMARKS**	
	Councillor Brett welcomed everyone to the meeting.	
	Councillor Brett reported that Dr Helen Hellewell will be replacing Dr Seonaid McCallum as the Associate Medical Director. Kathy Henwood is the new Chief Social Worker Officer and will commence in post from June.	
	Councillor Brett thanked Dr McCallum for her guidance and support over the past 2 years and wished her well in her new role.	
	Councillor Brett has asked Julie Paterson to have a look at the recent NHS Tayside Report on Mental Health and to come back with any issues or concerns about our Mental Health Services.	**JP**

2.	**DECLARATION OF MEMBERS' INTEREST**	
	There were no declarations of interest.	
3.	**APOLOGIES FOR ABSENCE**	
	Apologies were noted as above.	
4.	**MINUTES OF PREVIOUS MEETINGS**	
	The minutes were approved as a correct record.	
5.	**MATTERS ARISING – OUTSTANDING ACTIONS FROM ACTION LIST**	
	Item 8.5 - IPAG – Dr McCallum reported that the last IPAG meeting which had taken place was not quorate. An update will be brought to the next Clinical & Care Governance Committee regarding IPAG.	**SM**
	Item 6.1 – Quality Report – Clinical Quality Report - The Scottish average within the Mental Health section has been pulled together.	
	Item 6.6 - Dementia Strategy Implementation – Complete.	
	Item 8 – Divisional Clinical & Care Governance Committees – Christina Cooper to check action from previous meeting and discuss with Julie Paterson.	**CC**
	Ombudsman's Report – Fiona McKay gave a brief update. Councillor Brett asked Fiona McKay to bring back a short briefing note on the delay in autism spectrum disorder assessment, what the assessment process is and what the current waiting time is. This is to be added to the next Agenda for discussion.	**FM** **CG**
	Councillor Brett asked how recommendations are disseminated if there are any issues. Helen Wright reported that learning goes back to the Clinicians involved and that this information is shared through the Governance Committees.	
	Councillor Ross asked how recommendations are progressing from these complaints. Helen Wright advised that action plans are put in place for the Clinician's involved. These are resubmitted with evidence to ensure completion. Robust systems are in place in terms of that.	
	Martin Black said he had raised previously at another Committee his concerns regarding the lateness of receiving committee papers and that it makes it difficult to be able to read and scrutinise them. Councillor Ross seconded this.	

6.	GOVERNANCE	
	6.1 CLINICAL QUALITY REPORT	
	Seonaid McCallum apologised to the Committee that the report had not printed out correctly. Seonaid read through the report and explained the errors. The correct version of the report is to be reissued and questions on this taken online.	**CG**
	Adverse Events – Councillor Brett asked if we share learning after the initial 5 day work is done or if we have to wait until the final report is completed. Nicky Connor reported that 5 days allows an SBAR to come at service level. If there is anything immediate this will be addressed through local adverse event and significant adverse event reporting. There is also a learn summary shared which goes to the Divisional groups which is also shared with families.	
	Safe and secure medicines – Councillor Brett asked how Fife compares with other Partnerships. It was agreed it may be useful to invite Pharmacy Colleagues to a future meeting to discuss this in more detail.	**CG**
	Patient experience – Councillor Brett asked if negative as well as positive experiences can be included in the narrative moving forward. Nicky Connor to action this.	**NC**
	Chaplaincy Listening Programme - Councillor Brett asked if the listening programme can be used for people with different faiths. Nicky Connor reported this has only been extended in a certain number of wards due to a limited number of chaplains. The listening service will be rolled out across GP Practices. Nicky Connor said that Mark Evans would be delighted to come to a Committee to talk to this in the future.	
	The Committee:- • Noted this report.	
	6.2 CAHMS UPDATE	
	Julie Paterson spoke to this.	
	Christina Cooper asked if the DNA rate had improved with text appointments. Julie Paterson to check this.	**JP**
	The Committee:- • Noted this report.	
	6.3 IMPLEMENTATION OF SAFE STAFFING LEGISLATION	
	Nicky Connor and Helen Wright spoke to this report.	
	Simon Fevre asked regarding recruitment if we will be in position where if we	

	run the tools again we have everything we need. Helen Wright reported this will put us in a better position and plans are in place where the priority areas are.

The Committee:-

- Noted this report | |
| | **6.4 PRIMARY CARE IMPROVEMENT PLAN** | |
| | Dr Seonaid McCallum spoke to this.

Cllr Brett enquired how the MOU Patient Engagement is being done.   Dr McCallum reported that GP's are discussing with patients. There is an issue in terms of communications and we are working towards a communication strategy. This is a national collaborative and we are working with our reception staff and with Practice Managers.

The Committee:-

- Recommended this report to the IJB. | |
| | **6.5 EXCELLENCE IN CARE** | |
| | Nicky Connor spoke to this.

Simon Fevre asked why Nutrition and Hydration are the year later. Nicky Connor advised this is due to the stage the indicators are being developed. As soon as the indicators come on board they will be made available.

Martin Black asked how much additional work it will be for staff to record these? Helen Buchanan reported that the Director of Nursing has been asked for an impact assessment to see how much time it takes.   Martin Black's comment that staff will require a break to do this was recorded.

Excellence in Care is to be brought to a Committee Development Session in the future.

The Committee:-

- Noted this report. | |
| | **6.6 ANNUAL STATEMENT OF ASSURACE** | |
| | Dr McCallum advised this was a revision of what had been brought to the Committee before due to an omission.

Cllr Brett signed this off. | |

	6.7 CHILDREN'S INSPECTION REPORT	
	Julie Paterson spoke to this. Cllr Brett congratulated everyone involved in the inspection while acknowledging further work requires to be done.	
	6.8 REVIEW OF WINTER PLAN 2018/2019	
	Claire Dobson spoke to this report. Councillor Brett enquired if the support scheme supporting getting people home quickly had now stopped. Claire Dobson advised that the Rapid Discharge Support Model through the front door is still in place, although this has been reconfigured slightly the facility is still running. Councillor Brett asked if High Health Gain is now Fife wide or only in certain parts of Fife. Claire Dobson reported that this is Fife wide but is currently at different stages of development across Fife. A couple of areas still have to develop their huddles, this work is planned and will take place over the summer. Councillor Ross asked if there are any other steps being taken to reduce the number of delayed discharges as there is quite a big queue. Michael Kellet advised that the team do this on a daily basis through a whole range of procedures. A weekly meeting is held to look at delays, this is an ongoing piece of work to make sure delays are limited as much as possible but still remains a considerable challenge. The Committee:- • Discussed the review for 18/19 and noted the issues will be picked up in early September for next year's plan.	
7.	**ANNUAL REPORTS**	
	7.1 NMAHP PROFESSIONAL ASSURANCE FRAMEWORK	
	Nicky Connor spoke to this. The Committee:- • Noted this report. • Noted that supporting guidance will be refreshed to improve consistency for next year which will improve the level of detail that can be brought back to the Committee.	

8.	**EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES**	
	8.1 EAST DIVISION CLINICAL & CARE GOVERNANCE COMMITTEE	
	8.3 – MWC themed visit to people with dementia in community hospitals – Julie Paterson to send the action from this to the Committee.	**JP**
	8.2 WEST DIVISION CLINICAL & CARE GOVERNANCE COMMITTEE	
	6.3 – Multi-factorial SBAR – Ward 7, QMH – Claire Dobson reported that the Head of Nursing has commissioned a review of the concerns of care quality and leadership in the ward which was very comprehensive. The Action Plan is now in place and we are already seeing a significant improvement in this ward area.	
	8.3 FIFE WIDE DIVISION CLINICAL & CARE GOVERNANCE COMMITTEE	
	5.2 – Preferred Option 6 – Themed CCG Group - Feedback has been taken from all members to how these meetings can be reshaped so they are more appropriate for Health & Social Care. There are options going forward and a report will be taken in due course to SLT for further consideration.	
9.	**FOR NOTING**	
	9.1 CLINICAL & CARE GOVERANCE WORKPLAN & ACTIVITY TRACKER	
	The Committee:- • Noted this.	
10.	**ITEMS FOR ESCALATION**	
	• Dr McCallum to inform the IJB of the review of Tayside Mental Health Reports. • Primary Care Improvement Plan. • Children's Inspection Report to be taken to the full IJB. • Safe Staffing and Excellence will come to the full Board. • OOH – Michael Kellet reported that this was hoped to be discussed today but did not prove possible due to there being 2 participation requests in relation to OOH's which are still extant. An extra Clinical and Care Governance Committee will have to be held in June to enable us to make progress on the OOH Agenda. The Committee:- • Noted this.	
11.	**DATE OF NEXT MEETING -** Friday 9th of August 2019 at 2pm in Conference Room 2, Ground Floor, Fife House	

Title of Group/Sub-committee	
	Fife HSCP Clinical & Care Governance Committee
Date of Group/Sub-committee Meeting:	18th June 2019
Release: draft/final minutes	Final
Author/Accountable Person:	Helen Hellewell

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
This was an extraordinary meeting of the committee to allow The out of hours Urgent Care Review revised proposal to be considered.
Claire Dobson, Lisa Cooper, Dr Barber Akbar and Julie Shields gave a presentation outlining the proposal.

> The development of Multidisciplinary teams in OOH care was identified as an area of good practice.

Assurance was given in answer to questions raised that-
The OOH service has undergone significant Redesign over the past 2 years and this has led to the development of new roles which has led to the development of a multidisciplinary team which has made the service more sustainable and resilient.
The service is being developed to provide a flexible fife wide service.
Michael Kellet gave assurance that he is confident the work undertaken is what the IJB had asked for. Although NEF has been the focus of the work on the addendum, there has been intensive engagement with communities across Fife including GP clusters and community councils. A transport policy has been developed, the addendum carried out and a solution which is sustainable for the whole of Fife in the longer term developed.

The 3 hour sessions were suggested by GPs in Workshop 1 and are recommended for evening shifts. Lothian and Tayside currently have 3 hour evening shifts and they have proved successful in recruiting GPs to undertake evening sessions.
We have 3 cars at the moment the number can be increased when UCPs and ANPs are trained and undertaking independent home visits.

The insurance for patients be included within the current NHS Fife taxi policy.

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Staff within the Urgent Care Resource Centre will have oversight of a patient's clinical need and if there is a risk the patient will require to be referred to secondary care service then the patient will be seen at VHK. It would be symptoms of minor illness being managed at St Andrews and Queen Margaret Hospital. Although St Andrews Hospital and Queen Margaret Hospital may be the closest centre to the patient, they may not meet the clinical needs of the patient.

The service will be constantly monitored and any risks or issues identified will be reported through the PCES Clinical Governance Committee which meets 8 weekly. GPs will feedback on how the proposed service is working and the PCES Clinical Governance Committee will meet 8 weekly.
Capacity at VHK will continue to be monitored
Services will continue to be monitored. Advice will be sought from clinical leads around the changes and if there are risks or issues that cannot mitigate then action will be taken and the Committee will be advised. There is an Adverse Events Review process within the organisation and any issues will be reported and monitored through the areas for assurance.

It was confirmed there has been no SAE experienced within the service.
There is a planned approach to the roll out which will be in place in time for winter for peaks in activity.
A Communication Group has been established to engage with the staff and public.

The transport policy was clarified as being on clinical need and assessment alone and is not means tested

What are the concerns/issues/risks you want to bring to the attention of the committee?

Include any actions taken to date
It was agreed the following items should be highlighted to the IJB:

Recommendations & approval

Members of the Committee:

- **Approved** the recommendations to the IJB with the concerns and issues raised noted and addressed.

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Fife Health & Social Care Integration Joint Board
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CONFIRMED MINUTES OF THE EXTRAORDINARY CLINICAL & CARE GOVERNANCE COMMITTEE, TUESDAY 18TH JUNE, 9AM, CONFERENCE ROOM 1, GROUND FLOOR, FIFE HOUSE

Present:	Councillor Tim Brett (Chair)
	Martin Black, NHS Board Member
	Christina Cooper, NHS Board Member
	Councillor David J Ross
	Councillor Jan Wincott
Attending:	Nicky Connor, Associate Nurse Director
	Claire Dobson, Divisional General Manager (West)
	Dr Helen Hellewell, Associate Medical Director
	Michael Kellet, Director Health and Social Care Partnership
	Paul Madill, Consultant in Public Health
	Dr Chris McKenna, Medical Director & Responsible Officer for NHS
Apologies for absence:	Wilma Brown, NHS Board Member
	Evelyn McPhail, Director of Pharmacy
In attendance:	Norma Aitken, Head of Corporate Services
	Dr Babar Akbar, Clinical Lead, PCES
	Lisa Cooper, Clinical Services Manager, PCES & Community Nursing
	Elaine Dodds, PA (Minutes)
	Euan Reid, Lead Pharmacist Medicines Management (for Evelyn McPhail)
	Julie Shields, Scottish Ambulance Service

NO	HEADING	ACTION
1.	**CHAIRPERSON'S WELCOME & OPENING REMARKS**	
	Councillor Brett welcomed everyone to the meeting.	
2.	**DECLARATION OF MEMBERS' INTEREST**	
	There were no declarations of interest.	
3.	**APOLOGIES FOR ABSENCE**	
	Apologies were noted as above.	

4.	**GOVERNANCE**	
	4.1 Out of Hours Urgent Care Review: Revised Proposal	
	Claire Dobson, Lisa Cooper, Dr Barber Akbar and Julie Shields gave a presentation outlining the proposal. The following issues/queries were raised and responses given: **Is this new model going to be sustainable not just for GPs but for all staff who are involved in the service?** OOH Service has gone under significant redesign over the past 2 years. There has been an introduction of several new roles for staff to develop to make the service more resilient including a multi disciplinary approach to support GP colleagues but also nursing staff. There continues to be challenges in terms of delivering the service however the proposal involves a more sustainable and flexible model which draws on the skills of a range of professionals. **Will the third centre in NEF cause a strain on staffing levels as it will require more staff?** The same number of staff will be required. **Can staff be deployed wherever they are most needed**? There is flexibility in the service however GPs are Independent Contractors and have sites they would prefer to work in however contractors are encouraged to work in all of the centres to provide a flexible Fife wide service. **Has the request made by the IJB on 20th December been undertaken** - Michael Kellet responded he is confident the work undertaken is what the IJB had asked for. Although NEF has been the focus of the work on the addendum, there has been intensive engagement with communities across Fife including GP clusters and community councils. A transport policy has been developed, the addendum carried out and a solution which is sustainable for the whole of Fife in the longer term developed. **Define what flexible means?** Flexibility involves the service deploying resources to meet the demand across Fife. There are areas where there is high demand and other areas where clinicians do not have the same level of demand and at present the service is unable to move clinicians to meet demand in any area. Flexibility will allow staff to be deployed to centres to meet demand where and when required. Through health and different clinical roles there will be a flexible approach to care so patients may see an Advance Nurse Practitioner, Urgent care Practitioner or Healthcare Support worker rather than a GP. **How will the 3 hour sessions work for doctors?** The 3 hour sessions were	

suggested by GPs in Workshop 1 and are recommended for evening shifts. Lothian and Tayside currently have 3 hour evening shifts and they have proved successful in recruiting GPs to undertake evening sessions.

How many cars will be in the service? There will always be 3 cars available as a minimum to the service.

We have 3 cars at the moment. Do we have the capacity to increase that number if required? - Yes the number can be increased when UCPs and ANPs are trained and undertaking independent home visits.

Will the insurance for patients be covered within the taxi contract? This will be included within the current NHS Fife taxi policy.

What process and engagement was undertaken? Details and evidence of the engagement undertaken are contained within the appendix.

Glenrothes Hospital is not suitable due to not being near to A&E. Does this not also apply to St Andrews? There is detail within the SBAR for the clinical reasoning why Glenrothes is not seen as the best solution for OOH Service.

Staff within the Urgent Care Resource Centre will have oversight of a patient's clinical need and if there is a risk the patient will require to be referred to secondary care service then the patient will be seen at VHK. It would be symptoms of minor illness being managed at St Andrews and Queen Margaret Hospital. Although St Andrews Hospital and Queen Margaret Hospital may be the closest centre to the patient, they may not meet the clinical needs of the patient.

Are the third and independent sectors included for the lower level interventions for people who are very socially isolated within the communities? - The full ongoing engagement and communication process is detailed within the SBAR. This involves working in collaboration with the 3rd sector, locality care groups, cluster groups and the acute sector to further develop the engagement campaign so people are clear how to access care. In relation to reaching people who are socially isolated it was agreed Christina Cooper's experience and knowledge in terms of how best to do this would be beneficial and therefore Claire Dobson agreed to discuss further with Christina Cooper.

CD/CC

Michael Kellet added the 7 Locality and Cluster Groups are also a means of connecting with the voluntary sector, communities and services.

Will the lessons learned be reported and risks identified monitored? - The service will be constantly monitored and any risks or issues identified will be

reported through the PCES Clinical Governance Committee which meets 8 weekly. GPs will feedback on how the proposed service is working and the PCES Clinical Governance Committee will meet 8 weekly.

When the Glenrothes centre closes, will this have an impact on resources at Kirkcaldy? No there will be no impact and will make a more effective team as staff will be consolidated together.   Capacity at VHK will continue to be monitored

If in 6 months there is rise in the number of complaints from people, is there a fallback position in terms of Glenrothes Hospital and St Andrews? – Services will continue to be monitored. Advice will be sought from clinical leads around the changes and if there are risks or issues that cannot mitigate then action will be taken and the Committee will be advised.   There is an Adverse Events Review process within the organisation and any issues will be reported and monitored through the areas for assurance.

How many SAERs have there been whilst in the contingency stage and has there been an increase? It was confirmed there has been no SAE experienced within the service.

What is the timescale for the roll out? There is a planned approach to the roll out which will be in place in time for winter for peaks in activity.

What plans are in place to inform staff and the public? A Communication Group has been established to engage with the staff and public.

Will the contingency period be extended past end of July or will the new model start to be rolled out? – The planning for the roll out of the new model is being taken forward by the Urgent Care Project Team.   It is unclear at this stage whether the contingency period can be revoked in August however members were assured work will continue to ensure the service will be sustainable and resilient as possible.

Cllr Ross welcomed the flexibility however if it is clear there are not enough staff, how will this be dealt with - Assurance was given there are enough staff. Staged contingency plans can be brought into place if required.

Cllr Ross requested this be decision as to whether the contingency is revoked or not is made soon and that informing public and staff is done in an orderly way.

Martin Black raised concerns around whether the staffing levels can be maintained for the adoption of the new model
Cllr Brett asked how hard it was to keep the rotas going over the last few months - Claire reported rotas have been more stable despite there being a couple of weeks which there has been high demand. The work around the

introduction of different roles to the service has had excellent results and has been recognised nationally.   In addition the better payment structure for GPs has also had a positive impact. There is a national workforce challenge however Fife is adapting the service accordingly.

Cllr Jan Wincott raised concerns regarding Appendix 6 - Transport Policy around how individuals who are unable to afford taxis can access them and also felt the budget for taxis requires to be enhanced

Lisa Cooper explained the method and criteria which is currently in place will not change. When patients contact NHS 24 they are asked as part of their assessment if they have transport. If they do not then the call gets directed to PCES as an advice call. The patient's clinical need will be assessed and if the patient is required to be seen they will be seen at home however if they are safe to travel following the clinical assessment they will be offered a taxi.   It was agreed it would be made clearer within the policy that it is not means tested and that each patient will be assessed to determine what is clinically right for that patient.

In terms of the budget, this will be discussed at the Finance and Performance Committee.

Christina Cooper raised concerns around the participation and engagement and the contingency to meet with people who do not have a voice and suggested the links with other strategies such as the Primary Care Strategy should be included to further evidence other groups who have been represented in the participation and engagement work.

Martin Black questioned that despite the positive response why is the service still in contingency and reducing to 3 centres? - The contingency model across all sites is difficult to staff with the old rotas and the efforts required by the operational and office team to resource the service is significant. It is extremely difficult to deliver the service safely from all 4 centres.

Martin Black reported there has been a large amount of good work been undertaken however he is still unhappy about the process.

Paul Madill reported that communication will be crucial going forward and was positive to see the large amount of focus on this.   As 50.5% of all responses and engagement came from NEF it is important to ensure the model works for all the geographies in Fife and not just concentrate on the area who gave the most feedback. Paul Madill agreed to become involved in the evaluation to gain public health's input.

Nicky Connor, Dr McKenna, Michael Kellet and Cllr Brett recognised the huge amount of work undertaken to engage with communities across Fife and also thanked them for attending today to give a well presented case.

File Name:

Issue 1

Originator: Dr Hellewell/E Dodds

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	Recommendations & approval **Members of the Committee:** • **Approved** the recommendations to the IJB with the concerns and issues raised noted and addressed.	
5.	**DATE OF NEXT MEETING**	
	Friday 9th of August 2019 at 2pm in Conference Room 2, Ground Floor, Fife House	

Agenda item no

Title of Group/Sub-committee	Clinical Governance Oversight Group
Date of Group/Sub-committee Meeting:	18th July 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?
The group had an overview of the key points of the cardiac arrest report from Dr Simpson. The cardiac arrest rate has more than halved over the last 4 years, which should be celebrated and the contribution from staff to this success was acknowledged. Further work will continue in order to maintain these improvements and help us strive to be one of the best performing hospitals in the country. The Know the Score Campaign has achieved significant results. Noted that there has been some improvement with pressure ulcers and as of 7th July 243 days since the reporting of a grade 4 pressure ulcer developed in our care. Discussion around the changes to the Quality Report and the new Integrated Performance and Quality Report, and how this may change some of the reporting and the connection this group.
What are the concerns/issues/risks you want to bring to the attention of the committee?
Nothing to raise to attention of the committee.

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**Unconfirmed Meeting Note of NHS Fife Clinical Governance Oversight Group
On Thursday, 18th July 2019 at 09.30 in the Staff Club, Victoria Hospital, Kirkcaldy**

Present

Dr Sue Blair (SB)	Consultant in Occupational Health, NHS Fife
Lynn Campbell (LC)	Associate Director of Nursing (Acute)
Dr Robert Cargill (RC)	Associate Medical Director, Acute Services Division (ASD)
Caroline Craig (CC)	Head of Nursing, West Division, Health and Social Care Partnership (HSCP)
Pauline Cumming (PC)	Risk Manager, NHS Fife
Dr Chris McKenna (CMcK)	Medical Director, NHS Fife (Chair)
Elizabeth Muir (EM)	NHS Fife Clinical Effectiveness Coordinator
Gavin Simpson (GSi)	Consultant Anaesthetist
Geraldine Smith (GS)	Lead Pharmacist, Medicines Governance and Education & Training
Helen Woodburn (HW)	Head of Quality and Clinical Governance, NHS Fife

In Attendance

Gillian Boga (GB)	Clinical Governance Administrator (Admin Support)

Apologies:

Andy Brown (AB)	Principal Auditor, NHS Fife
Helen Buchanan (HB)	Board Director of Nursing, NHS Fife
Nicky Connor (NC)	Associate Director of Nursing - Fife
Scott Garden (SG)	Acting Director of Pharmacy, NHS Fife
Cathy Gilvear (CG)	Quality, Clinical & Care Governance Lead, HSCP
Dr Helen Hellewell (HH)	Associate Medical Director, HSCP
Donna Hughes (DH)	Patient Relations Manager, NHS Fife
Aileen Lawrie (AL)	Head of Midwifery/Nursing Women and Children's Directorate
Carolyn McDonald (CMcD)	Associate Director, AHPs, NHS Fife

Item		Action
1	**Apologies**	
	Apologies for absence were **noted** from the above named members.	
2	**Minutes of previous meeting held on Wednesday 15th May 2019**	
	Dr McKenna referred to the note of the meeting from15 May 2019 and asked members to check for accuracy.	
	There were no comments and the minute was accepted as an accurate record.	
3	**Action List**	
	3.1 Action List	
	Action No 16 Mortality & Morbidity	
	Dr McCallum had highlighted at a previous meeting that there were issues with learning	**HW/CG**

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	around LAERs. Helen Woodburn advised that she and Cathy Gilvear had looked at the detail. Helen Woodburn agreed to provide data to Dr McKenna in advance of the meeting on 11 September 2019. CMcK made a general comment asking for the Executive Sponsor to ensure that actions from SAER are reasonable and achievable.		
4	**NHS Fife Quality Report -**		
	The Quality Report was noted by the group.		
5	**Health & Social Care Partnership Clinical Quality**		
	The NHS Fife Health & Social Care Partnership Clinical Quality Report was noted by the group.		
6	**Mortality & Morbidity**		
	CMcK advised so far there has been no further update at present from Healthcare Improvement Scotland (HIS). CMcK commented that the surgeons had not yet submitted a SBAR report detailing the changes they are considering in relation to Datix. CMcK informed the group that a surgeon was meant to have given a presentation to the group this morning on M&M. RC will clarify the current position with the surgeons and bring an update to the next meeting of the group. PC clarified that the surgeons had met recently with Paul Smith, Risk Management Coordinator to discuss the information they would like to report via Datix and a follow up meeting is to take place. PS has also spoken with NHS Grampian who has adapted a Datix module to accommodate M&M reporting. CMcK advised the steering group that the M&M process has value; if robust M&M processes were in place this may help with reducing the amount of Local Adverse Event Reviews required. The group discussed the current GP/I9 NHS Fife Adverse Event Policy and how the M&M could possibly be incorporated within the current policy. PC commented the HIS framework and the National Risk Matrix were considered when compiling the NHS Fife Adverse Events Policy. Dr McKenna suggested that a discussion needs to take place at the next Adverse Events Group on 6 August 2019 regarding the current NHS Fife Adverse Events Policy and what changes can be considered to improve the process. If in agreement it was suggested that the October Adverse Events Group meeting could be dedicated to reviewing the policy.	**RC** **CMcK**	
7	**Quality of Care Approach Matrix**		
	CMcK provided an overview of the NHS Fife Quality of Care Framework. The purpose of the review is to take a strategic look at our board with a focus on leadership and outcomes.		
8	**INTEGRATED PERFORMANCE QUALITY REPORT**		
	CMcK advised there was a request from the non executive of the NHS Fife Clinical		

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| | | Governance Committee to look at combing the Quality Report with the Performance Report.

The group discussed the possible changes to be made and how the reports can be combined. CMcK asked if there were options to automate the information for the report. HW advised the team were working with Information Services on the use of Business Objects for extracting data; descriptors would still need to be added by the team.

HW queried if we need to review the information coming out of the report at this group. | |
|---|---|---|---|
| **9** | **ITEMS FOR INFORMATION** | | |
| **9.1** | **NHS Fife Activity Tracker (EM)**

The group reviewed the information in the activity tracker and agreed it was appropriate for this group. | |
| **9.2** | **Guidance Information Update Paper (EM)**

The group agreed this was not appropriate to be reviewed by the CGOG group. It will remain being reviewed at the Acute Services Division, Clinical Governance Committee and NHS Fife Health &Social Care Divisional Clinical Governance Group. It will be removed from the draft workplan | **GB** |
| **9.3** | **Draft Clinical Governance Oversight Group Workplan 2019/2020 (EM)**

The group noted the workplan. CMCK asked for the draft workplan to be carried forward to the next meeting following review of the integrated performance & quality report. | **GB** |
| **9.4** | **Cardiac Arrest Report & SBAR (GS)**

GS gave a brief overview of the key points on the cardiac arrest report. Our cardiac arrest rate has more than halved over the last 4 years, this should be celebrated and staff contribution to this success acknowledged.

The Know the Score Campaign has achieved significant results. Further improvements can still be made however. There is still avoidable cardiac arrest, systematic problems needing to be addressed to maintain these improvements and help us strive to be one of the best performing hospitals in the country.
GS asked the group the most appropriate channel for distribution. GS confirmed the first section had already been redacted and could be issued however section 9 may require further redaction.

RC commented it is time consuming to input and extract data; RC proposed it would be helpful to use the same template for multiple reports.

CC queried if this report template could be used within Community Hospitals, GS confirmed it could be used however he noted that there is lower level of CPR events in Community Hospitals, as a rate per patient than acute.

EM commented HSCP do report on Hospital Anticipatory Care Plan and DNACPR monthly, as part of Know the Score.

CMcK queried the governance process for reporting CPR adverse events and why there is a delay in receiving CPR SBAR. GS advised this is due to each CPR SBAR requiring Consultants' review and completion. | |

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	CMCK agreed to take an action for a meeting to be arranged to discuss CPR SBAR process to align with NHS Fife Adverse Event process, further discussion on electronic options for recording information (can Sepsis 6 be embedded into TraKcare ect) and how to raise the profile of the Deteriorating Patient Group (attendance at meeting CMcK, RC, GS, LC and/or Norma Beveridge, Head of Nursing)	**CMcK**
10	**MINUTES FROM LINKED COMMITTEES/GROUPS**	
10.1	**NHS Fife Adverse Events and Duty of Candour Group** NHS Fife Adverse Events and Duty of Candour Group minutes were noted by the group.	
10.2	**NHS Fife Clinical Policy & Procedure Co-ordination & Authorisation Group** NHS Fife Clinical Policy & Procedure Co-ordination & Authorisation Group minutes were noted by the group.	
10.3	**NHS Fife Community Falls Group** The minutes of NHS Fife Community Falls Group meeting were not received.	
10.4	**NHS Fife Deteriorating Patient Group, including DNAPCR & HACP** No meeting has recently taken place. CMcK advised the need to review the Chair for the NHS Fife Deteriorating Patient Group	**CMcK**
10.5	**In Patient Falls Steering Group** LC provided an overview of the NHS Fife In patient Falls Group minute.	
10.6	**NHS Fife Wide Inspection Oversight Group** LC provided an overview of the NHS Fife Wide Inspection Oversight Group minute.	
10.7	**NHS Fife Point of Care Testing Committee** As EM is a member of this committee she provided an overview.	
10.8	**NHS Fife Tissue Viability Working Group** The minutes of 14 May 2019 NHS Fife Tissue Viability Group meeting were not received. LC provided an update.	
10.9	**NHS Fife Urinary Catheter Improvement Group** CC provided an update and confirmed Nicky Connor chairs this group.	

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10.10	**Occupational Health Service, Clinical Governance Group Minutes** SB gave an overview of the minutes which were forwarded for circulation during the meeting.	
10.11	**Resuscitation Committee** The resuscitation committee minute from 14th March 2019 was noted by the group.	
11	**SUMMARY POINTS FOR CHAIR TO RAISE AT NHS FIFE CLINICAL GOVERNANCE COMMITTEE**	
	Areas of Good Progress ➢ Cardiac Arrest Report findings ➢ Pressure Ulcers - as of the 7th July, it has been 243 days since a grade 4 pressure ulcer has been reported.	
12	**AOCB**	
	Nil to note	
13	**Date of Next Meeting: Wednesday, 11th September 2019 at 09.30 in the Staff Club, Victoria Hospital, Kirkcaldy.**	

NHS Fife Clinical Governance Committee
4 September 2019

Agenda item no 8

Title of Group/Sub-committee	Research Governance Group
Date of Group/Sub-committee Meeting:	19th July 2019
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) <u>R&D Policies, SOPs and WI</u> – 2 new SOP and 2 new WIs have been issued /updated. Discussion around using Q-Pulse for managing these.

2) <u>Research Governance Risk Register</u> – Risk 15-01 risk likelihood reduced due to a SHIL innovation manager being based in R&D one day a week. Discussion regarding moving this register onto DATIX.

3) <u>MHRA Inspection Plan</u> – A study inspection plan has been announced and will take place on 21st and 22nd October. Weekly preparation meetings have been organised in order to prepare.

4) <u>Pharmacy update</u> – Scott Garden has now joined the group. Current cost avoidance figure of medication savings to the Board attributable to research activity to the end of June 2019 is £141,121.

5) <u>Tissue Accreditation update</u> – NHS Lothian tissue accreditation process still ongoing. The National Research Scotland Central Management Team has extended the timescale until the end of 2019.

6) <u>SHIL Annual Report</u> – There have been 39 Intellectual Property projects disclosed from NHS Fife between 2009 and 2018, with 8 projects disclosed between April 2018 – April 2019.

7) <u>SHARE</u> - Total registrations are 255k with Fife being second highest recruiting region in Scotland.

8) <u>Fife Community Advisory Group</u> – Excellent Lay involvement and input continues. Membership has increased by 13 following approaches via the Fife People's Panel.

9) <u>R&D Annual review by Chief Scientist Office</u> – Review took place on 20th May, feedback will be received and circulated once all Boards had been visited.

10) <u>HIC updates re NHS Fife databases</u> – R&D has advised Health Informatics Centre that it will no longer continue funding since current datasets have been uploaded.

11) <u>Awareness Raising</u> – Assistant R&D Director and Lead Nurse have been visiting clinical areas to build relationships and discuss support opportunities available via R&D. Most of the Service Managers have

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been visited.

12) <u>Reporting Template</u> – A proposed reporting template for updates to this meeting was discussed and will be adapted for use at future meetings.

This should include good practice

1. Expansion of public involvement via Primary Care Fife Community Research Advisory Group with 13 additional members.

2. 2nd Highest board to recruitment to SHARE - The NHS Research Scotland initiative 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 their various NHS computer records to check whether they might be suitable for health research studies. Fife now has 13.1 of its population signed up.

What are the concerns/issues/risks you want to bring to the attention of the committee?

Include any actions taken to date

<u>Issue to be highlighted to NHSF CGC</u> –

MHRA Statutory Inspection visit to NHS Fife on 21st/22nd October. Inspection involves the GaPP2 research study and will take place in the Clinical Research Facility at VHK.

<u>Action taken</u> –

Review of all study documentation. Weekly meetings with the Research Nurses and staff involved in the study.

<u>Other identified risks</u> –

Current capacity within Pharmacy to support Clinical Trials, particularly Oncology trials which currently cannot be opened due to Pharmacy capacity issues.

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Fife NHS Board

FIFE RESEARCH GOVERNANCE GROUP MEETING
MINUTES
LH2, EDUCATION CENTRE,
QUEEN MARGARET HOSPITAL, DUNFERMLINE

	19 JUL 2019	**ACTION**
	Present: Dr Chris McKenna, Medical Director (CMcK) Dr Frances Elliot, Interim Director of R&D (FE) Dr Amanda Wood, Assistant R&D Director (AW) Scott Garden, Interim Director of Pharmacy (SG) Gwen Stenhouse, Management Accountant (GS) Dr Fay Crawford, R&D Senior Research Advisor (FC) Dr Chris McGuigan, Consultant in Public Health (CMcG) Carol Duncan-Farrell, Head of Physio/head of Therapies & Rehab (CD-F) Julie Aitken, R&D Trials Facilitator (JA) Tricia Burns, Senior Research Governance Manager, TAyside medical Science Centre (TB) Tamara Lawson, Research Policy Officer, University of St. Andrews (TL) In Attendance: Roy Halliday, R&D Support Officer – minutes (RH)	
1.0	**CHAIRPERSON'S WELCOME/APOLOGIES AND OPENING REMARKS** Dr Mckenna welcomed all and everyone introduced themselves. **Apologies;** Prof. Alex Baldacchino, R&D Director Tara Graham, Research & Development Psychologist Anne Haddow, Lay Advisor Dr Richard Malham, Research Policy Officer, University of St. Andrews Frances Rae, Tissue Governance Manager, NHS Lothian Bannin Jansen, Scientific Officer, East of Scotland Research Ethics Service Prof. Frank Sullivan, Director of Research, University of St. Andrews	
	AW asked whether the meeting would be deemed quorate due to the number of apologies. As 7 of the 13 ie > 50% core members were in attendance, the meeting was confirmed as quorate.	
2.0	**MINUTES OF THE LAST MEETING** 4.1.10 Should read – the IMPACT team will oversee the process of governance of "non Research" projects, the remaining minutes were accepted as an accurate record. Actions were discussed and the action list updated.	
	STANDING ITEMS	
3.0	**OVERSIGHT OF R&D OPERATIONAL GROUP (OPS) MINUTE** This was reviewed and accepted. FE noted that there were a large number of acronyms and asked that a glossary be provided in future.	**RH**
	RESEARCH GOVERNANCE	
4.1	**RESEARCH WITHIN GOVERNANCE FRAMEWORK**	
4.1.1	R&D POLICY, SOP AND WI UPDATES & APPROVALS	

	JA discussed her report that had been attached to the agenda, discussion around using the Q-Pulse system for managing SOPs, Pharmacy are looking into the possibility of this being a Fife-Wide system.	
4.1.2	EAST OF SCOTLAND RESEARCH ETHICS SERVICE UPDATE AW updated from the report that had been attached to the agenda.	
4.1.3	RESEARCH GOVERNANCE RISK REGISTER FE and AW had reviewed the register 15-01 This risk likelihood has been reduced due to the presence of Fiona Schaefer from SHIL in the department one day per week. 15-04 A strategic paper is required to try and establish research as a mainstream activity. 15-08 It was agreed that a paper should be prepared highlighting lost opportunities for patients in accessing new medications & treatments, cost avoidance & income generation, staff attraction and retention and how this potential income stream should be taken forward in a strategic way. Also discussed moving the R&D Risk Register onto the DATIX system.	**FE/AW** **FE/AW** **AW/RH**
4.1.4	RISK BASED PROGRAMME OF MONITORING JA advised that there had been no new studies to monitor since the last meeting. Two studies still being actively monitored.	
4.1.5	MHRA INSPECTION AW advised that an MHRA inspection of the GaPP2 study will take place on 21st and 22nd October at the Clinical Research Facility at Victoria Hospital. Weekly preparation meetings are taking place in the run-up to the visit, mock interviews run by the Sponsor will take place in September. SG advised that there will be an external audit of Pharmacy that will include Clinical Trial Pharmacy and the GaPP2 study prior to the MHRA visit. FE will prepare a note for circulating to Senior colleagues and CMcK will make members of the Executive Directors Group aware.	**FE/AW**
4.1.6	PHARMACY UPDATE & COST AVOIDANCE SG asked the group if the pharmacy updates supplied for this meeting were relevant and useful or whether the report should be more about governance issues. AW and SG to discuss this and the reporting of cost avoidance figures.	**SG/AW**
4.1.7	PHASE II REVIEWS 2019 AW updated the group from the report that had been attached to the agenda.	
4.1.8	TISSUE ACCREDITATION UPDATE AW advised that Lothian's Biorepository accreditation process is still ongoing, with no outcome yet. The NRS CMT has decided to extend the timescale of the current accreditation until the end of 2019 to allow them to gather in some further information from all centres.	
4.1.9	ELECTRA Governance A meeting regarding ELECTRA Governance will be taking place directly after the Research Governance Group meeting. A report will provided for the next meeting.	**FE/AW**
4.1.10	SHIL ANNUAL REPORT AW advised the group that there had been 39 project disclosed from NHS Fife in the period 2009 to 2018, averaging around 4 per year. There had been 8 projects disclosed between April 2018 – April 2019. A discussion took place regarding the best ways to get Intellectual Property & Innovation out into the wider community and how to get an infrastructure in place and	

	involvement within the Regional Testbed group.	
4.1.11	R&D STRATEGIC OUTCOMES VERSUS PRIORITIES 2018-2019 AW advised that this document highlights planned activities for the following year and describes the outcomes and whether the objectives have been achieved, not achieved or if the process remains ongoing. The NHS Fife R&D Strategy for 2019 – 2020 will be brought to the next meeting.	
4.2	**PUBLIC PARTNERSHIP WORKING**	
4.2.1	SHARE AW advised that the total registrations are now 255k, with recruitment of patients from Fife is the second highest in Scotland.	
4.2.2	R&D/FIFE COMMUNITY ADVISORY GROUP AW gave an update from the report that had been attached to the agenda, advising that the Advisory Group members had increased by 13. There had been four very interesting presentations given at the meeting on 25th April, and that the next meeting takes place on 10th October.	
4.3	**FINANCIAL SUPPORT / RESOURCES**	
4.3.1	R&D BURSARIES/INNOVATION GRANT UPDATES FC advised that as bursary applicants had just started their projects she would request updates from them after a period of six months.	**FC**
4.3.2	R&D ANNUAL REVIEW BY CSO AW advised that this review took place on 20th May. Official feedback will be received once the CSO has met with all the other Boards. AW will bring their report to the next meeting.	**AW**
5.0	**CAPACITY BUILDING**	
5.1	**CULTURE THAT SUPPORTS AND ENCOURAGES RESEARCH AS PART OF ROUTINE PRACTICE**	
5.1.1	COMMUNICATION The R&D bulletin was attached to the agenda and is now being issued every 2 months.	
5.2	**COLLABORATION WITH ACADEMIC/COMMUNITY PARTNERS**	
5.2.1	ANY ACADEMIC/NHS/OTHER PARTNERSHIP UPDATES Tamara Lawson from the Research Policy office at the University of St. Andrews advised that she had recently attended a national event to consider best practice for how animal research ethics committees are organised and the types of training people may need. At the meeting a Chair from a REC gave a presentation and explained how they operate. There was a suggestion that it would be good to have closer links with those that work in NHS ethics, particularly to consider recruiting lay members with backgrounds in this area.	
5.2.2	HIC UPDATE RE NHS FIFE DATABASES As per the action from the March meeting, R&D has advised HIC that ongoing funding will cease since the majority of Fife's clinical datasets have now been uploaded.	

5.3	**DEVELOPING RESEARCH KNOWLEDGE/SKILLS OF STAFF**	
5.3.1	R&D EDUCATION PROGRAMME FC advised that there had been 82 attendees to the NHS Fife training courses so far this year.	
5.4	**AWARENESS RAISING** Meetings have taken place with several of the Service Managers with others still being arranged. CMcK advised a team from St. Andrews University including Professor Crossman had recently presented at an NHS Fife Board meeting which was very well received. AW asked if there were slides available. CMcK advised her to contact Gillian McIntosh, Board secretary.	**RH/AW** **AW**
6.0	**AOCB**	
	AW discussed the proposed template for reporting updates to this group which would be amended slightly and used for all future updates.	**AW**
7.0	**DATE AND TIME OF NEXT MEETING** Thursday 12th September, 10.00 – 12.00, Lecture Hall 2, Education Centre, QMH	

NHS Fife Clinical Governance Committee
(Enter date of meeting)

Agenda item no

Title of Group/Sub-committee	NHS Fife H&S Sub Committee
Date of Group/Sub-committee Meeting:	28 June 2019
Release: draft/final minutes	Draft Minutes
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?
No current enforcement action by Health & Safety Executive within NHS Fife. *Group reviewed H&S Incident Data for NHS Fife. Overall H&S incidents involving staff are not indicating any trends either up or down. Group noted reduction in number of verbal aggression incidents within Health & Social Care Partnership.* *Group noted updating of several procedures and discussed processes for updating current, introducing new or removing obsolete policies/ procedures.*

What are the concerns/issues/risks you want to bring to the attention of the committee?
Group discussed issues with ensuring appropriate numbers of staff have received necessary 'fit testing' where they require to use tight fitting face masks. *H&S and Infection Prevention and Control Teams are working together on this issue.*

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UNAPPROVED Minutes of the Health & Safety Sub Committee held on Friday 28th June 2019 at 13:30 within Training room 2, Dining Room, Victoria Hospital

Present:

Mr Andrew Fairgrieve (AF), Director of Estates, Facilities and Capital Services

Ms Barbara Ann Nelson, Director of Workforce

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

Mr Conn Gillespie (CG), Staff Side Representative

Dr Chris McKenna (CM), Medical Director

3. MINUTES OF PREVIOUS MEETING

3.1. Approval of previous minutes

The minutes of the previous meetings were reviewed by the group and agreed as accurate.

3.2. Actions List Update

Updates to the actions list were discussed.

29/03/19 Item 7.1

AF requested that Use of butterflies should be added to risk register. CW to add on groups behalf (financial)

14/12/18 Item 7.5

BAN informed that group that Susan Young, HR Manager has been nominated as representative for Corporate Directorates

3.3. Matters arising not on agenda

There were no further matters arising from the minutes of the previous meeting

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4. WORKPLANS

4.1. H&S Sub Committee Workplan

CW informed the group that workplan is ongoing.

BAN suggested some changes to the dates noted in work plan – CW to revise dates – April 2019 to March 2020 and update workplan ahead of next meeting.

4.2. Health & Safety Team Workplan

The H&S Team workplan is ongoing. CW to provide copy for next meeting

5. NHS FIFE ENFORCEMENT ACTIVITY

5.1. HSE Improvement Notices (Sharps Management Issues)

No activity to report

5.2. Any other enforcement activity

No activity to report

6. INCIDENTS

6.1. Incident Statistics Report

The group reviewed the Incident Statistics Report submitted by CW, discussing stats relating to the following topics;.

- Violence & Aggressions
- Slips / Trips
- Sharps
- MSK Injuries
- Self Harm
- RIDDOR

AF & BAN commented that they both found the report to be useful

6.2. RIDDOR Incidents Overview / Update

Issues relating to RIDDOR Reportable incidents were addressed in the Statistics Report

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7. OTHER BUSINESS

7.1. Policies and Procedures Workplan Review

Policy review - new policies 6 months existing policy 2 years. H&S policy & H&S statement both annual

SBAR – CW discussed SBAR regarding introduction of new or deletion of current policies or procedures.

The ownership of the Risk Assessment Policy currently sits with the Risk Manager – RA Policy states annual review of Risk Assessments but there is no legal requirement for this. CW will discuss this with Pauline.

COSHH Assessment, DSE procedure and Ligature Assessment – CW suggested that a new procedure should be produced which brings all of these together under a broader risk assessment policy. CW to discuss this with Pauline

H&S Accidents/ Incidents currently sits under Adverse Event Policy. The process for SAER or LAER is largely influenced by guidance from Health Protection Scotland.

SAER/ LAERT process discussed by group. CW suggested that H&S should take lead for non patient incidents to ensure investigation initiated in good time. H&S should also take lead for investigation of other non clinical incidents which do not trigger the SAER/ LAER process but could indicate more serious issues. AF asked CW to provide some evidence to show benefits.

AF suggested that the SAER Review group should review and decide who should lead investigation. CW to discuss this with Pauline.

Stress Policy discussed. Should NHSF have one? BAN stated that there should be a policy. H&S to work with HR with this

H&S Management Policy – Discussed. AF indicated this was not required at present.

Group agreed that any decisions/ discussions around gaps in documentation or polices/ procedures no longer required should be discussed at subcommittee.

7.2. Updates on policy & procedure revisions

CW stated that review is ongoing. There is an EDG Meeting on Mon 1st July. The following procedures have been submitted for approval

- Lone Worker Procedure
- Glove Selection Procedure
- Work at Height Procedure

The Manual Handling Policy has been circulated for consultation but some changes are required before submission to EDG.

7.3. Estates Fire Safety Team Meetings

The Terms of Reference, Agenda & Action Plan for Estates Fire Safety Team have been approved by AF and were presented to subcommittee members for information. CW to add to committee structure diagram.

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8. ANY OTHER COMPETENT BUSINESS

8.1. Face Fit Testing

The group discussed possible problems concerning the number of staff who have been face fit tested. CW noted that the H&S Team had the capacity to train local testers, but would not have the capacity to conduct all necessary Face Fit Testing within NHS Fife. CW noted that for this type of cascade training to be successful, there needs to be support from clinical and nursing management. This ensures that appropriate testers are identified and attend training and that they then have the capacity to carry out testing at local level. CW to contact Lynn Campbell to discuss.

AF asked CW to draft an SBAR to EDG regarding Face Fit Testing outlining risks, cost implications, etc.

CW noted that the H&S Department has a record of all staff who have been through the Face Fit Tester Training but the list needs reviewed to assess accuracy. This is in progress with H&S Team

9. DATE OF NEXT MEETING

Friday 27 September, Training Room 2, Dining Room, VHK @ 13:30

Agenda item no

Title of Group/Sub-committee	Integration Joint Board
Date of Group/Sub-committee Meeting:	21 June 2019
Release: draft/final minutes	Unconfirmed
Author/Accountable Person:	

Summarise the items of significance from the minutes and the important points you want to raise to the attention of the committee?
Out of Hours Urgent Care Review: Revised Proposals report was accepted.

What are the concerns/issues/risks you want to bring to the attention of the committee?
Include any actions taken to date

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MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD ON FRIDAY 21 JUNE 2019 AT 10.00 AM IN CONFERENCE ROOMS 2 & 3, GROUND FLOOR, FIFE HOUSE, NORTH STREET, GLENROTHES, KY7 5LT

Present	Councillor Rosemary Liewald (Chair)
	Christina Cooper (Vice Chair)
	Non-Executive Members – Dr Les Bisset, Martin Black, Eugene Clarke, Margaret Wells - NHS Fife
	Helen Buchanan, Nurse Director, NHS Fife
	Dr Chris McKenna, Medical Director, NHS Fife
	Councillors David Alexander, Tim Brett, David Graham, Fiona Grant, David J Ross, Tony Miklinski and Jan Wincott - Fife Council
	Ian Dall, Chair of Public Engagement Network
	Kenny Murphy, Third Sector Representative
	Morna Fleming, Carer Representative
	Paul Dundas, Independent Sector Representative
Professional Advisers	Michael Kellet, Director of Health and Social Care/Chief Officer
	Audrey Valente, Finance Business Partner
	Nicky Connor, Associate Nurse Director
Attending	Paul Hawkins, Chief Executive Officer (NHS Fife)
	Claire Dobson, Divisional General Manager (West)
	David Heaney, Divisional General Manager (East)
	Julie Paterson, Divisional General Manager (Fife Wide)
	Dona Milne, Director of Public Health
	Eileen Rowand, Executive Director of Finance & Corporate Services, Fife Council
	Helen Hellewell, Associate Medical Director, NHS Fife
	Rachel Wyse, Primary Care Transformation Manager
	Fiona McKay, Head of Strategic Planning, Performance & Commissioning
	Gillian Tait, Urgent Care Practitioner, NHS Fife
	Lisa Cooper, Lead Nurse, PCES
	Julie Shields, Scottish Ambulance Service
	Norma Aitken, Head of Corporate Services
	Wendy Anderson, H&SC Co-ordinator (Minute)

NO	HEADING	ACTION

1   PERSON STORY

The Chair advised that due to illness the Person Story due to be heard today would now come to the Board on 8 August 2019.

2   CHAIR'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Health & Social Care Partnership (H&SCP) Integration Joint Board (the Partnership Board).

Evelyn McPhail, Director of Pharmacy retires from NHS Fife on 31 July 2019. She was unable to attend today's meeting due to a previous diary commitment. The Chair thanked her for her contribution to the Board over the years and wished her well for the future.

Seonaid McCallum, Associate Medical Director left the Partnership on 31 May 2019 and took up a post of Consultant Psychiatrist in NHS Forth Valley. The Chair thanked her for her contribution to the Board over the years and wished her well for the future.

Dougie Dunlop, Chief Social Work Officer retired from Fife Council on 23 May 2019. The Chair thanked him for his contribution to the Board over the years and wished him well for the future.

The Chair advised that this will be Michael Kellet, Director of Health and Social Care's last meeting as he is leaving the Partnership on 31 July 2019 to join Scottish Government in a role which includes Brexit and the Constitution within Scottish Government.   The Chair thanked Michael for his contribution to the challenging work of the Board over the last 3 years.

The Chair welcomed Paul Dundas from Scottish Care who is the newly appointed Independent Sector representative replacing Karen Mack; Dr Helen Hellewell who has replaced Seonaid McCallum as Associate Medical Director.

Kathy Henwood, Chief Social Work Officer who has replaced Dougie Dunlop was unable to attend today's meeting.

Audrey Valente was attending her first meeting as Chief Finance Officer.

Board Membership Reappointments – a further 3-year term has been offered to and accepted by Carolyn McDonald, Debbie Thompson, Ian Dall, Kenny Murphy and Simon Fevre. Morna Fleming has accepted a reappointment for a 12-18 month period to allow a new Carer Representative to be identified and have the opportunity to shadow for a period of time.

The Chair advised that on Friday 14 June 2019 the new forensic suite for medical examinations was officially opened at Queen Margaret Hospital. Dr Catherine Calderwood, the Chief Medical Officer for Scotland was in attendance. The Board expressed their thanks to the team for the work which has gone into this project.

2   CHAIR'S WELCOME AND OPENING REMARKS (Cont)

The Chair advised members that a recording pen was in use at the meeting to assist with Minute taking.

3   DECLARATION OF MEMBERS' INTERESTS

Nil.

4   APOLOGIES FOR ABSENCE

Apologies had been received from Wilma Brown, Carolyn McDonald, Evelyn McPhail, Katherine Paramore, Debbie Thompson, Eleanor Haggett and Kathy Henwood.

5   MINUTE OF PREVIOUS MEETINGS

The Minute of the meeting held on 28 March 2019 was discussed and was agreed as an accurate record.

6   MATTERS ARISING

The Action Note from the meeting held on 28 March 2019 had been circulated previously and was agreed as accurate.

Action 1 – Fiona McKay confirmed that Care Opinion are now providing feedback and this will be included in the next Performance Report which will come to the August IJB meeting.

7   PERFORMANCE

7.1 Finance Report

Audrey Valente presented this report and covered the pertinent figures regarding over and underspends for the last quarter.

Eugene Clarke asked about Grip and Control, which had been introduced earlier in the year to assist with budgeting. Michael Kellet advised that this is in place and that an update will be included in the routine financial report to the IJB meeting on 8 August 2019.

AV

7   PERFORMANCE (CONT)

7.1 Finance Report (Cont)

A budget workshop had been held on 18 June 2019 which will produce a list of potential savings areas. Action will be taken in year to reduce the budget gap and new savings options will be brought to future meetings for discussion and agreement.

Discussion took place around the set aside for the budget. Work is ongoing on this and a working group will be established which will keep the Committees and Board up to date on progress.

NC

Nicky Connor advised that new safe staffing legislation is being introduced. This has been to Clinical & Care Governance Committee and a report will come to a future IJB Meeting.

AV

Discussion took place around an additional allocation of funding for the Alcohol and Drug Partnership (ADP) in 2018/19 which had been taken to the bottom line. Michael Kellet offered to clarify the background to this in the financial report to the next IJB meeting.

The Board:-

- Noted and discussed the provisional outturn position at 31 March 2019.

- Noted and discussed the key risks and challenges highlighted in the first section of the report.

- Directed escalation to partners of the financial position and comply in line with Integration Scheme to request additional funding.

Fiona Grant entered the meeting during the previous item.

7.2 Performance Report

Fiona McKay presented this report which was for information. She advised that the Finance & Performance Committee, at their meeting on 18 June 2019, has looked at this report in depth. There is a review of the Performance Framework currently being undertaken and this will be taken to a Development Session of Finance & Performance Committee members.

7 PERFORMANCE (CONT)

7.2 Performance Report (Cont)

Discussion took place around the development of the STAR model, the reduction in the length of stay for long term care, dementia referrals and a backlog for patients requiring post diagnostic support. Julie Paterson advised that the back log in patient records is being constantly monitored. Les Bisset asked for a full report to be brought to the next Finance & Performance Committee.

JP

Discussion then took place about Home Care assessments, provision of care packages, STAR beds, the challenge of capacity within internal and independent sectors and the roll out of total mobile to external providers.

Progress is being made with increasing capacity in the independent sector and reducing timescales, but there will be more information available at the next IJB meeting.

The issue of staff absence was discussed as this is relatively high in both organisations. Targets are different for Fife Council and NHS Fife and work is ongoing to reduce figures as much as possible.

David Heaney updated on progress with recruiting 50 new staff members to the START team. Twenty five posts have been recruited and are undergoing pre-employment checks, the advert for the other 25 posts is currently live.

7.3 NHS Fife Pharmaceutical Care Services

Andrea Smith presented this report which is published annually and was for information. Rosemary Liewald commended the team on a detailed, concise report.

8 STRATEGY

8.1 Out of Hours Urgent Care Review: Revised Proposal

Claire Dobson, Helen Hellewell, Gillian Tait, Lisa Cooper and Julie Shields presented this report and answered questions. The slides had been circulated to IJB members the day before the meeting and the report had been taken to the Clinical & Care Governance and Finance & Performance Committees earlier in the week.

8   STRATEGY (Cont)

8.1 Out of Hours Urgent Care Review: Revised Proposal (Cont)

The presentation provided details of the extensive consultation and engagement which had taken place since December 2018.

Tim Brett and David Graham each provided a short update on the discussions at the Clinical & Care Governance and Finance & Performance Committees respectively where there had been detailed and frank discussion.

Following questions it was confirmed that the fully costed Travel Policy, which will be clinically led, was not means tested or limited by budget.

Members were updated on all aspects of the proposal including demographic challenges, the significant pressures on the current system and the need for flexibility. The Ambulance Service are training specialist paramedics to work as part of the multi-disciplinary team which will provide services in future.

The Board heard from the NHS Medical Director, Associate Medical Director, NHS Nurse Director and Associate Nurse Director how they supported the proposal and saw this as a responsive, safe and sustainable option which would deliver Out of Hours care in Fife.

Claire Dobson updated on the issue of GP availability. Work is ongoing to increase the number of salaried GP's in Fife and to ensure that the service is robust going forward.

Fiona Grant put forward a Motion to retain the OOH Service at Glenrothes Hospital. Jan Wincott seconded this motion.

David Graham proposed an Amendment to this Motion whereby the Board would accept all three Recommendations in the report. Tony Miklinski seconded the amendment.

It was agreed to continue engagement with relevant officers and community groups throughout our seven localities.

This was put to a vote. The Motion gained 2 votes and the Amendment received 13 votes (one Voting Member was not in attendance at the meeting).

8   STRATEGY (Cont)

8.1 Out of Hours Urgent Care Review: Revised Proposal (Cont)

Voting for Motion and Amendment

Motion	Amendment
Fiona Grant	Rosemary Liewald, Christina Cooper, Les Bisset
Jan Wincott	Martin Black, Eugene Clarke, Margaret Wells
	Helen Buchanan, Chris McKenna, David Alexander
	Tim Brett, David Graham, David J Ross
	Tony Miklinski

Therefore the Board:-

- Approved the draft Taxi and Bus transport policy and procedure.

- Approved the implementation of the revised model for the flexible delivery of Out of Hours Urgent Care in Fife.

- Approved the plans for ongoing communication and engagement.

Morna Fleming and Ian Dall left the meeting during this item. Helen Buchanan and Chris McKenna left then re-entered the meeting during this item.

8.2   Fife Primary Care Improvement Plan April 2019

Helen Hellewell presented this report and approval was sought for the Plan. The Plan is linked to the new GMC Contract which was introduced in 2018. Highlights include fife wide lobotomy and pharmacotherapy services. Tests of Change have been undertaken.

Les Bisset welcomed the paper which was comprehensive. Tim Brett thanked Helen and the team for this report.

It was agreed that the report would be the subject of a future Development Session to provide more detail and understanding.   **NA**

Discussion took place around representation on the core group which would support the plan, Ian Dall had requested that public and carer representation were included as a matter of course.

The plan was approved.

9   MINUTES FROM OTHER COMMITTEES & ITEMS FOR NOTING

9.1   Confirmed Finance & Performance Committee Minute from 13 March 2019 – Tim Brett asked if F&P Committee will follow up points in Brian Steven report, David Graham confirmed that this was in place.

9.2   Unconfirmed Finance & Performance Committee Minute from 21 May 2019

9.3   Confirmed Local Partnership Forum Minute from 6 March 2019

9.4   Unconfirmed Local Partnership Forum Minute from 1 May 2019

9.5   Unconfirmed Audit & Risk Committee Minute from 22 March 2019 – Eugene Clarke reported issued with synchronisation of NHS and FC Accounts and advised that the Brian Steven report was on the next Agenda.

9.6   Confirmed Clinical & Care Governance Committee Minute from 29 March 2019 – Tim Brett advised that regular Care Quality reports were being taken to C&CG.

10   AOCB

Recruitment - Director of Health and Social Care

Paul Hawkins presented a paper and covered the process which would be followed to recruit the Interim then Permanent replacement for this post. Report was approved.

11   DATES OF FUTURE MEETINGS

IJB MEETING – Thursday 8 August 2019 at 10.00 am in Conference Rooms 2 and 3, Ground Floor, Fife House, North Street, Glenrothes, Fife, KY7 5LT.

IJB DEVELOPMENT SESSION – Tuesday 17 September 2019 at 1.30 pm in Conference Rooms 2 and 3, Ground Floor, Fife House, North Street, Glenrothes, Fife, KY7 5LT.

IJB MEETING (ANNUAL ACCOUNTS) – Tuesday 24 September 2019 at 10.00 am in Conference Rooms 2 and 3, Ground Floor, Fife House, North Street, Glenrothes, Fife, KY7 5LT.

NHS Fife Clinical Governance Committee
September 2019

Agenda item no

Title of Group/Sub-committee	Infection Control Committee
Date of Group/Sub-committee Meeting:	June 2019
Release: draft/final minutes	August 2019
Author/Accountable Person:	Christina Coulombe Helen Buchanan

Summarise the items of significance from the minutes and the important points you want to raise to the attention of the committee?
NHS Fife did not achieve the reduction of SAB rates to 0.24 cases per 1,000 AOBD by March 2019; QI project commenced in W44 to address data exceedance for PVC related SAB. There is an increased number of catheter associated *Escherichia coli* bacteraemia (ECB) infections in our community services. ECB overall has increased significantly over the past ten years, this issue is not isolated to Fife. Nationally, rates are increasing year on year. QI project across all of Health well underway with key aims and objectives identified. Now on IPC risk register. Consultant Microbiologist/ Environmental Microbiologist has been appointed to support Water Safety, Decontamination and the Built Environment however there is a delay with the start date of the post. The new post holder will now join Fife on 14 October 2019 instead of 1 September 2019. Data exceedance in C Section SSI incidence rate for Quarter 1 2019 (Jan – Mar 19). Exception report received. QI work ongoing, systems and processes being reviewed. Surveillance methodology being updated. Discussed at July CGC. Due to the national concerns related to Water Safety, Ventilation and New Builds/Refurbishments (commissioning and design etc.) compliance with HAI-SCRIBE has been placed on the IPC risk register to reinforce the risks if national guidance is not followed. There has been a cluster of cases of SABs related to PWID, discussed at July CGC, also escalated to Addictions Team and senior management teams across Health. New HALT (Hospital Addictions Liaison Team) at recruitment stage. Compliance with the completion of the Colorectal surveillance SSI Forms is extremely poor, QI project started to work collaboratively with the clinical teams to support improvement. IPC Study Day: 13 September VHK advertised on Dispatches MERS-CoV table top exercise: 6 September Safe and Clean Care Audit roll-out to all of Health: September 2019
What are the concerns/issues/risks you want to bring to the attention of the committee?
As above

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NHS FIFE'S INFECTION CONTROL COMMITTEE

5TH JUNE 2019 AT 2PM

WITHIN TRAINING ROOM 2, DINING ROOM, VHK

MINUTE

Present

Mrs F Bellamy	Health Protection Nurse
Dr S Blair	Consultant in Occupational Medicine
Mrs L Campbell	Associate Director of Nursing, Acute
Mrs N Connor	Associate Director of Nursing, HSCP
Ms J Cook	Senior Infection Control Nurse
Mrs C Coulombe	Infection Prevention and Control Manager (Chairing)
Mr A Fairgrieve	Director Estates & Facilities
Dr K Morris	Consultant Microbiologist, Infection Control Doctor Associate
Ms S Watson	Infection Control Surveillance Nurse

Apologies

Ms H Buchanan	Director of Nursing, NHS Fife (Chair)
Ms L Burnett	Health Protection Nurse Specialist
Mrs P Cumming	Risk Manager
Dr E Curnock	Consultant in Public Health Medicine, Health Protection Team
Ms L Delaney	Infection Control Surveillance Nurse
Mrs E Dunstan	Infection Control Surveillance Nurse
Ms L Eldridge	Act Midwifery Manager
Mrs C Gilvear	Clinical and Care Governance Lead HSCP Quality
Ms H Johnston	Public Representative
Ms A Lawrie	Associate Nurse Director, Women & Children
Mr S Monaghan	Clinical Director, Planned Care
Ms J Owens	Associate Director of Nursing, Corporate Services
Ms N Platt	Senior Pharmacist, Antimicrobial Pharmacist
Mrs M Selbie	Senior Infection Protection and Control Nurse
Dr P Venkatesh	Consultant Microbiologist
Ms H Woodburn	Head of Quality & Clinical Governance

In Attendance

Lorna McCallum	Minute Taker

1   APOLOGIES
Apologies were **noted** as above.

2   MINUTE OF PREVIOUS MEETING – 6th February 2018
Amendments to the previous minute:
Item 3:
3: (4.1a): 3 Work streams (Policies Protocol, Process Implementation Group, Education and Training Group)

Item 4:
4: (4.1e): delete 'and Vascular'
4.6: insert 'Safe & Clean Care SICPs audit'
4.7: Reword to: Local guidance currently being updated. Currently the Intranet has a link to the National Infection prevention and Control Manual.

Circulate updated notes for records.   LMc

3: 4.1d
HAI LDP Standards – C Section and Orthopaedic SSIs
AL completing process and flow chart for deep and organ space infection
reporting, the incidents will be reported through Datix, final document will
be circulated for comment and approval.

Action complete

3: 4.1a
HAIRT Board Report

Carry Forward

3: 4.4
National Guidance
Local and national discussions taken place regarding neo-natal
screening/risk assessment for MRSA, CPE. Will be the decision of the
Clinicians in paediatrics. AL will feedback.

Carry Forward

3: 4.8
Infection Prevention & Control Audit Programme
No resource within IPC Team to fully support GPs, although will assist
where possible. MS working on tool for outpatient department and GPs.

Carry Forward

3: 5.3
Use of Dyson Blade Fans
On agenda

Action Complete

4.1h
Outbreaks, Incidents and Triggers

Action Complete

4.3
Risk Register
CC/AF meet to complete form to include HAI-SCRIBE on risk register.   CC/AF

Carry Forward

4.3
Risk Register
PC worked on identifying all risks the ICC should own, as well as those
ICC should have oversight of.

Action Complete

6,2
Decontamination Group
No funding requests received from this group. If you have identified
funding required, contact AF.

Action Complete

2

6.2
Decontamination Group
Washing disinfectors are on 5-year replacement plan.

Action Complete

7.1
Infection Control Representation at Clinical Governance and Clinical Care
Governance Group
CC developing template to ensure reporting is similar and appropriate.

Carry Forward

4   STANDING ITEMS
4.1   4.1a HAIRT Board Report
JC gave an overview of the HAIRT Board report within agenda.

Achievements:
Welcomed new IPCSN Suzanne Watson to the ICPT from theatres.

Safe & Clean Care SICPs audits. Stock-take of audits to be advised by   JC
JC.

World Hand Hygiene Day 5th May. Very good engagement of patients,
relatives and visitors throughout the week of events.

IPC staff (5) attended 'Lessons from Ebola Outbreak' RCN event. Very
good speakers, 3 take home points:
          Engaging with communities / Cultural differences
          Training of staff for PPE
          Good nursing care
Local plan/pathway: National Specialist Ops team take cases to Regional
Infectious Diseases Unit.

HPS have issued new modified SSI form for surgical large bowel.

Challenges:
Caesarean Section SSI: Fife remain above the national average,
identified as outliers. These require to be reported as diagnosed by
trained HCW in the definitions, but Fife processes differ from other
Boards as we treat and see all cases in hospital at midwifery clinic. If
diagnosed by GP, this is not recorded/reported. Surveillance and work
being carried out in maternity and will be reported through Clinical
Governance, some things have improved. CC reported HIAT Green for
data exceedance for CS SSI for Q1 2019 via HPS mandatory reporting
structures.
HPS requesting feedback on all surveillance programmes via electronic
survey. Fife giving feedback.

SABs: Raised incidence of PWIDs relates SABs, JB/MB meeting with
Addiction Services to discuss input or support.

ECBs: Ongoing raised ECB incidence, assurance there is work ongoing   KM/CC
through the Urinary Catheter Improvement Group.   All

KM/CC discuss the structure of report for Executive Team. Possibly
refresh and summarise. Comments regarding changes to HAIRT report
to LMc.

3

Members **noted** the report.

4.1b HAI LDP Update – SABs Reports
First quarter incidence 24, May only 5; slightly more in Community.

Work ongoing in wards to ensure removal of PVCs before 72-hour breach.

Members **noted** the update.

4.1c HAI LDP Update – CDIs Reports
Incidence slightly higher than previous years. PV leading work in Fife, from this month staff treating patients with recurring CDI using a new drug, not yet licensed in Scotland. Looking at reducing recurrence.

Members **noted** the update.

4.1d ECB Surveillance Report
Incidence same or slightly increasing from previous years. Now the single most cause of patients coming in to hospital. A 400% increase over 10 years, 50% UTIs. Prevalence: Scotland 90/100,000, England slightly less but increasing. This is an identified widespread problem.

Urinary Catheter Implementation Group putting programme in place, likely a 5-year plan.

Members **noted** the update.

4.1e HAI Update – C Section SSI Reports
Quarter 1 showed a sharp rise in SSI rates 12 cases, likely to be an exception report.

Members **noted** the update.

4.1f HAI Update – Orthopaedic SSI Reports
Surveillance for orthopaedics, only 2 incidences.

Members **noted** the update.

4.1g Colorectal and Vascular SSI Surveillance Report
There were 9 SSIs in large bowel for Quarter 1, 13% incidence rate, up slightly from Quarter 4. Only 2 infections were implicated with recall of staple gun. Meeting with surgeons to discuss surveillance, over and above that done by themselves.

Members **noted** the update.

4.1g CPE Surveillance
Part of surveillance with MRSA, same figures and challenges as previous quarter. Patients are being risk assessed, but not being fully documented. Change form to 'pre-admission and on admission' for clarity. JC working with EiC, trialled in AU2 and rolled out to AU1. Recording under EiC is electronic and will improve.

Members **noted** the update.

4.1h Outbreaks, Incidents and Triggers
No wards or bays closed due to seasonal outbreaks since last meeting.

4

Endophthalmitis: 1 incident reported to ICD (KM). Improvement works ongoing

iGAS/GAS: 2 incidences of invasive group A strep identified in maternity, PAG held on 20 May. It was not hospital acquired but both patients were seen in OPD.

Suspect Meningitis: patient intubated in children's ward, no PPE worn, GAS identified. SCN/Medic informed for awareness of staff.

Measles: patient admitted to VHK. HP team involved in identification of community contacts. OH involved for any healthcare contacts. Factual update will come to ICC.

KM concerned PPE not used although policy was written during H1N1 threat. Although part of induction and 3 yearly corporate training update, staff are not implementing in emergencies. It is used in ICU.

Incident has been datixed and improvement work will be required to ensure this is followed.

Members **noted** the update.

4.2   NHSS National Cleaning Services Specification
Report for noting, no significant changes.

Environmental Safety and Cleanliness Assurance Group set up to ensure high-level overview and assurance is apparent to cover requirements around environmental safety and cleanliness.

Members **noted** the update.

4.3   Risk Register
3 Risks:
SAB rates
CDIs
Wipes

2 Risks for oversight:
Sinks in Dermatology: Walk around arranged to look at mitigation in the meantime, until capital works are complete.
Pseudomonas: Plan has been agreed for replacement of flexible hoses, monies not yet released.

Occupational Health Risk: Regarding OH records for rotational staff whose initial employ does not sit within this health board. NHS Fife have a work around, national solution at consultation stage. Looking at OH dashboard and eESS solution. Dependent on IT availability. Discussion ongoing around confidentiality and data protection. The system will state where/when staff are cleared to work; it will not disclose personal information.

Pigeon Guano: Work undertaken, risk has been removed.

Water Cooler: This will go to the Water Safety Group.

Members **noted** the update

4.4   National Guidance

5

No papers to share at this time. Staff require to check the NIPCM frequently. CC highlight as reminder via intranet, take to HB.

CC

4.5 <u>HEI Inspections</u>
NHS Fife, Glenrothes Hospital inspection report and action plan shared for information. Factual accuracy and positive negotiations undertaken with inspectors, 3 requirements. New legislation is retrospective, but risk noted on the register.

Thank you to J Rotheram; good collaborative working with Partnership/ Facilities.

Members **noted** the update.

4.6 <u>NHS Fife Fife-Wide Inspection Co-ordinating Group - Update</u>
NHS Fife inspection report will go through this group. Learning is shared from all HEI inspections undertaken to allow NHS Fife to learn from all areas.

4.7 <u>Quality Improvement Programmes</u>
For information only: Renal team doing very well.

4.8 <u>Infection Prevention & Control Audit Programme</u>
Safe and Clean Care SICPs Audit: Rolling out across NHS Fife. IPCN achieving targets, devising new tool for OPD Acute and HSCP to ensure correct areas covered. Ensuring all patient areas are correctly tracked and on database.

NC advised annual professional framework reviews are very good, queried how these are joined up rather than implemented as new work and connect to professional assurance framework.

Members **noted** the update.

4.9 <u>Infection Control Manual Update</u>
IPC manual updates on track, local documents have been sent to Communications. Discussing how formatting can be improved.

Members **noted** the update.

4.10 <u>Staff Education Update</u>
Education programme advertised for the year. Bespoke sessions being carried out on request.

Winter planning dates to be arranged.

IPC study event; ½ day planned for September.

Members **noted** the update.

4.11 <u>Prevention and Control of Infection Work Programme 2018-19 Update against key deliverables</u>
Infection Control Manual: slippage but work progressing and should be in place by September.
NHS Fife Education and Training Strategy: updated HCAI Education, Training and Development Strategy going through consultation, going to HAI Education and Training Group.
CC send strategy for consultation and put to Inspection Oversight Group.

CC

NHS Fife Education and Training Group:

6

CC contact HR regarding update for mandatory training numbers.   CC
Prevention and Control of Infection Implementation Framework: due to be completed by August.
Annual Report: PCI Annual report on schedule for completion July 2019.
NHS Fife Education and Training Group support: slippage due to lack of secretarial support.

Members **approved** the programme.

4.12 SAER Learning
Themes identified:
Venflons not being reviewed; may be a documentation problem due to access to iPads for input. Being addressed. KM advised oversight through report if breaching 72 hours review.

5. **NEW BUSINESS**

5.1 Use of Dyson Bladeless Fans
Guidance available, use must be risk assessed, staff should discuss with CNMs. Ensure clarity of communication, highlight guidance and need for risk assessment where use is required.

Members **noted** the updates

5.2 HAI Assurance Framework
Approval for HAI Assurance Framework sits with ICC and will go to Clinical Governance Committee for information. Requires to be updated. Reporting will be via SBAR.

Discussion held if these should be shared with Acute and Partnership clinical governance groups. Member's feedback agreement to share.   All

Members **noted** the updates

5,3 World Hand Hygiene Day
5th May: RCN glove awareness week on the lead up. This was a weeklong programme with travelling hand hygiene training and information stands at each hospital. Stalls at VHK, QMH and St Andrews. Great participation from all staff and patients/visitors alike. Selfie board and photos were published on NHS Fife Facebook and other social media platforms and tweeted internationally. A piece will be included in the next IPCT newsletter July 2019.

Share with teams and thank you for engagement.

6 **NHS FIFE INFECTION CONTROL COMMITTEE'S SUB GROUPS**

6.1 Infection Prevention & Control Team
Available on request.

6.2 NHS Fife's Decontamination Group
Nothing to highlight.

Members **noted** the notes of the meeting.

6.3 Antimicrobial Management Team
Nothing to highlight.

Members **noted** the notes of the meeting and update.

7

6.4   NHS Fife's Water Management Group
Successor for AW due to commence 5th August.
Microbiologist has been appointed.

Members **noted** the Minute of the Meeting and update.

6.5   NHS Fife's HAI Education and Training Group
Meeting date arranged.

6.6   NHS Fife's CJD Sub Group
Discussed the alerting of possible CJD, prior to confirmation through CJD
unit. CC ask at National Group.   CC

Members **noted** the update.

7   **ANY OTHER BUSINESS**

7.1   Waste Management
Waste contractor agreed from 1st August. Discussion around waste being
segregated, ensure clarity from Board Waste Manager.   New short-life
working group set up under Waste Management Group, various groups
discussing. AF advise overview of all groups in situ.   AF

Sharps audit could provide training opportunity.

8   **DATE OF NEXT MEETING**
The next meeting of the Committee will be held on 7th August 2019 in
Training Room 2, Dining Room, Victoria Hospital, Kirkcaldy.

8

NHS Fife Clinical Governance Committee
04 September 2019

Agenda item no

Title of Group/Sub-committee	Public Health Assurance Committee
Date of Group/Sub-committee Meeting:	31 July 2019
Release: draft/final minutes	Draft minutes
Author/Accountable Person:	Esther Curnock

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
An incident relating to the national cervical screening programme was reviewed. Actions that are currently in progress to investigate potential impact locally were noted by the committee.

What are the concerns/issues/risks you want to bring to the attention of the committee?
Risks associated with insufficient numbers of clinical staff having up-to-date fit-testing for FFP3 face-masks and training in enhanced Personal Protective Equipment (PPE) were reviewed by the committee. This risk has now been added to the Public Health risk register. Since the meeting of the committee, this issue has been highlighted in an EDG paper on managing patients with High Consequence Infectious Disease that was reviewed on 19th August. A recommendation for a follow-up paper to EDG with a fit-testing and enhanced PPE training action plan was agreed.

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Fife NHS Board

NOTES OF THE PUBLIC HEALTH ASSURANCE COMMITTEE MEETING HELD ON WEDNESDAY 31 JULY AT 11AM IN THE TRAINING ROOM, WARD 7, CAMERON HOSPITAL

Present:

Esther Curnock (EC) (Chair)	Consultant in Public Health
George Brown (GB)	Emergency Planning Officer
Lynn Burnett (LB)	Health Protection Nurse Specialist
Jacky Burns (JB)	StR in Dental Public Health
Cheryl Clifford (CCl) (notes)	Office Manager
Paul Madill (PM)	Consultant in Public Health
Chris McGuigan (CM)	Consultant in Public Health
Josie Murray (JM)	Consultant in Public Health
Lorna Watson (LW)	Consultant in Public Health

Apologies:		
	Nicky Connor	Interim Director of Health & Social Care
	Cathy Cooke	Public Health Scientist
	Dona Milne	Director of Public Health
	Emma O'Keefe	Consultant in Dental Public Health

1.   WELCOME & APOLOGIES

EC welcomed everyone to the meeting, apologies were noted above.

2.   MINUTE OF THE PREVIOUS MEETING ON 23 MARCH

The minutes of the previous meeting were accepted as an accurate record. It was noted that the Integrated Screening Report had been reviewed at the Clinical Governance Committee meeting on 3rd July 2019.

3.   MATTERS ARISING

Remote working capacity – ongoing CC will give an update at the next meeting.   **CC**

HP Zone – Alison Henderson added this event to DATIX

4.   VACCINE TRANSFORMATION PROGRAMME RISK

Several actions remain outstanding, GB was asked to add this to the Public Health risk register and to show CC how to enter risks on Datix.   **GB**

File Name: 310719 PHAC minutes   Issue 1   Date: 09/08/2019
Originator: Cheryl Clifford   Page 1 of 5

It was confirmed a paper was not submitted to EDG following the last meeting but LB confirmed positive actions have taken place including the MMR catch up campaign involving both primary and secondary school children. These will be reviewed at the next Area Immunisation Steering Group meeting which had been postponed from May.

5. PREGNANCY AND NEWBORN SCREENING

A paper was submitted to EDG. The Terms of Reference have been reconstructed significantly and LW confirmed the committee will continue to report to this group. LW and Cathy Cooke share the chairperson role with Cathy co-coordinating and LW overseeing. A short discussion followed on the governance arrangements for the screening and immunisation programme for babies born to mothers with Hepatitis B. EC, LB and Cathy Cooke to have further discussion out with the meeting.

EC/LB/CCo

RISK MANAGEMENT

6. IDENTIFIED NEAR MISSES, CRITCAL INCIDENTS

The incident below was shared verbally at the meeting by JM, and the written note below was provided following the meeting. The recommendations and actions in progress were noted by the committee.

Incident

Cervical Screening – Suspicion of Malignancy highlighted by sample taker on Cervical Cytopathology Request form (CCR) on the Scottish Cervical Call Recall System (SCCRS)

Situation

A significant event analysis was undertaken by a Practice in NHS Greater Glasgow & Clyde recently as part of the outcome of an investigation into why a woman did not receive an appointment from Colposcopy. The Practice had a discussion with the sample taker and it was identified that the sample taker erroneously assumed that SCCRS would make the automatic referral because the sample taker had selected "Suspicion of Malignancy" when completing the appearance of cervix part of the CCR. The Practice have since made an urgent referral to Colposcopy and only e-mailed the Screening Department Programme Manager to raise this as a training awareness need. This then prompted the Programme Manager to look at the wider SCCRS application to ascertain if this assumption had been replicated across NHS GG&C and raise the issue with the Consultant in Public Health Medicine.

This has in turn been reported to NSS who have now asked all boards to carry out a risk assessment in April 2019 as to whether this was likely to affect women in local health boards. A further request by NHS

National Services Division on the 19th July 2019 requested that all boards carry out an audit of the use of the "Suspicion of Malignancy" function on the CCR to be completed on the 19th January 2020. The Scottish Government also requested that all Directors of Public Health be formally notified of the Glasgow screening incident, the associated risk identified and the request from QARC to take steps to address this potential issue, and provide assurances to QARC that sample taking practice in their area is in line with best practice**.**

Background

SCCRS provides an alert and a pop up dialogue message to the sample taker every time "Suspicion of Malignancy" is chosen on the CCR and it also looks for information as to where the sample taker is going to refer to i.e. Gynaecology or Colposcopy. The alert advises that a referral is required to be made. SCCRS will only generate an automated referral at the time a sample is reported by the Laboratory as "Referred to Colposcopy" – this has been in place in NHS GG&C since April 2010. Prior to this date the Laboratory would advise the sample taker to refer to colposcopy using the appropriate referral mechanism.

Since SCCRS was introduced in May 2007 it has been the sample takers responsibility to refer based on what they visualise at the time the sample has been taken. However this has been confusing for sample takers therefore this issue is highlighted as a point of clarification at every Core and Update training for sample takers. Sample takers have clear guidance available to them on the National Services Scotland website which can be accessed via the SCCRS application.

The Laboratory have a process in place that should identify if "Suspicion of Malignancy" is selected that a recall advice of 6 months is selected for a sample reported as Negative.

Assessment

Since May 2019 the cervical screening team in Fife have been investigating the situation.

To date, 619 records have been identified as having Suspicion of malignancy checked. Of those 619 records, so far 346 records have been identified as requiring further follow up.

We have requested verification that those who appear to have been referred to either Colposcopy or Gynaecology have indeed been referred.

While we have received confirmation from Colposcopy (n=138), we await confirmation from Gynaecology (n=208) as they can only look back from the beginning of Trak Care – this information is not available for the patient record system which existed before (known as Oasis).

Through our investigations so far, we have identified that as well as a potential for women not to be appropriately referred onwards, there may be evidence to suggest an apparent delay in referral.

Recommendations

1. Inform the DPH of incident as per Scottish Government request.
2. Enlist support and advise of National Services Division consultant in Public Health for Screening as required.
3. Continue with the audit in a timely fashion.
4. Further investigate the potential evidence of a delay in referral for treatment for women who have been identified by the sample taker as having Suspicion of Malignancy.

Josie Murray – 13/08/19

Hepatitis B Audit

LB to have discussion with Cathy Cooke re Hepatitis B Audit. **LB/CCo**
EC agreed to remind the department that that this is the forum where Public Health Risks should be discussed and to take note of the reminder email sent prior to each meeting that asks if there are any new risks or critical incidents requiring review. **EC**

7.   NEW PROSPECTIVE RISKS

Staff MMR status – It became apparent during the recent measles outbreak that the MMR status of staff is not readily available. LB will take forward with Staff Health and Wellbeing. An update will be given at the next meeting and a risk identification form submitted if required. **LB**

Fit testing – The risk identification form was reviewed. A discussion took place on who within the organisation is responsible for ensuring staff have fitted PPE equipment. A paper will be tabled at EDG. The committee agreed the risk should be on the public health register at present but EC will discuss further with Dona regarding raising the issue at EDG to risk assess and make a decision if the risk should be on the corporate risk register. **EC**

Pregnancy and newborn screening – LW confirmed she had not completed a risk identification form as the potential risk is still being assessed. An update will be available for the next meeting. **CCo**

Implementation of the new GMS contract – A risk identification form was tabled at the meeting. PM reported that clarity had still not been given on the financial position for both this and the next financial year, this has resulted in a delay in the recruitment process for the various roles. PM reported the new Associate Medical Director has taken up post and reports of a similar situation across Scotland.   The risk has been escalated by the Health & Social Care Partnership to the Scottish Government.   Discussion followed on which risks would be public health.   A short discussion followed where it was agreed PM would continue to raise public health concerns to the Primary Care implementation group. However, the committee agreed that the risk associated with the overall programme did not need to sit on the Public Health Risk Register at present. **PM**

8. **REVIEW OF CURRENT RISKS ON PH REGISTER**

CM

518 Resilience - A major incident plan workshop took place involving members of the senior management team. A workshop is being organised for November regarding the Public Health Incident Plan. Datix has been updated to reflect this. A short discussion followed on climate change where it was agreed CM would discuss further with Neil Hamlet.

EC

528 Influenza Pandemic – The risk update paper was reviewed. This risk stays on the register and there is no change in the current risk rating. . The NHS Fife & Fife HSCP pandemic flu planning group continues to meet at least twice a year. EC reported new guidance is out for consultation and will forward to the department for comment.

LB

1457 Occupational Health Clearance – The risk update paper was reviewed. It was agreed that although there had been a recent change in the national policy, the risk should be kept on the register to ensure that implementation locally was completed.. LB is planning to meet with Occupational Health to discuss various issues.

9. **ANY ISSUES TO ESCULATE TO CLINICAL GOVERNACE COMMITTEE**

JB asked if the Oral Health Strategy should be forwarded to Clinical Governance. It was agreed it should be circulated to members of this group first.   EC reported the Integrated Immunisation Report would be reviewed at the postponed Area Immunisation Steering Group meeting at the end of August, and thereafter would be submitted to EDG and the Clinical Governance Committee.

10. **AOCB**
There was no other business

11. **DATE OF NEXT MEETING**
The next meeting will take place on Thursday 28th November at 11am in meeting room 1, Cameron House

Agenda item no

Title of Group/Sub-committee	NHS Fife Resilience Forum
Date of Group/Sub-committee Meeting:	24 July 2019
Release: draft/final minutes	Draft
Author/Accountable Person:	Dona Milne, Director of Public Health

Summarise the items of significance from the minutes and the important points you want to raise to the attention of the committee?
1. Brexit Assurance – current assessment of risks on register undertaken in preparation for Brexit Assurance Group in September   2. Major Incident Plan shared widely and workshop held for senior staff and EDG, further exercise planned for November. This is very good progress.

What are the concerns/issues/risks you want to bring to the attention of the committee?
A copy of the updated risk register will be submitted to the Brexit Assurance group for information and discussion at their meeting on 6 September.   Primary care representative is now on the Resilience Forum.

Linked committee cover template	Version: 8	Date:
Author: Clinical Governance	Page 1 of 1	Review Date: May 2020

Fife NHS Board

UNCONFIRMED

NHS Fife

MINUTES OF THE MEETING OF THE NHS FIFE RESILIENCE FORUM HELD ON 24 JULY 2019 AT 2PM IN THE SEMINAR ROOM, WHYTEMAN'S BRAE HOSPITAL

Present:

Dona Milne (DM)	**Director of Public Health, NHS Fife (Chair)**
George Brown (GB)	Emergency Planning Officer, NHS Fife
Lesly Donovan	General Manager eHealth & IM&T
John Fairweather (JF)	Regional Resilience Advisor, Scottish Ambulance Service
Susan Fraser (SF)	Associate Director of Planning and Performance, NHS Fife
Dr Neil Hamlet (NH)	Consultant in Public Health Medicine, NHS Fife
Joyce Kelly	Primary Care Manager, NHS Fife
Kirsty Macgregor (KM)	Head of Communications, NHS Fife
Andy Mackay (AM)	Deputy Chief Operating Officer, NHS Fife (for Ellen Ryabov)
Euan Reid (ER)	Pharmacist, NHS Fife (for Scott Garden)
Avril Sweeney (AS)	Manager - Risk Compliance, Health and Social Care

In Attendance:

Shona Lumsden (SL)	Personal Secretary, Dept of Public Health

ACTION

1. WELCOME & INTRODUCTIONS

DM welcomed everyone to the meeting. Round the table introductions followed.

2. APOLOGIES

Apologies were noted from Wilma Brown, Lynn Campbell, Maggie Currer, Andy Fairgrieve, Susan Fraser, Scott Garden, Michael Kellet, Chris McKenna, Evelyn McPhail, Barbara Ann Nelson, Ian Orr, Ellen Ryabov and Avril Sweeney.

3. MINUTES OF PREVIOUS MEETING HELD ON 30 APRIL 2019

The minutes of the previous meeting were accepted as an accurate record.

4. MATTERS ARISING

• EDG training session	**COMPLETE**
• Self assurance checklist	**COMPLETE**
• Updates to Brexit Risk Register	**ONGOING**
• Draft Major Incident Plan/Action Cards	**ONGOING**
• Walk round to be arranged when draft Major Incident Plan has been refined.	**ONGOING**
• List of names for Major Incident Plan workshop.	**COMPLETE**
• Winter Planning meeting is scheduled for 22 August. The draft Winter Plan has been based on discussions held at the winter review. A copy of the draft Escalation plan will be also be discussed.	**COMPLETE**
• Invite Wilma Brown to attend meetings.	**COMPLETE**

ACTION

5. **BREXIT**

DM referred to the letter received from Shirley Rodgers, NHS Scotland Chief People Officer & Director of Health Workforce, Leadership, Reform and EU Exit preparations, to NHS Scotland Chairs and Chief Executives which was circulated to the group in June which provides an update on EU Exit – update on preparations. Following receipt of the letter the Vice Chair of the Board asked for the Brexit Assurance group to be reconvened. A meeting is being planned for Friday, 6 September and will be chaired by Dr Les Bissett.

DM asked for the Brexit Risk Register to be updated prior to the meeting on 6 September with any issues being flagged up to her in advance.   **ALL**

5.1 <u>Brexit Assurance – current assessment of risks on register (please refer to register circulated for the meeting)</u>

Discussion ensued around the following risks detailed on the register.
*   <u>Risk 1505</u>
Chris McKenna to review and update.   **CM**

*   <u>Risk 1512</u>
KM provided a brief update explaining she sits on the Scottish Government Communications group which has been extended across the HSCP. There is a dedicated area on the website which is the main conduit for cascading information.

*   <u>Risk 1513</u>
LD reported that from a financial point of view there are no increase in prices as we would have expected. There is currently no impact on the supply chain at the present time.

*   <u>Risk 1515</u>
Nuclear medicines - DM to discuss with Chris McKenna.   **DM**

*   <u>Risk 1517</u>
Workforce – DM to discuss with Barbara Anne Nelson   **DM**

*   <u>Risk 1514</u>
ER confirmed this risk has been reviewed with no change to the level of risk.
Some of the groups are being reconvened as a result of a FOI request received recently.
A Problem Assessment Group (PAG) meeting is scheduled to take place in August.

*   <u>Risk 1516</u>
We don't hold any funding for research therefore no risk is noted.

*   <u>Risk 1511</u>
DM to discuss with Carol Potter.   **DM**

A copy of the update risk register will be tabled at the Brexit Assurance Group on 6 September.   **ALL**

6.   Major Incident Plan - Workshop

6.1   Feedback

Positive feedback was received following the workshop. A table top exercise will now be organised which will hopefully be held in November.   Availability and suitable venue will be sought in due course.   **SL**

KM reported she had provided some feedback on concerns around location of the media centre. It was agreed that KM/AM would discuss and liaise with IO.   **KM/AM**

6.2   New Major Incident and Mass Casualties Plan from Scottish Government

A copy of the documents were circulated with the papers for the meeting. Discussion ensued and it was noted that some of the content has not been agreed during the consultation process.   It was agreed to review the documents with a view to identify anything which we may need to change in   **IO/GB**
our Major Incident Plan.   IO/GB may need to contact some people with specific questions if necessary. Any issues of concern will be raised through the Chief Executive.

6.3   Next Steps

● Call out Exercise

IO/GB to liaise with LD to discuss system options.   **IO/GB/LD**

● Setting up the major incident room

AM reported that visits to other boards are being planned to ascertain what   **AM**
arrangements they have in place.

● Training opportunities

DM advised that all multi agency training opportunities arranged through ScoRDS are shared with Resilience Forum members. She asked members   **ALL**
to encourage their staff to sign up for any sessions deemed appropriate. A copy of the training programme will be re-circulated along with the minutes of   **SL**
the meeting. Further information can be obtained from GB if required.

7.   Primary Care Resilience

DM reported that the Clinical Governance Committee recommended that a representative from Primary Care be on the Resilience Forum membership.

DM welcomed JK to the meeting and asked her to give a brief overview of the current problem for practices being unable to recruit GPs.

NHS Fife has ownership of primary care however it is the HSCP which has the responsibility of delivering the role. Fife has a total of 56 practices, 3 of which have handed back their contracts to NHS Fife with a fourth practice about to follow suit. There is also a further problem around practices being full due to sustainability issues. It was hoped that the new GP contract which came out in April 2018 would resolve some of these issues however this has not happened. Practices have an obligation to have cover available between 0800 and 1800 hours daily. Clinical directors are working with practices and are due to meet with them again next week.

A monthly report is sent to the CEO to appraise him of the situation.

It was noted that a governance structure is in the process of being considered.

It was also noted that a risk is registered on the partnership risk register – 'Risk of collapse of a GP practice'.

A draft version of the Primary Care Improvement Plan has still to be signed

off.

ACTION

JK will continue to provide regular updates to the group.

DM agreed to speak with the CEO to flag up some of the recruitment issues across NHS Fife.

We will feedback to the Clinical governance Committee to confirm Joyce Kelly has been added to the group membership and will be attending meetings.

DM

8. **List of Plans & Procedures**

A copy of the draft list was tabled for information and discussion. It was agreed to add a new column 'frequency of review/review after an incident'.

Discussion ensued around how confident we are that each department has a Business Continuity plan in place and when it was last reviewed. DM agreed to liaise with IO and report back at the next meeting.

DM

It was also agreed to have a list of all plans which currently exist along with the lead person for that area.

IO

DM asked everyone to confirm where their Business Continuity plans are and if it is up to date prior to the next meeting. Everyone should inform IO.

ALL

9. **Feedback from local and national meetings**

- It was noted that IO attended a national anti corruption course recently. IO to be asked to provide a brief and helpful summary of the event.

IO

- GB to circulate details of courses and events coming up over the next few months.

GB

10. **Report to Clinical Governance Committee and Brexit Assurance Group**

- A copy of the updated risk register will be submitted to the Brexit Assurance group for information and discussion at the meeting on 6 September.

DM

- Provide feedback to the Clinical Governance Committee that JK is now on the membership of the group.

DM

11. **AOCB**

There was no other competent business.

12. **Date of next meeting**

Thursday, 19 September at 1pm in the Garden Room, Wd7, Cameron Hospital

Information Governance and eHealth

Report No. B31&32/19

Issued To: **P Hawkins, Chief Executive**
C Potter, Director of Finance (Senior Information Risk Owner)

L Donovan, General Manager eHealth and IM&T
M Guthrie, Information Governance and Security Manager (Data Protection Officer)

E Ryabov, Chief Operating Officer – Acute Services Division
N Connor, Interim Director of Health & Social Care

Follow-up Co-ordinator

Information Governance & Security Group
Clinical and Care Governance Committee
Clinical Governance Committee

Audit and Risk Committee
External Audit

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Draft Report Issued	03 July 2019
Management Responses Received	31 July 2019
Target Audit and Risk Committee Date	19 September 2019
Final Report Issued	05 August 2019

CONTEXT

1. The NHS Fife Strategic Framework includes key aspirations of providing services that are clinically excellent, person centred and sustainable and for NHS Fife to be an exemplar employer. The development, procurement and maintenance of information systems which protect the availability, integrity and confidentiality of patient and staff information helps NHS Fife achieve the objectives associated with these aspirations.

2. The draft NHS Fife Board Assurance Framework (BAF) section on eHealth – Delivering Digital and Information Governance & Security is linked to the aspirations listed above and includes the following overarching risk:

   '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'

3. The following linked information security risk is currently scored as 'high':

   'Information Governance; There is a risk that NHS Fife has insufficient safeguards in place to guarantee the confidentiality and security of patient and staff information'.

4. Mitigations to the risk included in the draft BAF section include programmes of work to ensure compliance with Scottish Government directives and legislative requirements related to Information Governance including the Scottish Government's Information Security Policy Framework (ISPF), the Data Protection Act 2018, the General Data Protection Regulation (GDPR), the Security of Network and Information Regulations (NIS Regulations). The development and implementation of a Digital Health and Care Strategy for NHS Fife will also contribute to the mitigation of the risk stated above.

5. The 2018/19 Internal Control Evaluation Report (B08/19) noted the following related to Information Governance:

6. Finding – *'Information and assurances provided to the NHS Fife Information Governance and Security Group in 2018/19 to date have not been of a quality and level of detail that would allow the group to conclude that there have been adequate and effective Information Governance arrangements in place for the year'.*

7. Recommendation – *'Assurance reporting to the final meeting of the NHS Fife Information Governance and Security Group in 2018/19 should be improved considerably. In particular more detailed status reporting is required on compliance with the GDPR, the Data Protection Act 2018, the NIS Regulations, the Public Sector Cyber Resilience Action Plan and the NHS Scotland Information Security Policy Framework (DL 17 2015). Regular detailed reporting is also required for a number of other areas'.*

SCOPE

8. Our audit reports on the work we have undertaken in year to support information governance and eHealth assurance processes through the provision of advice and attendance at Information Governance and Security Group and eHealth Board meetings. We also evaluated progress made towards addressing the recommendations made in Internal Control Evaluation Report (B08/19) and undertook a strategic level review of 'business as usual activities' for information governance and eHealth which contributed to the year-end Annual Internal Audit Report opinion provided by the Chief Internal Auditor.

Section 1   Executive Summary

AUDIT OPINION

9   The audit opinion is **Category C** – Adequate – Business objectives are likely to be achieved. However, improvements are required to enhance the adequacy/ effectiveness of risk management, control and governance. A description of all audit opinion categories is given section 3 of this report.

AUDIT FINDINGS

Supporting Information Governance and eHealth Assurance Processes

10 We were represented by a Principal Auditor at all 4 of the Information Governance & Security Group (IG&SG) meetings and at 3 of the 4 eHealth Board meetings held in 2018/19 and provided advice for improvements on the papers presented. Specific guidance was also provided regarding both group's Terms of Reference and the IG&SG's annual Workplan and annual Statement of Assurance. We also provided comments on the draft Board Assurance Framework section on eHealth – Delivering Digital and Information Governance & Security which were well received and acted upon.

Implementation of Action to Address Recommendations Related to Information Governance in Our Internal Control Evaluation Report (B08/19)

Overview

11 As reported in our annual report (B06/20) our recommendation from B08/19 (action point 10) regarding providing the Clinical Governance Committee with adequate assurance regarding compliance with GDPR, the Data Protection Act 2018, the NIS Regulations, 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.

12 Our recommendation in B06/20 is for a report to be provided to the NHS Fife Clinical Governance Committee clearly stating the Board's current status of compliance with GDPR, the Data Protection Act 2018, the NIS Regulations, the Public Sector Cyber Resilience Action Plan and the NHS Scotland Information Security Policy Framework.

13 Our review of the papers considered by the IG&SG in 2018/19 identified instances of expected papers not being presented without explanation and verbal updates being provided in the place of expected papers, which denies members the opportunity to scrutinise papers in advance of the meeting.

14 The new Senior Information Risk Owner (Director of Finance) identified that the group's annual workplan is not routinely presented to each meeting to confirm that anticipated items have been considered and to allow reasons for delay or omission to be recorded on the workplan and in the minutes. The Senior Information Risk Owner requested that this be addressed for 2019/20 and that each item on the group's agenda be supported by a covering SBAR in the same format as the SBARs presented to the Board and its Standing Committees. These required changes to the governance arrangements of the IG&SG are included as recommendations within the action plan of this report to allow their implementation to be monitored as part of the internal audit follow-up system.

Integration Joint Board

15 The agreed Governance Principles for Health and Social Care Integration include the principle that accountability for operational controls is retained by the parent bodies. The staff working in the Health and Social Care Partnership are employees of NHS Fife and Fife Council and in order to fulfil their role will often need to access information held by the organisation that is not their employer. We therefore perceive the main strategic Information Governance risks to NHS Fife associated with this partnership working arrangement to be:

- Barriers to accessing information may impact on the ability to provide a safe, efficient and effective Health and Social Care Service (including IG as an enabler for service transformation and improvement)
- The availability, integrity and confidentiality of information required for the provision of a safe, efficient and effective Health and Social Care Service may be compromised if appropriate information security controls are not in place to prevent this.

16 These risks are not currently recorded or monitored on an NHS Fife Risk Register.

17 IG incidents that occur in services delegated to the IJBs should be reported through the NHS Fife Incident Management System (DATIX) and therefore be reported to the IG&SG as part of the Information Security Incidents report but the IG&SG is not currently receiving assurance that this report captures all IG related incidents that have been reported by services that are delegated to the IJB.

eHealth Delivery Plan

18 As reported in our annual report (B06/20) the NHS Fife Information and Digital Technology Strategy 2019-2024 was presented to the eHealth Board on 26 February 2019 but feedback was insufficient to allow approval at the next meeting as intended. In the meantime, an updated NHS Fife eHealth Delivery Plan, which will be the vehicle for delivering the strategy, will be presented to the eHealth Board for approval on 19 August 2019.

Other Relevant Assurances

19 In our 2018/19 Internal Control Evaluation Report (B08/19) we stated that '*regular detailed reporting is also required for a number of other areas*' and we passed a listing of these other areas to management. Whilst we are aware of improvements that have been made to the reporting of compliance timescales associated with Subject Access Requests (SARs) no specific routine assurances were provided to the IG&SG in 2018/19 on the following:

- Development/procurement of new information processing systems and whether Data Protection Impact Assessments have been undertaken

- Compliance with statutory timescales for reporting serious personal data breaches to the Information Commissioner's Office (an incident report is provided but this does not record whether the 72 hour timescale for reporting serious incidents to the ICO has been complied with for the relevant incidents)

- High risks associated with information governance and security are being managed to a tolerable level (a risk report is presented but this does not include a conclusion regarding the high risks and whether mitigations in place or planned will be sufficient to reduce these risks to a tolerable level)

- Completeness of the NHS Fife Information Asset Register

- Compliance by staff with timescales for undertaking Information Governance Training

- Data Sharing Agreements, those in place, review dates and whether these are compliant with GDPR and the Data Protection Act 2018

- Caldicott approval requests – volumes and processing timescales

- Assurance regarding how the Board is informing patients/service users of their rights in respect of their information

- Compliance with Records Management Policy

- A list of contracts in place that involve the processing of personal identifiable information and assurance that these contracts have been confirmed as GDPR compliant or are being revised to bring them into compliance with GDPR.

ACTION

20 The action plan at section 2 of this report has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

ACKNOWLEDGEMENT

21 We would like to thank all members of staff for the help and co-operation received during the course of the audit.

Barry Hudson BAcc CA

Regional Audit Manager

Detailed Finding and Action Point Reference 1

Finding:

The governance arrangements for the IG&SG have not been sufficient to allow it to consider all of the assurances it requires to conclude on whether adequate and effective internal control, risk management and governance processes have been in place for Information Governance and Security in 2018/19.

There was a high instance of verbal reporting to the IG&SG in 2018/19 which denies members the opportunity to scrutinize papers in advance of the meeting.

Audit Recommendation:

As agreed in the IG&SG Annual Assurance Statement for 2018/19 the following improvements to the governance arrangements of the IG&SG should be made for its operation in 2019/20:

- *'The group's Terms of Reference should be updated to include the assurances required by the group to fulfil its purpose*

- *The group's workplan for 2019/20:*

  o *should be revised to clearly record the scheduling of reports anticipated by the group to provide assurance against the items in its remit*

  o *should identify a Lead Officer for each anticipated item and each lead should be advised that papers are required at least 7 days prior to each IG&SG meeting*

  o *should be presented to each meeting of the group to confirm that anticipated items have been considered and reasons for delay or omission should be noted on the workplan and in the minutes.*

- *Each item presented to the IG&SG in 2019/20 should be supported by an SBAR explaining the context of the item and indicating what is expected from the group (ie for decision, for assurance, for discussion)'.*

Priority: 2

Management Response/Action

The recommendations are accepted and the following actions will be undertaken:

- The IG&SG Terms of Reference (ToR) has been updated and will be submitted to its next meeting for approval

- The IG&SG workplan for 2019/20 will be created and will be presented to the next IG&SG meeting (end of August 2019)

- Each item presented to the IG&SG will be in the format of an SBAR (Situation, Background, Assessment, Recommendation report) or will be covered by an SBAR (eg for risk registers or external reports).

Action by / Date:

Information Governance and Security Manager (Data Protection Officer) - 31 August 2019

Detailed Finding and Action Point Reference 2

Finding:

Under the NIS Regulations, Healthcare is identified as an essential service therefore NHS Fife will be subject to audits commissioned by the competent authority for healthcare in Scotland (The Scottish Government). It is therefore important that NHS Fife has the required controls in place prior to the audit and that assurance on this is provided to Fife NHS Board.

The competent authority published a revised Information Security Policy Framework (ISPF) in March 2019 which integrates the controls of ISO27001:2013 alongside the legal compliance requirements of NIS:2018 and GDPR:2018 and addresses the features of the Public Sector Action Plan and Cyber Essentials which Boards need to comply with.

Audit Recommendation:

Regular assurance reports should be provided to the IG&SG and CGC regarding NHS Fife's status against the controls included in the revised ISPF.

Priority: 2

Management Response/Action

The recommendation is accepted.

Quarterly reports will be presented to the IG&SG and to the CGC to provide assurance regarding NHS Fife's status against the controls included in the revised ISPF.

Action by / Date:

IT Operations Manager – 31 January 2020

Detailed Finding and Action Point Reference 3

Finding:

Specific routine assurance is not provided to the IG&SG on the following:

- Development/procurement of new information processing systems and whether Data Protection Impact Assessments have been undertaken

- Compliance with statutory timescales for reporting serious personal data breaches to the Information Commissioner's Office (an incident report is provided but this does not record whether the 72 hour timescale for reporting serious incidents to the ICO has been complied with for the relevant incidents)

- High risks associated with information governance and security are being managed to a tolerable level (a risk report is presented but this does not include a conclusion regarding the high risks and whether mitigations in place or planned will be sufficient to reduce these risks to a tolerable level)

- Completeness of the NHS Fife Information Asset Register

- Compliance by staff with timescales for undertaking Information Governance Training

- Data Sharing Agreements, those in place, review dates and whether these are compliant with GDPR and the Data Protection Act 2018

- Caldicott approval requests – volumes and processing timescales

- Assurance regarding how the Board is informing patients/service users of their rights in respect of their information

- Compliance with Records Management Policy

- A list of contracts in place that involve the processing of personal identifiable information and assurance that these contracts have been confirmed as GDPR compliant or are being revised to bring them into compliance with GDPR.

Audit Recommendation:

Leads should be identified for each assurance item listed above and these should be scheduled for presentation to the IG&SG in the group's 2019/20 workplan.

Priority: 2

Management Response/Action

The recommendations are accepted.

Work has been initiated to provide the assurance reports listed in the finding above. A progress update on how these are to be reported to the IG&SG will be presented to its next meeting with the aim of all of these assurances being reported to the group from its January 2020 meeting onwards.

Action by / Date:

Information Governance and Security Manager (Data Protection Officer) - 31 January 2020

Detailed Finding and Action Point Reference 4

Finding:

The agreed Governance Principles for Health and Social Care Integration include the principle that accountability for operational controls is retained by the parent bodies. The staff working in the Health and Social Care Partnerships are employees of NHS Fife and Fife Council and in order to fulfil their role will often need to access information held by the organisation that is not their employer. We therefore perceive the main strategic Information Governance risks to NHS Fife associated with this partnership working arrangement to be:

- Barriers to accessing information may impact on the ability to provide a safe, efficient and effective Health and Social Care Service (including IG as an enabler for service transformation and improvement)
- The availability, integrity and confidentiality of information required for the provision of a safe, efficient and effective Health and Social Care Service may be compromised if appropriate information security controls are not in place to prevent this.

These risks are not currently recorded or monitored on an NHS Fife Risk Register.

Audit Recommendation:

The strategic Information Governance risks to NHS Fife associated with this partnership working arrangement should be recorded on the NHS Fife Risk Management System (DATIX) and mitigations should be put in place to reduce them to a level tolerable by NHS Fife. The reason for this is that if these risks materialise they would have an adverse impact on NHS Fife being able to deliver its strategic objectives.

Assurances associated with the mitigating actions should be included as expected assurances in the Terms of Reference and Workplan of the IG&SG and should be reported on in its annual assurance statement.

Priority: 2

Management Response/Action

The recommendations are accepted.

The risks will be recorded on the risk register together with current and planned joint mitigations. This will be informed by discussions between the NHS Fife and Fife Council Data Protection Officers which are scheduled for the end of August 2019.

Action by / Date:

Information Governance and Security Manager (Data Protection Officer) - 31 October 2019

Section 3   Definition of Assurance and Recommendation Priorities

Definition of Assurance

To assist management in assessing the overall opinion of the area under review, we have assessed the system adequacy and categorised the opinion based on the following criteria:

Level of Assurance		Definition
A	Good	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives.
B	Broadly Satisfactory	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives, although minor weaknesses are present.
C	Adequate	Business objectives are likely to be achieved. However, improvements are required to enhance the adequacy/ effectiveness of risk management, control and governance.
D	Inadequate	There is increased risk that objectives may not be achieved. Improvements are required to enhance the adequacy and/ or effectiveness of risk management, control and governance.
E	Unsatisfactory	There is considerable risk that the system will fail to meet its objectives. Significant improvements are required to improve the adequacy and effectiveness of risk management, control and governance and to place reliance on the system for corporate governance assurance.
F	Unacceptable	The system has failed or there is a real and substantial risk that the system will fail to meet its objectives. Immediate action is requires to improve the adequacy and effectiveness of risk management, control and governance.

Section 3   **Definition of Assurance and Recommendation Priorities**

Recommendation Priorities

The priorities relating to Internal Audit recommendations are defined as follows:

Recommendations	Definition	Total
Priority 1	**Priority 1 recommendations** relate to critical issues which will feature in our evaluation of the Governance Statement. These are significant matters relating to factors critical to the success of the organisation. The weakness may also give rise to material loss or error or seriously impact on the reputation of the organisation and require urgent attention by a Director.	None
Priority 2	**Priority 2 recommendations** relate to important issues that require the attention of senior management and may also give rise to material financial loss or error.	Four (Ref 1, 2, 3 & 4)
Priority 3	**Priority 3 recommendations** are usually matters that can be corrected through line management action or improvements to the efficiency and effectiveness of controls.	None
Priority 4	**Priority 4 recommendations** are recommendations that improve the efficiency and effectiveness of controls operated mainly at supervisory level. The weaknesses highlighted do not affect the ability of the controls to meet their objectives in any significant way.	None

Priority 1 and 2 recommendations are highlighted to the Audit/Audit & Risk Committee and included in the main body of the report within the Audit Opinion.