NHS FIFE CLINICAL GOVERNANCE COMMITTEE

08 May 2019, 14:00 to 17:00
STAFF CLUB, VHK

Agenda

1. CHAIRPERSON'S WELCOME & OPENING REMARKS

2. DECLARATION OF MEMBERS' INTERESTS

3. APOLOGIES FOR ABSENCE

4. MINUTES OF PREVIOUS MEETING HELD ON 6 MARCH 2019

(attached)

Item 4 - Unconfirmed Notes 060319.pdf (13 pages)

5. MATTERS ARISING

Outstanding Actions from Action List (attached)

Item 5 - TABLE OF ACTION 8 MAY 2019.pdf (5 pages)

5.1. Self Assessment

(verbal)

Gillian MacIntosh

6. MEDICAL / NURSE DIRECTOR REPORTS

6.1. Quality Report

(attached)

Dr McKenna & Helen Buchanan

Item 6.1 - Quality Report May 2019 v1.0.pdf (64 pages)

6.2. Integrated Performance Report (IPR)

(attached)

Susan Fraser

Item 6.2 - IPR April.pdf (61 pages)

6.3. BAF for Quality & Safety

(attached)

Helen Buchanan

- Item 6.3 - SBAR BAF CGC 080519 Quality and Safety.pdf (3 pages)
- Item 6.3 - NHS Fife BAF V14.0 100419 - Quality & Safety (2).pdf (1 pages)
- Item 6.3 - Risk appetite information for NHS Fife Clinical Governance Committee 080519.pdf (2 pages)
- Item 6.3 - Risk Appetite Template Example Quality and Safety (2).pdf (1 pages)
- Item 6.3 - Risk Appetite Template Example - Strategic Planning.pdf (1 pages)

6.4. BAF for Strategic Planning

(attached)

Susan Fraser

- Item 6.4 - BAF 08052019 - Strategic Planning.pdf (1 pages)
- Item 6.4 - SBAR CGC BAF 5 08052019.pdf (3 pages)

7. CLINICAL STRATEGY

7.1. Update Report on all strands of Clinical Strategy

Susan Fraser

8. GOVERNANCE ITEMS

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

(attached)

Elizabeth Muir

- Item 8.1 - Final NHS Fife Clinical Governance Committee Statement of Assurance.pdf (35 pages)

8.2. Statement of Assurance Information Governance & Security Group

(attached)

Ellen Ryabov

- Item 8.2 - Carol Potter - Governance Statement 201819 pdf.pdf (1 pages)

8.3. Annual Statement of Assurance of eHealth Board 2018/2019

(attached)

Ellen Ryabov

Item 8.3 - eHealth Board Annual Statement of Assurance - 2018-19 V3.pdf (6 pages)

8.4. Annual Statement of Assurance Health & Safety Governance Board 2018/2019

(attached)

B A Nelson & A Fairgrieve

Item 8.4 - 2019-04-24 Appendix 2 Sub Committee Workplan.pdf (3 pages)

Item 8.4 - 2019-04-24 Appendix 3 H+S Committees.pdf (1 pages)

Item 8.4 - 2019-04-24 Sub Committee Annual Report SBAR.pdf (2 pages)

Item 8.4 - fairgrievean_26-04-2019_10-32-53.pdf (2 pages)

Item 8.4 2019-04-24 Appendix 1 H&S Gov ToRs.pdf (3 pages)

8.5. SBAR on PFPI

(attached)

Helen Buchanan

Item 8.5 - PFPI 2018-19.pdf (3 pages)

8.6. Annual Statement of Assurance Health & Social Partnership Clinical & Care Governance Committee 2018/2019

(attached)

T Brett / M Kellet

Item 8.6 - CCGC statement of assurance Report NHSFCGC.pdf (2 pages)

Item 8.6 - Statement of Assurance HSCP CCGC.pdf (18 pages)

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

(attached)

Helen Buchanan

Item 8.7 - Final Equality and Mainstreaming Progress Report 2019.pdf (34 pages)

Item 8.7 - SBAR Equality Mainstreaming Interim Progress Report.pdf (4 pages)

8.8. Brexit Update

(attached)

Dr McKenna

Item 8.8 - CLINICAL GOVERNANCE REPORT TO BREXIT ASSURANCE COMMITTEE.pdf (1 pages)

8.9. NHS Fife Clinical Governance Committee - Terms of Reference

(attached)

Dr McKenna

Item 8.9 - SBAR Committee ToR CG.pdf (5 pages)

8.10. NHS Fife Integrated Screening Report

(attached)

Dona Milne

Item 8.10 - Integrated Screening Report with SBAR for CGC 080519.pdf (21 pages)

8.11. Resilience Forum Terms of Reference - For Approval

(attached)

Dona Milne

Item 8.11 - NHS Fife Resilience Forum Terms of Reference (updated April19).pdf (7 pages)

8.12. Performance & Accountability Review Framework

(attached)

Carol Potter

Item 8.12 - Performance Accountability Framework 2019-20 FPR update.pdf (10 pages)

8.13. Strategic Objectives 2019/20

(attached))

(Susan Fraser)

Item 8.13 - SBAR CGC Strategic Objectives 1920.pdf (4 pages)

Item 8.13 - Strategic Objectives 2018-19 final.pdf (6 pages)

Item 8.13 - Strategic Objectives 2019-20 draft final.pdf (2 pages)

9. ANNUAL REPORTS

9.1. Director of Public Health (DoPH) Annual Report - Deferred from January 2019

(attached)

Dona Milne

Item 9.1 - NHSFCGC SBAR for DPH annual report April 2019.pdf (2 pages)

Item 9.1 - PH AR 25 april.pdf (39 pages)

9.2. Radiation Protection Annual Report

(attached)

Dr Mckenna

Item 9.2 - Radiation Protection SBAR 2019.pdf (2 pages)

Item 9.2 - IRMER BOARD MINUTES 26_06_2018 CONFIRMED.pdf (3 pages)

Item 9.2 - MINUTES RPC DEC 2018.pdf (5 pages)

Item 9.2 - Radiation Protection Report to Acute Services Div Clinical Governance Committee April 2019 with SBAR.pdf (3 pages)

Item 9.2 - RPS APR 18 -.pdf (3 pages)

10. REPORTS ARISING FROM ACTION LIST

10.1. Waiting Times Improvement Plan - SBAR with Plan

(attached

Ellen Ryabov

Item 10.1 - Waititng Times Improvement Plan update CGC 30042019.pdf (4 pages)

10.2. Action Plan from Older People Unannounced Inspection - SBAR with Plan

(attached)

Dr Cargill

Item 10.2 - HIS Care of Older People in Acute Hospitals (OPAH) UnAnn Inspection to VHK 4-6 September 2018 -Improvement Action Plan Nov 2018.updated25.04.2019.pdf (11 pages)

Item 10.2 - SBAR OPAH update.April2019.pdf (2 pages)

11. EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES

11.1. Area Clinical Forum - 13 March 2019

Mtg Cancelled

11.2. Acute Services Division Clinical Governance Committee - 13 February 2019

(Minutes only - no reporting Template)

(attached)

Rob Cargill

Item 11.2 - ASD CGC Minute 130219 UNCONFIRMED.pdf (23 pages)

11.3. Area Drugs & Therapeutics Committee - 13 February (cancelled) & 17 April 2019 (c/f July 2019)

Chris McKenna

11.4. Clinical & Care Governance Committee - 29 March 2019

(not available)

Seonaid McCallum

11.5. Clinical Governance Steering Group - 21 February & 14 March 2019

(attached)

Chris McKenna

Item 11.5 - Notes 140319.pdf (2 pages)

Item 11.5 - Notes 210219.pdf (5 pages)

Item 11.5 - Report template 14March19.pdf (2 pages)

Item 11.5 - Report template 21 Feb2019.pdf (2 pages)

11.6. eHealth Board - 26 February 2019

(attached)

Ellen Ryabov

Item 11.6 - eHealth Board Minute - Summary Report NHSFCGC for Minutes Final.pdf (2 pages)

Item 11.6 - eHealth Board Minute 260219 Final.pdf (5 pages)

11.7. Fife Research Governance - 28 March 2019

(attached)

Chris McKenna

Item 11.7 - R&D minutes.pdf (4 pages)

Item 11.7 - R&D Summary template.pdf (2 pages)

11.8. Health & Safety Sub Committee - 14 December 2018 - Confirmed & 29 March 2019 c/f to July 2019

(attached)

B A Nelson & A Fairgrieve

Item 11.8 - Comfirmed Minute H+S Subcommittee.pdf (5 pages)

Item 11.8 - H+S Sub committee 290319.pdf (3 pages)

11.9. IJB - 20 February 2019

(attached)

Michael Kellet

Item 11.9 - Final IJB Minute 20 February 2019.pdf (7 pages)

Item 11.9 - Report Template NHSFCGC for Minutes 080419.pdf (2 pages)

11.10. Infection Control Committee

6 February 2019 (Minutes only - no reporting Template)
3 April 2019 - Meeting Cancelled

(attached)

Helen Buchanan

11.11. Information Governance & Security Group - 1 March 2019

(attached)

Ellen Ryabov

Item 11.11 - IG MINS 01 03 19 Draft Final.pdf (6 pages)

Item 11.11 - IGSG Minute - Summary Report NHSFCGC for Minutes Final.pdf (2 pages)

11.12. Joint Strategic Transformation Group - 27 February & 27 March 2019

(Meetings Cancelled)

Michael Kellet

11.13. Public Health Assurance Committee - 28 March 2019

(attached)

Dona Milne

Item 11.13 - 280319 PHAC minute.pdf (6 pages)

Item 11.13 - Update for NHS Fife CGC March 2019 PHAC.pdf (2 pages)

11.14. Resilience Forum - 12 March 2019

(attached)

Dona Milne

Item 11.14 - Resilience Forum Minutes 12 March 2019.pdf (5 pages)

Item 11.14 - Report on NHS Fife Resilience Forum minutes for NHSFCGC March 2019 (3).pdf (2 pages)

12. ITEMS FOR NOTING

12.1. NHS Fife Activity Tracker

(attached)

Elizabeth Muir

Item 12.1 - NHS Fife Activity Tracker for NHSF CGC 8 May 2019.pdf (5 pages)

12.2. NHS Fife Clinical Governance Committee Workplan 2018-2019

(attached)

Elizabeth Muir

Item 12.2 - Workplan Master 2019-2020.pdf (6 pages)

13. RECAP FOR CHAIR

Issues to be Highlighted to the Board:

from the Integrated Performance Report in addition to the Integrated Performance Report.

This is to help inform the Executive Summary Integrated Performance Report submitted to the Board

14. DATE OF NEXT MEETING

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

MINUTE OF NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON WEDNESDAY 6 MARCH 2019 AT 2 PM IN THE STAFF CLUB AT VHK

Present:

Dr L Bisset, Chair
Wilma Brown, APF Representative
Margaret Wells, Non Exec Committee Member
Dona Milne, Director of Public Health
Dr C McKenna, Medical Director
Martin Black, Non Exec Committee Member
Rona Laing, Non Exec Committee Member
David Graham, Non Exec Committee Member
John Stobbs, Patient Representative
Dr F M Elliot, Medical Director

In Attendance:

Dr R Cargill, AMD, ASD
Helen Woodburn, Quality & Clinical Governance Lead
Catriona Dziech, Note Taker
Elizabeth Muir, Clinical Effectiveness Co-ordinator
Barbara Anne Nelson, Director of Workforce
Nicky Connor, AND, H&SCP

MINUTE REF	ITEM	ACTION
015/19	**CHAIRPERSON'S WELCOME AND OPENING REMARKS** The Chair welcomed everyone to the meeting. Dr Bisset reminded members the meeting was being recorded with the Echo Pen to aid production of the notes. These recordings are also kept on file for any possible future reference.	
016/19	**DECLARATION OF MEMBERS' INTERESTS** There were no declarations of interest.	
017/19	**APOLOGIES FOR ABSENCE** Janette Owens, Paul Hawkins, Helen Wright, Lynn Campbell, Ellen Ryabov, Dr McCallum, Michael Kellet	
018/19	**MINUTES OF PREVIOUS MEETING HELD ON 16 JANUARY 2019** The notes of the meeting held on 16 January 2019 were approved.	
019/19	**MATTERS ARISING** **All Outstanding Actions are updated on separate Action List**	

020/19 MEDICAL / NURSE DIRECTOR REPORTS

1) Quality Report

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

Adverse Events – Our first review in Maternity Services will be carried out and tested over the next six weeks.

In taking comment Rona Laing raised the issue of the reporting on SSI. This was a good news story but the data did not seem to support this. Dr Elliot advised the team can look at this in terms of the focus of the reporting. Discussion is taking place on the styling of the report in line with the new HIS Quality Framework so there are likely to be changes going forward. **HWo**

Dr Bisset agreed this takes in the more general point about items within the bulk of the report that are then addressed in a different form within the HAIRT report and again in the IPR which is for the whole Board. This is to try and reduce the volume of paperwork coming to this Committee. Dr Bisset said it would be helpful for this to be looked at again. **HWo**

In closing Dr Bisset highlighted it was good read within improvement activity all of the action in relation to kidney injury and fluid management and the work going on with the Fife Fluid Prescription Group. Dr Bisset asked that this be noted and congratulations conveyed back to the Group on this significant piece of work. Dr Cargill highlighted that the work piloted in Fife had now been recognised Nationally and taken up by HIS. **HWo**

2) Integrated Performance Report (IPR)

The Committee noted the IPR.

3) BAF for Quality & Safety

It was noted this report updates the Committee on the Quality and Safety BAF at 16 January 2019.

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

020/19 The Committee approved the addition of Risks 1514 and 1515.

4) BAF for Strategic Planning

It was noted this report updates the Committee on the Strategic Planning BAF at 15 January 2019.

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

Dr Elliot highlighted Ellen Ryabov had met with the team to discuss Site Optimisation and how she wishes to move this forward so there are likely to be minor changes going forward.

Dr Elliot also highlighted that the JSTG has not met but there is a review underway of the group and their relationship to the other current management team meetings across both Acute and H&SCP. Dr Bisset picked up from the BAF under current controls it states that we are going to establish a JSTG but under mitigating actions we are standing it down and leadership of strategic planning is coming from the Executive Directors Group. These seem like contradictory statements and Dr Bisset said he was not clear where we are. Dr Elliot said with the change in the leadership team and the recent appointment of Ellen Ryabov she wanted time to understand what all the various groups were doing and how they relate to the work which is necessary in acute and the relationship with H&SCP. Dr Elliot advised the focus remains and the work was still going on. The issue is around the reporting and co-ordinating and this is continuing. Dr Bisset said the JSTG was a group of governance that was meant to reassure and assure both the Health Board and Joint Board that transformation is happening and this does not appear to be happening.

Nicky Connor advised that Michael Kellet had indicated that he would be happy to bring something to the next meeting with Ellen Ryabov. He would also be happy to meet with Dr Bisset off line to discuss any issues.

Rona Laing highlighted it was important to note as a point of governance that in the SBAR document the recommendations is marked as " to note" and should be amended to note "to approve".

020/19 Martin Black raised the issue of the East Region H&SC Delivery Plan. Dr Elliot agreed to raise with Paul Hawkins. Nicky Connor agreed to take back and discuss further with Michael Kellet. **FME/NC**

In closing Dr Bisset asked the following be undertaken:

- BAF to be reworded to avoid the clear contradiction **SF**
- SBAR to be amended to note Committee is approving
- Welcome further discussion with Michael Kellet

021/19 CLINICAL STRATEGY

1) Update on Site Optimisation

Dr McKenna advised Site Optimisation was on hold. There was no report from Ellen Ryabov to consider as she had not been in post long enough to make a decision.

Dr Bisset asked this item be brought forward for July 2019 for an update report **ER**

2) Medicines Efficiency Programme (Paper 1) and List of Low Clinical Value Medicines (Paper 2)

Paper 1

Nicky Connor advised the Medicines Efficiencies report provides the Committee with an update on the Medicines Efficiencies Programme which has been identified as one of NHS Fife's strategic priorities in the Annual Operational Plan for 2018/19.

The Committee noted progress continues to be made against the three key priority areas and plans continue to be follow and are on track.

Dr Bisset said this was a very encouraging report and congratulations should be conveyed from the Committee to all those involved in preparing it.

Paper 2

Nicky Connor advised the paper on Medicines Efficiency – List of Low clinical value medicines outlines a proposal to introduce a list of low clinical value medicines in NHS Fife which are deemed not suitable for prescribing for adults or children in primary or secondary care, for safety, effectiveness or cost-effectiveness reasons.

021/19 The Committee approved, in principle, the NHS Fife List of Low Clinical Value Medicines. The Committee also approved the implementation plan and communications strategy to inform clinicians as set out in the SBAR.

3) Mental Health Redesign

The Committee noted the update on the key milestones and timelines as set out in the report.

Dr Bisset advised he is in discussion with the Chair of the Clinical and Care Governance Group around holding a joint meeting of both Committees.

4) Role & Remit of Transformation Group

This issue was discussed under Agenda Item 6.4 - BAF for Strategic Planning.

5) Update Report on all strands of Clinical Strategy

The NHS Fife Clinical Strategy was published in October 2016 and was informed by seven workstream reports. The workstreams were clinically led and included representation from primary and secondary care, supported by multidisciplinary teams and other stakeholders, including members of the public.

The paper provides the committee with an update on progress against the recommendations made by individual workstream groups. The paper also describes the breadth and depth of the work currently being undertaken within health services aligned to the workstream recommendations of the Clinical Strategy.

Dr McKenna advised providing this update was a greater challenge than anticipated. Dr Mckenna advised a lot more detail could have been put into the report but this report is a comprehensive update of where we are with the seven strands of the Clinical Strategy.

Dr McKenna suggested when we are doing the work in improvement and transformation within the organisation it would be good to keep the seven strands in mind to ensure we are aligning the work with the correct strand.

021/19 In taking comment Rona Laing said it would be helpful going forward for Committee members to see an alignment of what we set out to achieve and the success indicators. Although this is set out in the Appendices it would be helpful to see something presented more clearly. Rona Laing also suggested this would be helpful to present to the whole of the Board. **SF**

Rona Laing it would be helpful to have an update on Learning Disability. Nicky Connor agreed to bring a clearer update to the Committee later in the year. **NC**

In closing Dr Bisset said there was a lot of useful information within the report and thanks should be conveyed back to Susan Fraser. Dr Bisset highlighted there was a lot of crossover with JSTG and was not keen to continue following progress on the clinical strategy on its own as it links with the Strategic Plan and it would be remiss to see it separately. Dr Bisset said he would like to see some discussion with Michael Kellet around reporting on the Strategic Plan and the Clinical Strategy.

In closing the Committee noted the progress made for each workstream against the recommendations. Dr Bisset asked that thanks be passed to Susan Fraser for useful information she had provided for the Committee. It was agreed a verbal update would be provided for the NHSFCGC in May 2019 with a written report being considered at NHSFCGC in July 2019. **SF**

022/19 GOVERNANCE ITEMS

1 Winter Plan Monthly Update Report

This is the fourth monthly report summarising performance against key indicators and actions for Winter 2018/19.

Nicky Connor advised from the H&SCP perspective winter had been a challenge. It was noted the H&SCP now meet weekly with Acute colleagues to support development going forward. A plan will follow with learning from last year that will be taken forward into this year.

Dona Milne advised the Winter Plan will be considered at the Resilience Forum next week with a full review of the winter plan coming in May.

022/19 Dr McKenna highlighted that although performance had been better than previous winters and the drop in performance in the period before Christmas was not as deep as previous years therefore recovery was quicker. There had been challenges but this was a testament to the hard work going on. The Committee agreed staff should be congratulated for their hard work via Staff Governance.

2 Nursing, Midwifery Allied Health Professional – Professional Assurance Framework

Accountability for the quality of nursing, midwifery and AHP care is devolved to the Executive Director of Nursing to ensure there is clarity of professional responsibility and robust accountability structures for professional nurses, midwives and AHPs.

A Professional Assurance Framework (PAF) was developed in 2018, which sets out how the Executive Director of Nursing provides assurance to NHS Fife Board on the quality and professionalism of nursing, midwifery and AHP care. The framework provides evidence that structures and processes are in place to provide the right level of scrutiny and assurance across all nursing, midwifery and AHP services.

Recommendation No. 5 within the PAF states that:
"The Framework should be reviewed as part of an annual stock-take by the NHS Fife Board Director of Nursing to ensure it remains current. This report sets out the results of the stock-take against Primary Drivers.

The Committee noted that the stock-take document and supporting guidance is being refreshed to improve and ensure consistency when the stock-take is carried out again this year.

Helen Woodburn advised this item would be added to the NHSFCGC Workplan. **HWo**

3 NHS Fife Equality Outcomes Progress Report 2019

This item will be carried forward to May 2019.

4 Draft Annual Statement of Assurance and Best Value Framework

022/19 Elizabeth Muir advised the draft Annual Statement of Assurance and Best Value Framework was being presented to the Committee today to check accuracy and content with a view to the final version being signed off at the May 2019 meeting.

Elizabeth Muir agreed to make minor amendments to the report in relation to the membership and a report on the demise of the PFPI Committee. **EM**

5 Committee Self Assessment Report

This paper provides the outcome of this year's self-assessment exercise recently undertaken for the Clinical Governance Committee, which is a component part of the Committee's production of its annual year-end statement of assurance.

Dr Bisset sought agreement, which was given, this was an accurate assessment. Dr Bisset would now arrange to meet with Dr McKenna and Gillian MacIntosh to formulate an action plan to address the issues within the report. **LB/CMcK/ GMacI**

6 Excellence in Care (EiC)

Excellence in Care (EiC) is the national approach to assuring and improving nursing and midwifery care across all hospitals and community settings in Scotland.

Scottish Government has committed to providing dedicated funding to support the development and implementation of EiC until March 2021. The allocation for 2018/19 has been utilised to fund the continued release of the EiC Lead on a full time basis and dedicated eHealth support.

Barbara Anne Nelson highlighted that we ensure clarification of any cross over between the dashboards in relation to workforce.

The Committee noted the information provided in the paper, with further updates being given at key stages of implementation.

022/19 **7** **HIS Quality Framework**

Dr McKenna advised we need to align what we have and what we will need in future in relation to the new Quality Framework. Dr Elliot said it would be helpful to have a discussion about the elements of the framework which come to the specific Committees as each domain is not directly relevant to Clinical Governance. Dr Elliot said there needs to be mapping of the domains with the Governance Committees so that we are clear which data and information goes to which Committee going forward.

Dr McKenna agreed to take this forward with Helen Wright and Helen Woodburn. **CMcK/HWr/ HWr**

Helen Woodburn advised only three or four boards will be reviewed each year so it may be a few years before NHS Fife are reviewed formally. There will need to be a focus on self assessment.

In closing Dr Bisset asked that:

- We need clarity on the division of the nine domains and which Committee they report to
- Clarity on how this is all brought together on a Fife-wide board level.

8 **Update Adverse Event Report with Recommendations**

Dr Elliot highlighted work continues on reporting and there is a monthly summary which goes to the Executive Directors Group and we are considering what should be contained in the Quality Report alongside the Quality of Care Framework. It was noted any recommendations would come to the NHSFCGC through the Quality Report.

9 **Waiting Times Improvement Plan**

Dr McKenna advised the waiting times plan is currently being reassessed by general management due to significant shortfall in finance. A further update will be provided to the NHSFCGC in May 2019. **ER**

10 **Update Report on General Data Protection Regulations (GDPR)**

Dr McKenna advised this was discussed at Information Governance and Security Group (which is normally chaired by Ellen Ryabov). Work on going with the three areas which are not compliant to achieve compliance.

022/19 Dr Mckenna highlighted it should be noted that Data Protection Compliance is an ongoing process for all organisations and with the ever changing data protection landscape organisations will always have compliance work to undertake. The current status within the report, were marked as 'COMPLIANT', is at the time of the update and could become non-compliant at any time in the future.

It was noted and suggested that the report be amended to correct the spelling of "compliant" in the areas where it was spelt incorrectly. **CMcK**

A report will come back to NHSFCGC in early 2020. **CMcK**

The committee noted progress and supported the implementation and compliance with the new legislation.

023/19 ANNUAL REPORTS

1 Director of Public Health (DoPH) Annual Report
Carried forward to May 2019.

024/19 BREXIT UPDATE

Dona Milne advised the Brexit Assurance Group had met for the first time on 15 February 2019 and agreed a Terms of Reference and these will go to the Board.

A paper had also been taken the Brexit Assurance Group which sets out a table of all the areas which could be affected by Brexit with an Executive Lead being identified to ensure Brexit is on the agenda for all groups and Committees going forward for the next few months.

At the next Resilience Forum meeting on 22 April 2019 a self assessment will be considered with the H&SCP.

Dr Bisset advised Brexit would be on the NHSFCGC going forward with any issues being fed in to the Brexit Assurance Group.

025/19 **UPDATE ON VAPING REPORT SUBMITTED TO SCOTTISH GOVERNMENT HEALTH DEPARTMENT (SGHD)**

Dona Milne confirmed there was still no response from the Scottish Government requesting a view from Fife. In awaiting a response Dona Milne has agreed to prepare a paper for EDG to take forward what may be anticipated. Dona Milne asked if the Committee had any views to forward them to her directly. **ALL**

026/19 **EXECUTIVE LEAD REPORTS AND MINUTES FROM LINKED COMMITTEES**

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

Dr Bisset asked that the Terms of Reference (ToR) for the Resilience Forum (Item 12.10) will need to be brought to the NHSFCGC for approval. It was agreed these could be circulated electronically. **DM**

1 Area Clinical Forum
6 December 2018 - Unconfirmed
There were no risks / issues to be escalated / highlighted.

2 ASD CGC
13 February 2019
Not available – c/f to May 2019.

3 Area Drugs & Therapeutics Committee
19 December 2018 - Confirmed
The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.

4 Clinical & Care Governance Committee
25 January 2019 - Unconfirmed
The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.

5 Clinical Governance Steering Group
24 January 2019 – Unconfirmed
There were no risks / issues to be escalated / highlighted.

6 Fife Research Governance
13 December 2018 - Unconfirmed
The Committee noted the summary of risks / issues escalated / highlighted in the reporting template.

026/19 **7 IJB**

20 December 2018 - Unconfirmed

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

8 Infection Control

6 February 2019

Not available – c/f May 2019

9 Joint Strategic Transformation Group

9 January 2019

Meeting postponed

10 Resilience Forum

31 January 2019 - Unconfirmed

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

11 Radiation Protection Committee

19 December - Unconfirmed

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

027/19 ITEMS FOR NOTING

1 NHS Fife Activity Tracker

The Committee noted the NHS Fife Activity Tracker.

2 NHS Fife Clinical Governance Committee Workplan 2018-2019

The Committee noted the Workplan for 2018/2019.

3 Draft NHS Fife Clinical Governance Committee Workplan 2019 – 2020

The Committee noted and approved in principal the draft workplan.

028/19 RECAP FOR CHAIR

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

- Low Value Medicines
- Progress on Transformation Group
- Update on Clinical Strategy
- Nursing, Midwifery Allied Health Professional – Professional Assurance Framework

029/19 **AOCB**

There was no other competent business.

In closed the meeting Dr Bisset took the opportunity to thank Dr Elliot for her enormous contribution to the Committee and wish her and her husband all the very best for her retirement.

030/19 **DATE OF FUTURE MEETING**

Wednesday 8 May 2019 at 2pm in the Staff Club

There will also be a pre meeting for Non Executive Board Members at 1.30pm

TABLE OF ACTIONS FOR NHS FIFE CLINICAL GOVERNANCE COMMITTEE
UPDATED ON 6 MARCH 2019
FOR DISCUSSION ON 8 MAY 2019

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 59 **Quality Report**	16.1.19	Further paper to come back in March 2019 for a decision on whether to change our smoking policy to allow vaping of hospital grounds.	DM	March 2019	6.3.19 Discussed under main agenda Item 11
	6.3.19	Minute Ref 020/19 Reporting on SSI – team to consider in terms of focus of reporting.	HWo	May 2019	
	6.3.19	Minute Ref 020/19 Reporting of items within Quality Report / HAIRT and IPR to be considered again.	HWo	May 2019	
	6.3.19	Minute Ref 020/19 Congratulations to be conveyed back to the Fife Fluid Prescription Group.	HWo	May 2019	
Item 112 **HIS Quality Framework**	7.11.18	Minute Ref 071/18 Update report to be provided for the next NHSFCGC meeting.	FME	~~January 2019~~ March 2019	6.3.19 Discussed under main agenda Item 8.7
	6.3.19	Minute Ref 022/19 Dr McKenna agreed to take forward with Helen Wright and Helen Woodburn the elements of the framework which come to the specific Committees.	CMcK/HWo/HWr	May 2019	
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	16.1.19 Work underway.
	16.1.19	Minute Ref 006/19 Helen Wright to make minor changes to dates within the BAF.	HWr	March 2019	6.3.19 Discussed under main agenda Item 6.3

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 116 **Nursing, Midwifery Allied Health Professional – Professional Assurance Framework**	9.5.18	Minute Ref 031/18 – Item (g) Framework will be reviewed as part of an annual stock by Director of Nursing to ensure it remains current. A template is being developed to capture information gleaned from the stock-take, focusing on the Indictors which will describe progress and inform an action plan. Initial stocktake will take place over June 2018 with a further report back to NHSFCGC in September 2018	HWr	~~September 2018~~ ~~November 2018~~ ~~January 2019~~ March 2019	~~7.11.18~~ ~~Verbal update to be provided by Lynn Campbell under main agenda item 8.1.~~ 7.11.18 & 16.1.19 Report on stocktake to brought to NHSFCGC in due course. 6.3.19 Discussed under main agenda Item 8.2
	6.3.19	Minute Ref 022/19 Item to be added to the NHSFCGC Workplan	HWo	May 2019	Actioned March 2019
Item 127 **Adverse Event Report**	7.11.18	Minute Ref 071/18 Dr Elliot to provide a paper on “Bleep” work.	FME	~~January 2019~~ March 2019	16.1.19 Carry Forward March 2019
	7.11.18	Minute Ref 071/18 Update report with recommendations to be provided for NHSFCGC.	FME	~~January 2019~~ March 2019	16.1.19 Carry Forward March 2019 6.3.19 Discussed under main agenda Item 8.8
Item 130 **BAF for Strategic Planning**	16.1.19	Minute Ref 006/19 Formal report will be brought back to the NHSFCGC in March which gives an update on progress on all strands of the Clinical Strategy and a clear explanation of the role and remit of the Transformation Group.	MK & ER	March 2019	6.3.19 Discussed under main agenda Item 7.3

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 130 **BAF for Strategic Planning** **Continued...**	6.3.19	Minute Ref 020/19 Issue of East Region H&SC Delivery Plan to be raised with Paul Hawkins. Nicky Connor agreed to take back and discuss further with Michael Kellet.	FME/NC	May 2019	
	6.3.19	Minute Ref 020/19 Amendments, as set out in the minutes, to be made.	SF	May 2019	
Item 131 **Clinical Strategy – Site Optimisation Programme Part 1**	16.1.19	Minute Ref 007/19 Update report for NHSFCGC in March 2019.	ER	March 2019	6.3.19 Discussed under main agenda Item 7.1.1
	6.3.19	Minute Ref 020/19 Update report to be brought to NHSFCGC July 2019.	SF	July 2019	
Item 132 **Clinical Strategy – Medicines Efficiency Programme – Part 2**	16.1.19	Minute Ref 007/19 Update report for NHSFCGC in March 2019.	EMcP	March 2019	6.3.19 Discussed under main agenda Item 7.1.2
Item 133 **Waiting Times Improvement Plan**	16.1.19	Minute Ref 008/19 Update report for NHSFCGC in March 2019.	ER	March 2019	6.3.19 Discussed under main agenda Item 8.1
	6.3.19	Minute Ref 022/19 Further update to be provided to NHSFCGC in May 2019.	ER	May 2019	
Item 134 **Report from Information & Governance Security Group on Compliance with General Data Protection Regulations (GDPR)**	16.1.19	Minute Ref 008/19 Dr Elliot to check if we are on schedule to meet the requirements set out in the 12 point plan. Minute Ref 008/19 Update report to be prepared for NHSFCGC in March 2019	FME FME	March 2019 March 2019	6.3.19 Discussed under main agenda Item 8.10

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 134 **Report from Information & Governance Security Group on Compliance with General Data Protection Regulations (GDPR) Continued...**	6.3.19	Minute Ref 022/19 Report to be amended to correct the spelling of compliant in the areas where it was spelt incorrectly.	CMcK		Actioned March 2019
	6.3.19	Minute Ref 022/19 Report to be brought to NHSFCGC in early March 2020.	CMcK	March 2020	
Item 135 **Safer Use of Medicines**	16.1.19	Minute Ref 008/19 Column to be added to the table of Audits highlighting which Governance Group they report to.	E McP	March 2019	6.3.19 Will feed in to Quality Report through Safe use of Medicines Group.
Item 136 **Winter Planning Monthly Report**	16.1.19	Minute Ref 008/19 This report summarises performance against key indicators and actions for Winter 2018/19. The Committee noted the need for clinical input into the targets determined for the Partnership, which was an issue that had been raised previously.	ER	March 2019	6.3.19 Main agenda item
Item 138 **NHS Fife Activity Tracker - Victoria Hospital Older People in Acute Hospitals unannounced inspection report and action plan**	16.1.19	Minute Ref 011/19 Dr Cargill to consider Action Plan and feed back to NHSFCGC.	RC	~~March 2019~~ May 2019	6.3.19 Action Plan based on report will come to NHSFCGC in due course.
Item 139 **Draft NHS Fife Clinical Governance Committee Workplan 2019 – 2020**	16.1.19	Minute Ref 011/19 Updated version to be considered.	EM	March 2019	6.3.19 Discussed under main agenda Item 13.3

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 Committee members to see an alignment of what we set out to achieve and the success indicators. Although this is set out in the Appendices it would be helpful to see something presented more clearly. This could then be presented to the Board.	SF	May 2019	
	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	
Item 141 **Draft Annual Statement of Assurance and Best Value Framework**	6.3.19	Minute Ref 022/19 Minor amendments to be made to the report in relation to the membership and a report on the demise of the PFPI Committee.	EM	May 2019	
Item 142 **Committee Self Assessment Report**	6.3.19	Minute Ref 022/19 Dr Bisset to meet with Dr McKenna and Gillian MacIntosh to formulate an action plan to address the issues within the report.	LB/CMcK/GMcI	May 2019	
Item 143 **Update on Vaping report submitted to SGHD**	6.3.19	Minute Ref 025/19 Committee members to forward any views directly to Dona Milne.	ALL	May 2019	
Item 144 **Resilience Forum Terms of Reference (ToR)**	6.3.19	Minute Ref 026/19 Terms of Reference (ToR) for the Resilience Forum to be circulated electronically to members for approval.	ALL	May 2019	

Quality Report
May 2019

NHS Fife

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

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1 Introduction

The purpose of the Quality Report is to provide assurance to the Clinical Governance Committee and Board on the overall position in relation to themes identified as a focus for improvement, and national and local priorities which are relevant to both NHS Fife and the Health and Social Care Partnership.

A full report is presented at each NHS Fife Clinical Governance Committee, with an integrated executive summary from the Medical Director and Board Nurse Director.

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

We remain committed to providing the highest quality care to our patients and believe that patients should be cared for in environments which minimise risk, and therefore our commitment is to build upon some of the successes achieved to date, and to continually learn and improve the services we provide.

2 Assessment Methodology

a. Priorities

The priority areas for improvement activity for 2018/19 for the NHS Fife Board and for the Health and Social Care Partnership have been identified as the following:

- In-patients who stated they received the best possible care
- The Participation Standard
- Your Care Experience
- Deteriorating Patient
- All Falls
- Falls with harm
- Pressure Ulcer Care
- Healthcare Associated Infection/SABs/ Surgical Site Infection (SSI) Caesarean Section
- Medicines safety

Identified measures from recognised Scottish Patient Safety programmes will form part of the data set used to monitor and measure quality and safety of the identified priorities.

Such data and improvement plans will be monitored through the Clinical Governance Steering group and **only** the measures which are applicable across the Acute Services Division (ASD) and Health and Social Care Partnership (H&SCP) and align to the Board and the Integration Joint Board (IJB) will be reported through this report as the priority areas. The measures are, and the improvement groups which are set up to work on these priorities are being asked to reset the date for achievement:

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

b. Measure Status

Healthcare Improvement Scotland (HIS) requires Health Boards to drive and sustain improvements against a number of measures. HIS use the following descriptions to provide status information on specific measures when providing feedback to Boards. NHS Fife scrutinises local improvements and monitors current position against the key areas. These descriptors will be adopted, used for this report to provide status and progress on a number of the improvement priorities.

Measure Status Definitions	
No Change	No shifts or trends, as defined below, on the run chart
Improvement	Within the most recent 12 data points on the run chart, 6-8 consecutive data points are all below the extended median (a shift) or 5 consecutive data points are all decreasing (a trend)
Sustained Improvement	9 consecutive data points on the run chart area all below the extended median (a sustained shift) – resulting in the most recent median being at a lower level than the baseline
Sustained Improvement & On Target	There is a sustained improvement with the most recent median achieving the aim
On Target	No change but performance has been at Goal level since baseline period
Deterioration	Within the most recent 12 data points on the run chart, 6-8 consecutive data points are all above the extended median (a shift) or 5 consecutive data points are all increasing (a trend)
Sustained Deterioration	9 consecutive data points on the run chart area all above the extended media (a sustained shift) – resulting in the most recent median being at a higher level than the baseline
Not enough data to make assessment	Not enough data has been reported to allow assessment for improvement from baseline (This means enough to produce a baseline plus six points, in general this means 18 data points for an outcome measure and 12 for a process measure)

For measures where status is described as no change, deterioration or sustained deterioration, the data will be broken down when possible to provide better appreciation and understanding of where the potential for local improvement priorities need to focus.

c. Run Chart Interpretation Guidance

(Taken from ISD website)

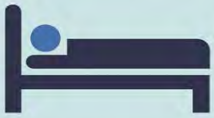
The centre line represents the median of the first 12 observation and is shown and labelled on the run charts.

There are a set of rules for interpreting a run chart for detecting special causes (changes).

- **A Shift:** A run of 6 or more consecutive observations, either all above or below the median. Observations on the median do not count towards nor break a shift.
- **Re-base or change to median:** If a shift consists of 9 or more points, a new median is created. This new median will represent the median of the first 8 observations of the shift.*
- **Trend:** 5 or more successive observations, either increasing or decreasing.

***New medians are calculated on 9 points as per SPSP guidance**

3 A Snapshot of Activity – November 2018 to February 2019

	Nov 2018	Dec 2018	Jan 2019	Feb 2019
Outpatient attendances	31135	25361	29909	27754
 Admissions (all) (excludes Hospital @Home, Mental Health, Learning Disabilities, Obstetrics, Neonatal and any private activity)	5897	5799	6031	5652
Number of operations (all)	1650	1451	1620	1584
A&E attendances (including Minor Injuries)	7458	7425	7397	7121
PCES contacts	7790	10235	9225	7759

4 Executive Summary

The Committee is asked to consider the following:

Adverse Events

Key points to be considered by the committee:
There has been an increase in the number of events reported in January 2019 which is across all divisions. The Committee should refer to the snapshot of activity on page 6 for the activity across the system in January 2019; this shows an increase in activity across several domains.

The Committee is assured all events are reported, reviewed and managed in accordance with the NHS Fife Adverse Events Policy.

Key areas of improvement/success:
The changes to the clinical category in Datix have been agreed and implemented. The aim of this is to improve reporting.

Work is underway to validate and prepare an annual report for organisational duty of candour. The Committee is assured there has been considerable work undertaken across the organisation in this first year of implementation.

HSMR

Key points to be considered by the committee:
This will be the last publication reporting on progress towards the current Scottish Patient Safety Programme (SPSP) aim of "*reducing hospital mortality by a further 10% by December 2018*".

Following the May 2019 release, Information Services Division (ISD) will re-base the HSMR model and continue to publish on a quarterly basis using a more accessible presentation of HSMR and associated contextual indicators. More information on this will follow in the coming months as advised from ISD.

Key areas of improvement/success:
NHS Fife demonstrates an overall downward trend over time, as seen in Chart 12

All Falls

Key points to be considered by the committee:
Following the launch of the NHS Fife and Fife H&SCP Falls strategy – the information produced for this report is separated into in-patient and the community falls sections.

Each of these sub groups meet separately and have discrete activity underway to meet the delivery of the strategy and identified priorities within ward areas and out in the community.

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

The frailty WebPages continue to be improved and will be redesigned with the healthy ageing campaign in mind.

Key areas of improvement/success:

- Healthy ageing campaign under development
- Significant work reviewing the Fife Falls toolkit is completed and following submission to ASD Clinical Governance a formal launch is planned in May.
- Older people's Knowledge and Skills framework has been completed and following submission to ASD Clinical Governance will be disseminated. This has been designed to support registered and non-registered staff working with older people.
- Call Don't Fall" poster as been rolled out across in patient settings.
- Falls with Harm within the HSCP have now had 8 points under the median which shows a sustained improvement.
- Improvement collaborative is being launched in Community hospital settings focussing on 5 wards.
- National falls prevention awareness week – stands and promotional materials were available.

Pressure Ulcers

Key points to be considered by the committee:
The Acute Services Division and the Health & Social Care Partnership continues to place significant focus in reducing community and hospital acquired pressure ulcers. Performance and improvement of this work is led through the Tissue Viability Steering Group.

Key areas of improvement/success:
HSCP: Wards areas identified through performance data are supported as part of a pressure ulcer collaborative approach that applies improvement methodology during a 90 day period. A number of wards across the partnership have participated in this improvement journey, five inpatients areas are currently taking part in a further cohort, due to end April 2019. Ideas for improvement have been tested in areas with wards working collaboratively in order to spread the learning and share ideas more widely. Education and training needs are a priority as part of the improvement work and this has involved other disciplines e.g. podiatrists, tissue viability nurses, and fluid & nutrition specialist nurse. Areas previously involved in the collaborative have continued to monitor compliance against process measures and is now embedded in their day to day business.

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

The system of reporting pressure ulcers identified as 'on admission' is under discussion, awaiting agreement.

Recognition that Pressure Ulcer incidences continue to be a major harm in Fife, therefore the Quality Improvement collaborative approach has commenced with a new cohort of clinical areas (5).

Healthcare Associated Infection: SABs

Key points to be considered by the committee:
During February, there were 10 Staphylococcus aureus Bacteraemias (SAB) across Fife, 4 of which were non-hospital acquired, with 6 occurring in VHK. The number of cases in February was 3 more than in January but 1 less than in February 2018, and the annual

infection rate has remained unchanged (after rounding), at 0.42.

Key areas of improvement/success:
The long term trend in SAB numbers is down however 2018 was a poor year for Fife in terms of the number of SAB events. This was because there is an increase in SAB from all healthcare sectors, hospital, HSCP and community. The Acute Services Division continues to see intermittent Peripheral Vascular Cannulae (PVC) related SAB. A number of initiatives are underway to revisit compliance with PVC insertion and maintenance bundles via the ePVC working group. Weekly interrogation of the data has identified areas for improvement which are being communicated immediately to the clinical teams for action. Work in specific areas where we have focused our resources, has decreased or stabilised the number of SABs. This relates particularly to dialysis line-related SAB and PVC related SAB in Cardiology, where long periods have elapsed without any infections being recorded in the VHK. These clinical teams know what success looks like. It is imperative this learning and sharing of how success is achieved can be transferred and shared across the system.

SSI Caesarean Section

Key points to be considered by the committee:
NHS Fife were highlighted as an exception in the nationally produced surgical site infection (SSI) funnel plots analysis for caesarean section (C Section) procedures by Health Protection Scotland on six occasions since 2013. The most recent exception was received for Quarter 3 data July to September 2017.

A target for a reduction in incidence was agreed by key stakeholders in April 2018 to reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 by 2% by March 2019. There has been an incremental reduction quarter on quarter since Q3 2017. NHS Fife have achieved a reduction from 4.5% to 1.7% incidence from Q3 2017 to Q4 2018; this demonstrates a 2.8% reduction overall. The data for January to March 2019 is currently being collected and analysed. This data will not be validated or available until the end of June 2019.

Reporting Period	**NHS Fife Incidence rate**	**Scotland Incidence rate**
Q3 2017	4.5%	1.3%
Q4 2017	4.0%	1.6%
Q1 2018	3.3%	1.6%
Q2 2018	3.1%	1.5%
Q3 2018	2.3%	1.5%
Q4 2018	1.7%	1.4%
Overall reduction	**2.8%**	

Year-end data

Year end	**NHS Fife Incidence rate**	**Scotland Incidence rate**
December 2017	3.4%	1.4%
December 2018	2.6%	1.5%
Overall reduction	**0.8%**	

The year-end while less impressive still demonstrates a 0.8% reduction overall.

The IPC Surveillance Team is also working closely with the Clinical Risk Midwife to discuss and clarify the Deep & Organ space SSI case review process. Meetings to discuss issues around superficial SSI diagnosis were also held with the Associate Director of Women and

Children's Division. This collaboration will be held to strengthen the review process and standardised approach infection diagnosis.

Key areas of improvement/success:

1. Planned Care Implementation Group established in 2013 to oversee improvements in care delivery.
2. NHS Fife continues to witness a reduction in SSI incidence since Q3 2017.

Patient Experience

Key points to be considered by the committee:
Due to the recognition that there is a lack of improvement from patient feedback, Health Improvement Scotland has designed a Care Experience Improvement Tool. This has been testing in Mental Health Older People Services and Emergency Care, Acute Services Division.

Your Care Experience tool is a satisfaction questionnaire used to capture feedback and patient experience at the point of care. A new set of question and IT platform has been tested.

Care Opinion continues to be promoted within NHS Fife and Health and Social Care Partnership. Care Opinion has influenced positive change and improved experience for patients.

Quarterly reports: This is a summary of patient experience, feedback and learning captured in individual clinical areas. This is also incorporated into the NHS Fife Feedback, Compliments, Comments, Concerns and Complaints Annual Report.

Key areas of improvement/success:
The Care Experience Improvement tool has identified a number of improvement opportunities within the areas where it was tested. Care team from the test sites are ready to embed in this in their areas and plans are underway to spread to other wards within the same services.

Care Opinion: The number of responders has increased. There is ongoing focus with clinical teams to ensure changes and improvements in practice as a result of feedback are communicated via care opinion

Your Care Experience tool has been tested. Evaluation of the test is in progress.

Participation Standard

Key points to be considered by the committee:
NHS Fife and HSCP Participation and Engagement model is under review to support the delivery of the Participation and Engagement Strategy for Fife 2015-19.
Continue to achieve Participation Standard, Level 4.

Key areas of improvement/success:
Develop a model that will ensure NHS Fife and Fife's HSCP meet its legal obligations around national legislative and policy context for participation and engagement. Develop a model that has the ability to drive continual improvement using public/patient experience.

Complaints

Key points to be considered by the committee:
The reasons for failing to meet the 20-day completion target are;

- An increase in the number of significant complex complaints; some which have triggered LAER's and SAER's
- A change in senior management has caused delays in sign off due to changes in style and preference
- Delays at approval and sign off due to lack of detail within complaint response
- Delays in producing first drafts due to quality of drafting
- Delays receiving investigation statements from services
- Quality of information within statements

Key areas of improvement/success:

Monthly complaints meeting within ASD will continue to ensure monitoring of performance and address any delays and quality issues.

Continue to monitor and escalate to senior manager concerns with delays and process within the Partnership.

Improve the process for providing response with 20 working days where complaint triggers LAER/SAER.

Guidance on the Chief Executive's style and preference for final drafts has been shared with service to minimise delays.

Patient Relations senior team will continue to monitor the quality of draft response and work with officer to improve writing style.

5 Performance Summary Table

Quality Report, Performance Summary Dashboard (NHS Fife)							
Status	Measure	Target for 2017-18	Current Period		Previous Period		Location in Report
			Period	Performance	Period	Performance	
N/A	HSMR	10% reduction by December 2018	Jul - Sept 2018	0.81	Apr - Jun 2018	0.76	Section 6 c
	Falls with Harm Rate	2.16 per 1000 OBD	February 2019	1.80 / 1000 OBD	January 2019	1.42 / 1000 OBD	Section 6 c
	Falls Rate	5.97 per 1000 OBD	February 2019	6.90 / 1000 OBD	January 2019	6.76 / 1000 OBD	Section 6 c
No Change	Pressure Ulcers Rate	0.38 per 1000 OBD	February 2019	1.04 / 1000 OBD	January 2019	0.71 / 1000 OBD	Section 6 c
No Change	SAB Infection Rate	0.24 per 1000 AOBD	12 months ending February 2019	0.42 / 1000 AOBD	12 months ending January 2019	0.42 / 1000 AOBD	Section 6 c
	Patient Experience "Your care experience"(Inpatient Survey)	90.0%	February 2019	No data	January 2019	No Data	Section 7
	Scottish Participation Standard	Level 4	February 2019	Level 4	January 2019	Level 4	Section 7
N/A	Major and Extreme Clinical Adverse Events	N/A	Jan - Feb 2019	108	Nov - Dec 2018	107	Section 6 a
N/A	Clinical Adverse Events	N/A	Jan - Feb 2019	1809	Nov - Dec 2018	1795	Section 6 a

6 Measuring and Monitoring Safety

a. Adverse Events

An adverse event is defined as an event that could have caused (a near miss), or did result in, harm to people or groups of people.

Harm is defined as an outcome with negative effect. Harm to a person or groups of people may result from unexpected worsening of a medical condition, the inherent risk of an investigation or treatment, violence or aggression, system failure, provider performance issues, service disruption, financial loss, or adverse publicity.

Organisations have a responsibility to ensure there are systems and processes in place that protect people from harm and reduce the risk of recurrence by responding appropriately and maximising the opportunities to learn from when things go wrong.

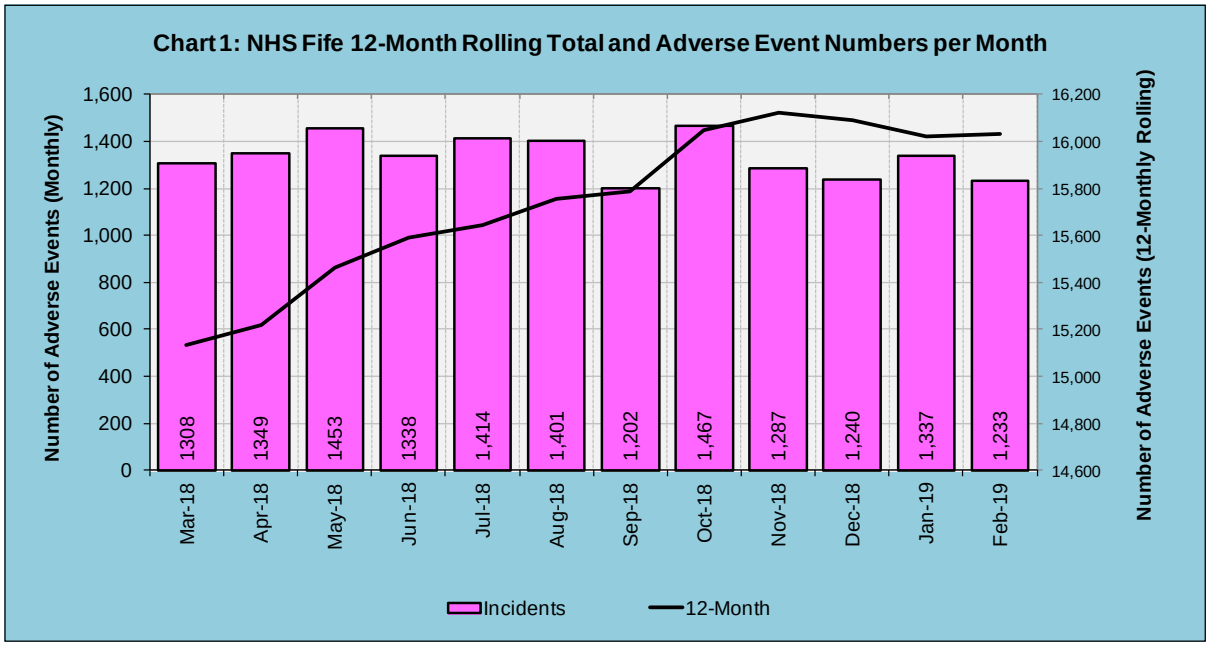
Experience in other industries has shown that as an organisation's reporting culture matures, staff become more safety aware and reporting levels may increase.

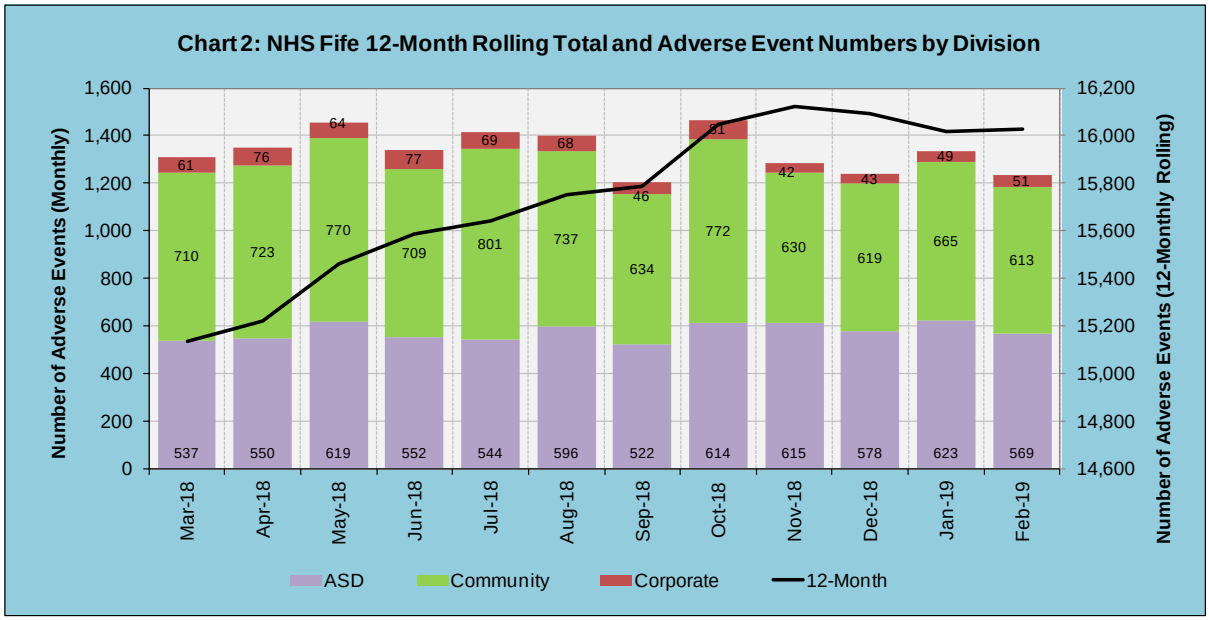
NHS Fife promotes adverse event reporting and management, and all events, regardless of the severity of harm and who or what is affected, are reviewed.

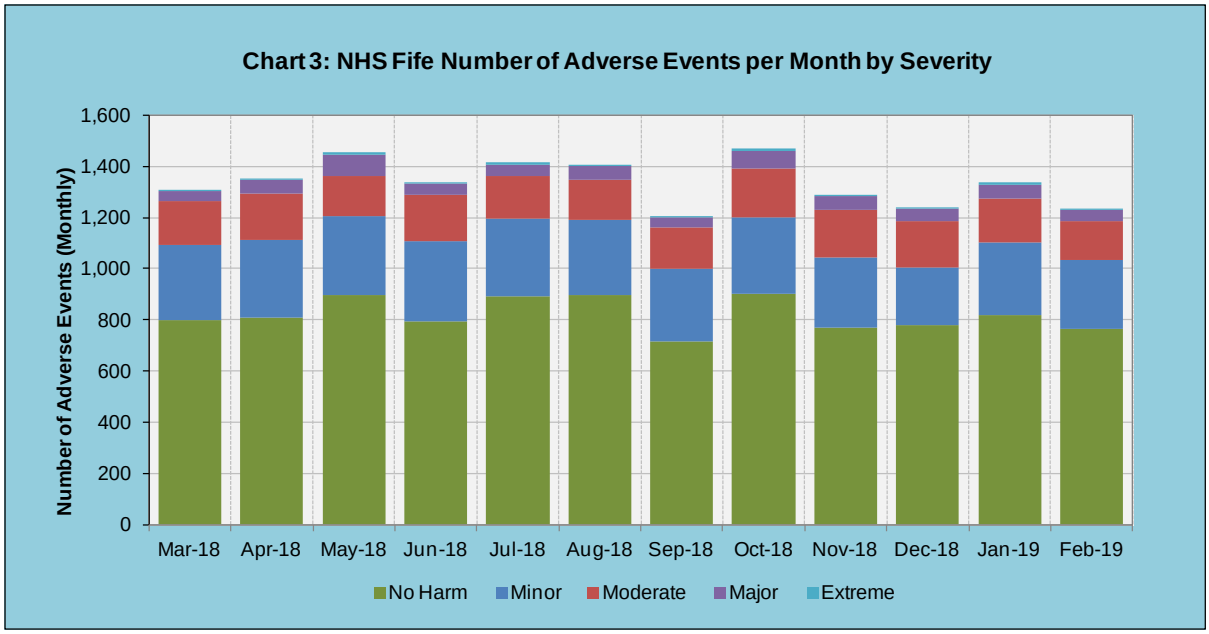
Events graded major or extreme are subject to executive director oversight, from decision making on the type of investigation required, to the conclusion of the review and the production of a meaningful report and learning summary.

Charts 1, 2 and 3 show organisational consistency in both reporting and grading of adverse events and show normal variation.

These charts show our levels of reporting per month range between approximately 1200 - 1500.



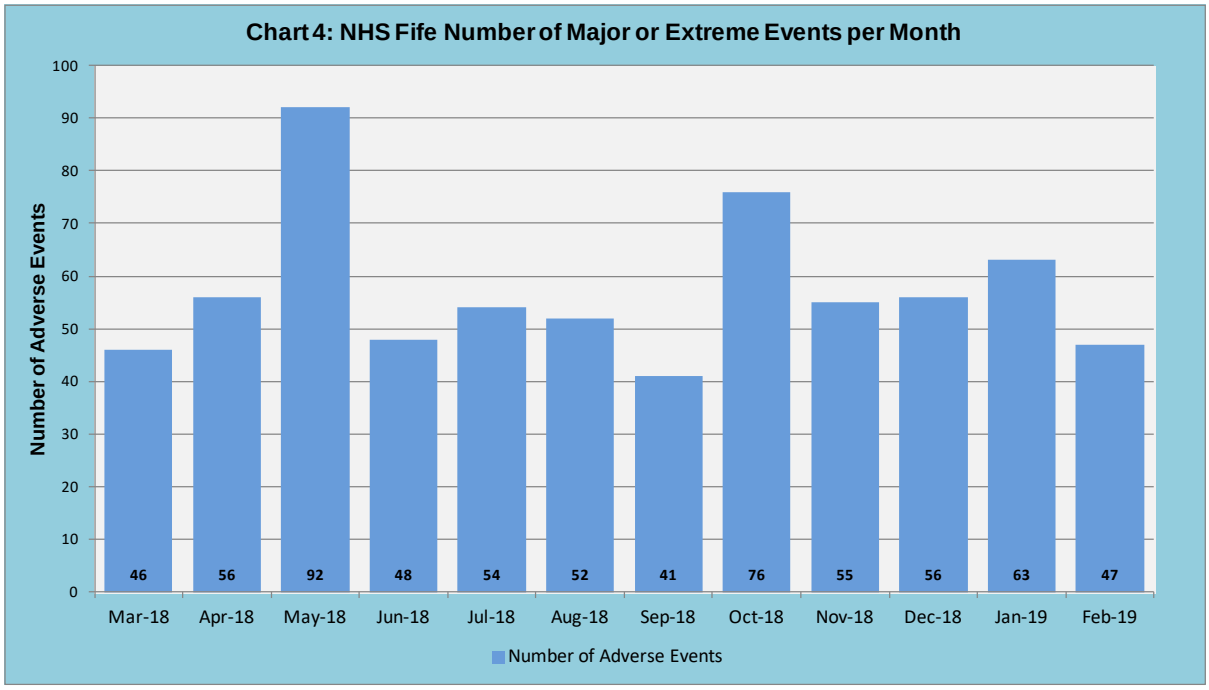




b. Major and Extreme Adverse Events

Chart 4 shows that January 2019 had a higher number of reported major or extreme events compared to the monthly average of 57.

In January 2018, the number of such events was also elevated. The Committee should refer to the snapshot of activity on page 12. This shows an increase in activity across several domains.

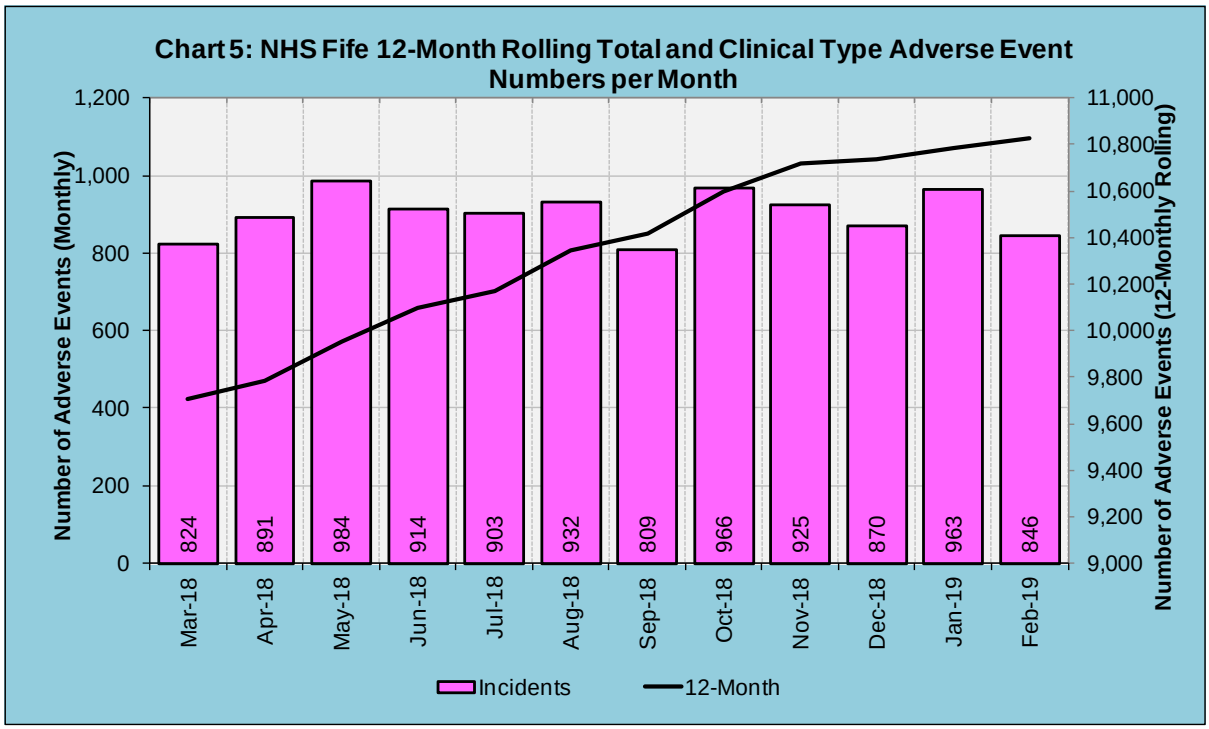


c. Clinical Type Adverse Events

Clinical type adverse events relate to those affecting a patient. These are distinct from other types of event.

The remainder of this report will focus on these events which are of particular interest to the Clinical Governance Committee.

In the year March 2018 to February 2019, these events accounted for approximately 68% of all events reported. In this period, our range of reported clinical type events was between 800 and 970. The Committee should note the high number reported in January 2019. As mentioned above, the Committee should refer to the snapshot of activity on page 12 which shows an increase across several domains.



In Chart 6, the increase noted in January 2019 is spread across all divisions of the organisation.

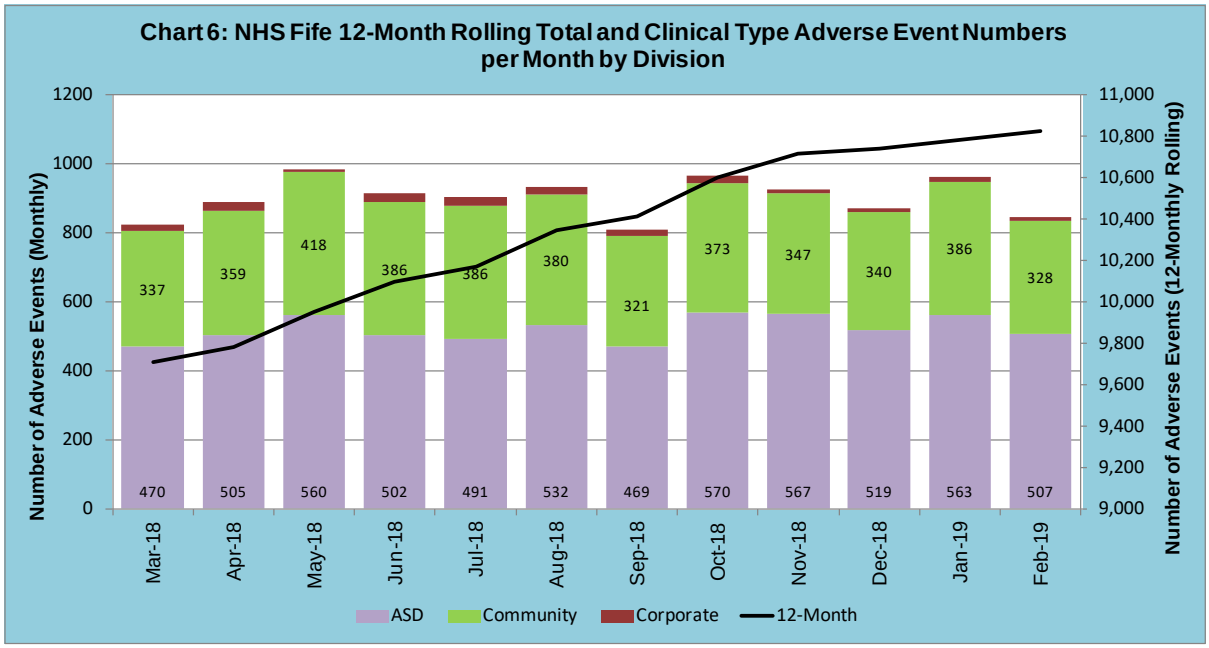
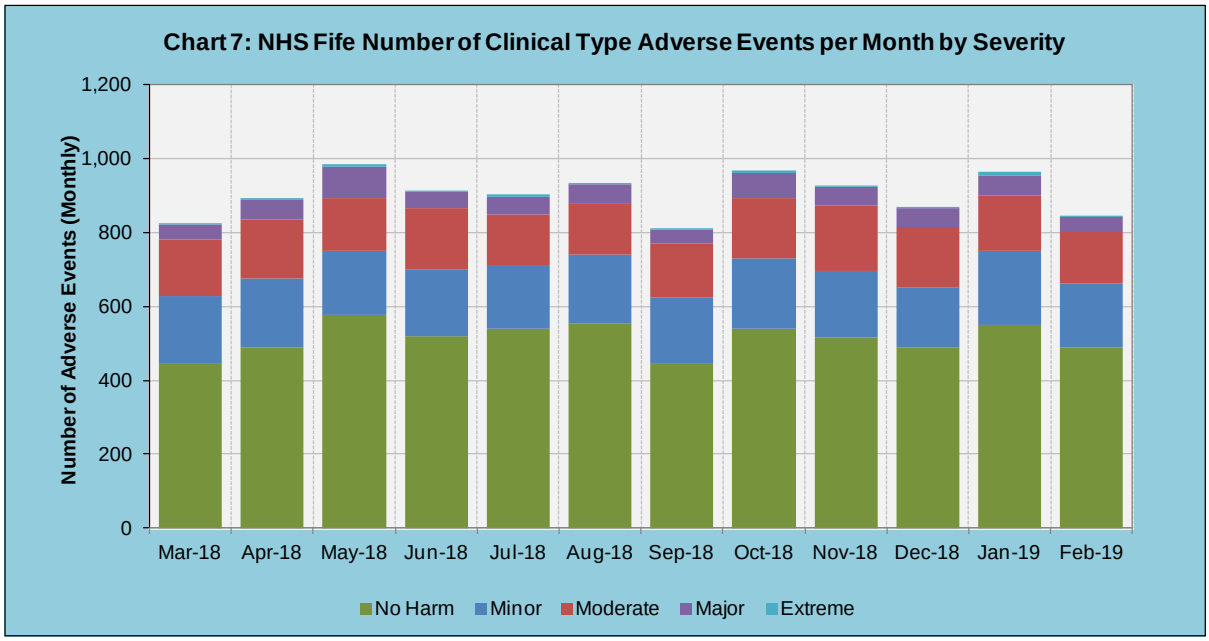


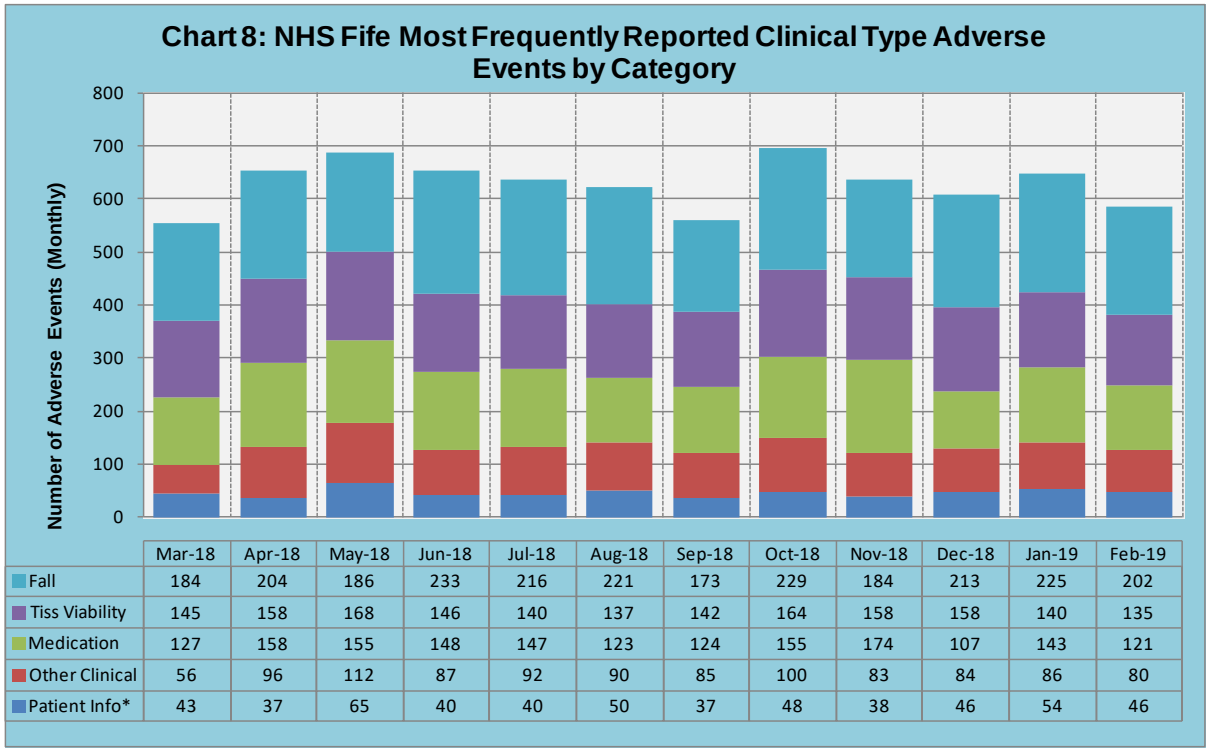
Chart 7 shows that over the last 12 month period, the majority of clinical type events continue to be of no harm and minor harm severity.

There has been an increase in the number of events graded extreme. The Committee is assured these are being reviewed in accordance with the NHS Fife Adverse Events Policy.



I. Most frequently reported Clinical Type Adverse Events

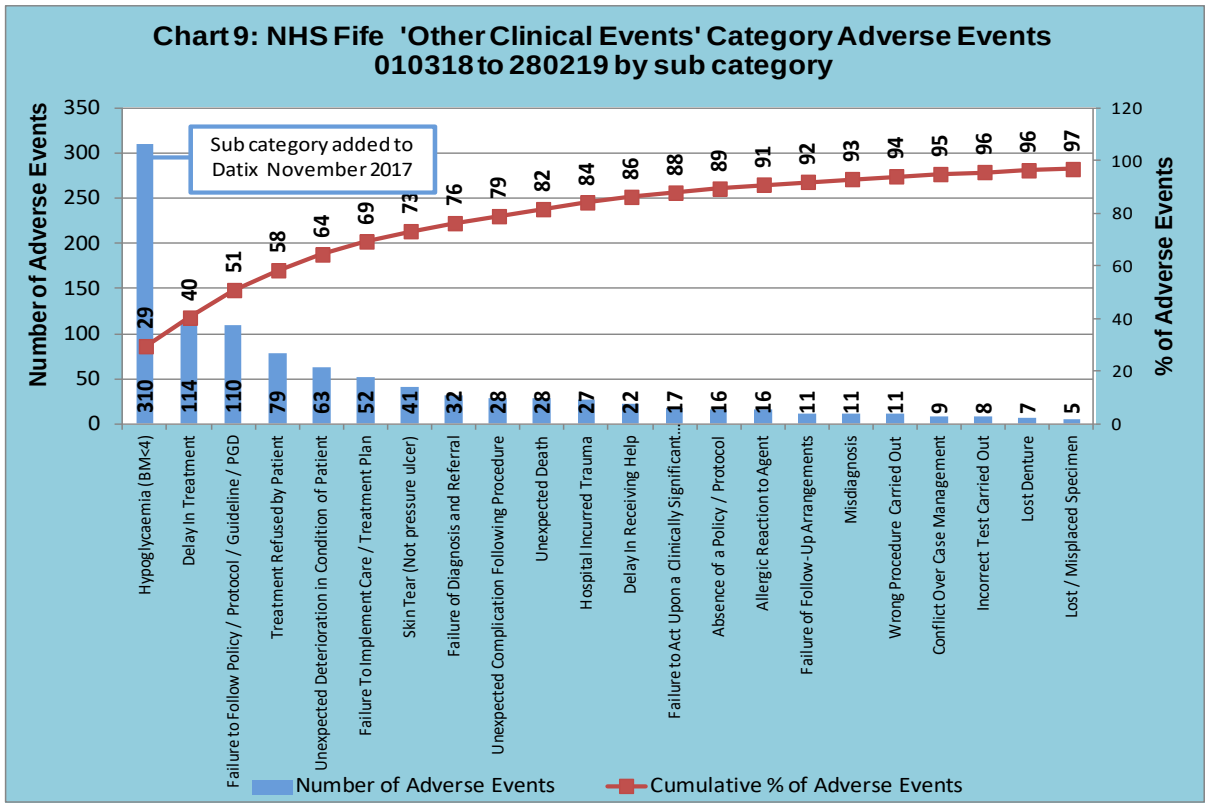
The monthly breakdown is shown in Chart 8.



	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Fall	184	204	186	233	216	221	173	229	184	213	225	202
Tiss Viability	145	158	168	146	140	137	142	164	158	158	140	135
Medication	127	158	155	148	147	123	124	155	174	107	143	121
Other Clinical	56	96	112	87	92	90	85	100	83	84	86	80
Patient Info*	43	37	65	40	40	50	37	48	38	46	54	46

**Patient Information - this includes (Records / Documentation / Tests / Results)*

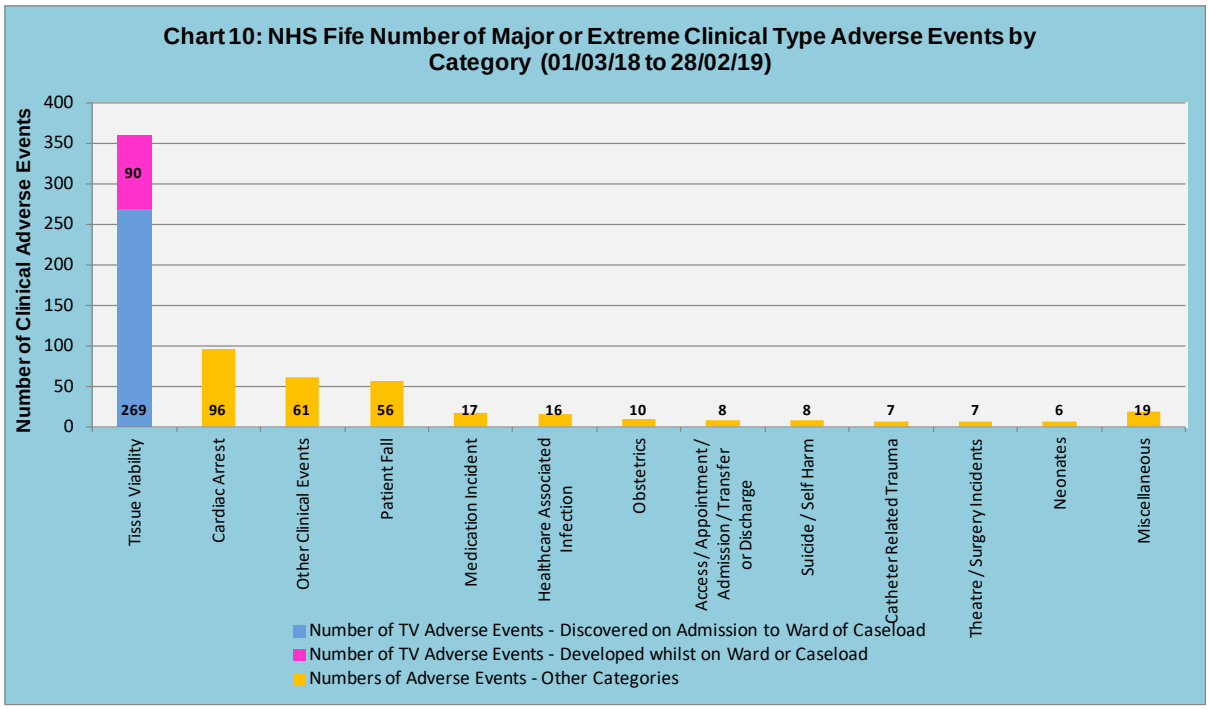
Pareto Chart 9 depicts the detail of the most frequently reported events.



Charts 8 and 9 will not feature in future reports. These will be replaced by charts reflecting the changes made to the clinical category coding.

II. Major and Extreme Clinical Type events

The events shown in Chart 10 continue to be organisational priorities for improvement and the details of related work underway can be found on page 21.



Following changes to the clinical category coding, the information in Chart 10 will be presented differently in future reports

d. Organisational Duty of Candour (DoC)

The overall purpose of the duty is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended adverse event resulting in death or harm, as defined in the Act.

The NHS Fife Adverse Events / Duty of Candour Group have oversight of the implementation of Duty of Candour through a comprehensive work plan and continue to monitor progress.

The organisation is in the process of producing the Duty of Candour Annual Report required by legislation. This will comprise the following:

I. The number of events which activated the 'Duty'
II. Details relating to each of the outcome e.g. death or increase in a person's treatment
III. The extent to which the DoC procedure was followed
IV. Changes as result of review of the DoC events

The Committee is assured there has been considerable work undertaken across the organisation in this first year of implementation. Between January - March 2019, an internal audit of the Management of Significant Adverse Events was carried out. This included aspects relating to DoC. In March 2019, the audit opinion provided was Category B - Broadly Satisfactory in terms of the adequacy and effectiveness of systems of risk management, control and governance.

c. Scottish Patient Safety Programme Measures

These measures are applied across the system and are relevant to both acute and community areas. These originated from an identified Scottish Patient Safety Programme, which Fife has moved beyond the boundaries of the programme. These are indicators of safety within clinical areas.

Hospital Standardised Mortality Ratio (Commenced 2012)	
Measure or Aim	To reduce HSMR by 10% December 2018
Data Source	ISD Scotland
Measure Status	N/A
Scotland Performance	0.80 (Jul-Sept 2018)
Current Performance	0.81 (Jul-Sept 2018)
Target Performance	The reference point is 1.

Charts 11

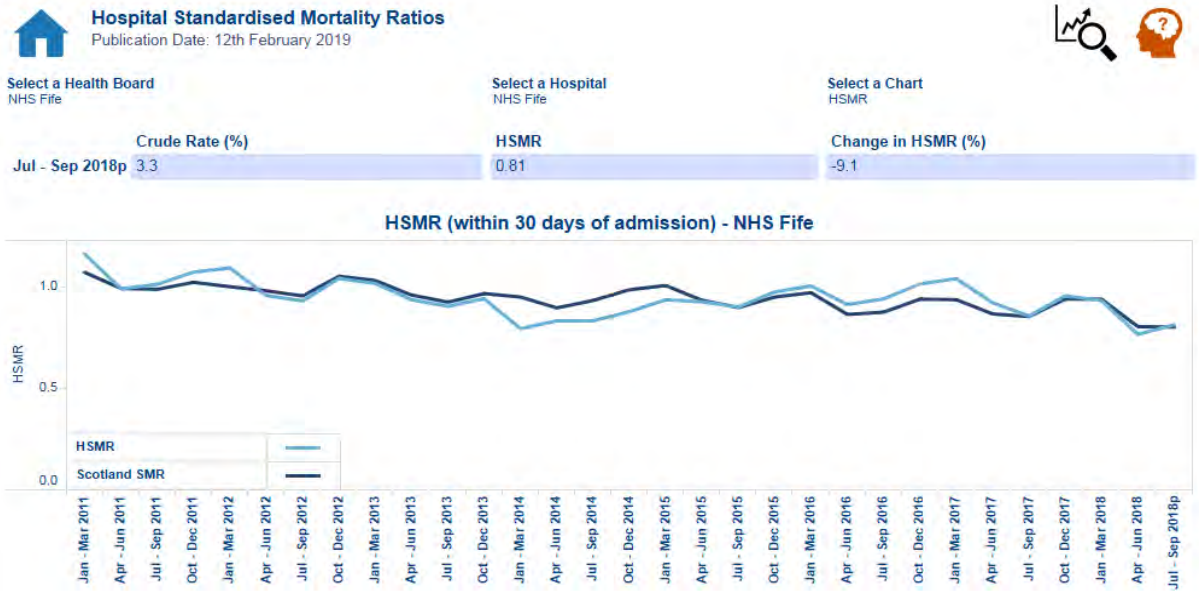
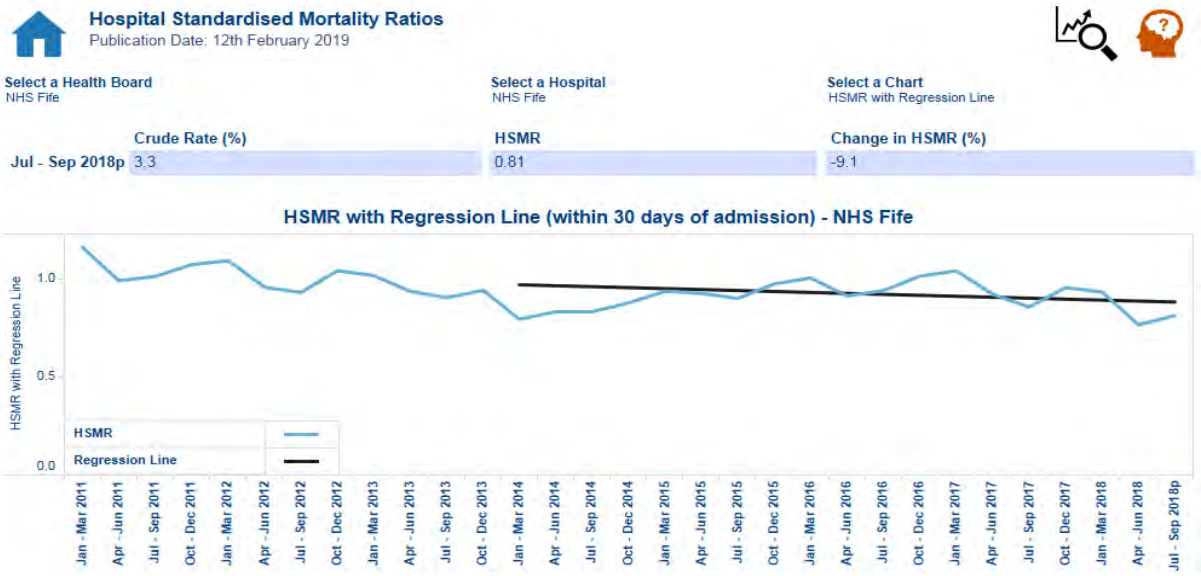
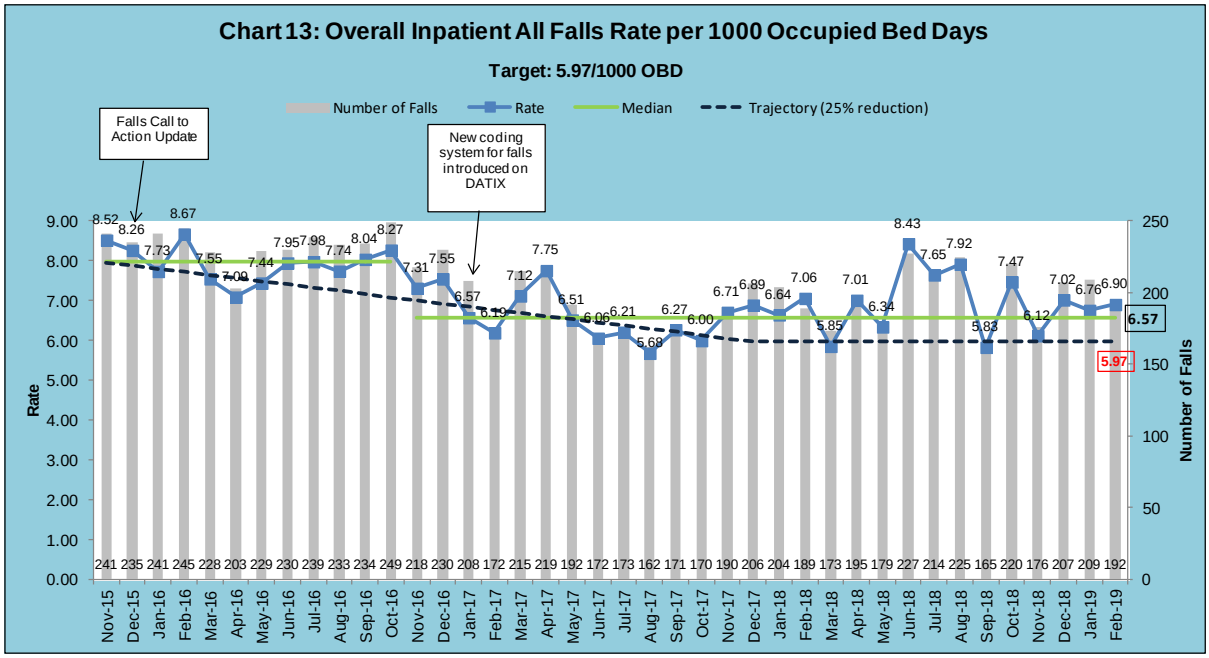


Chart 12



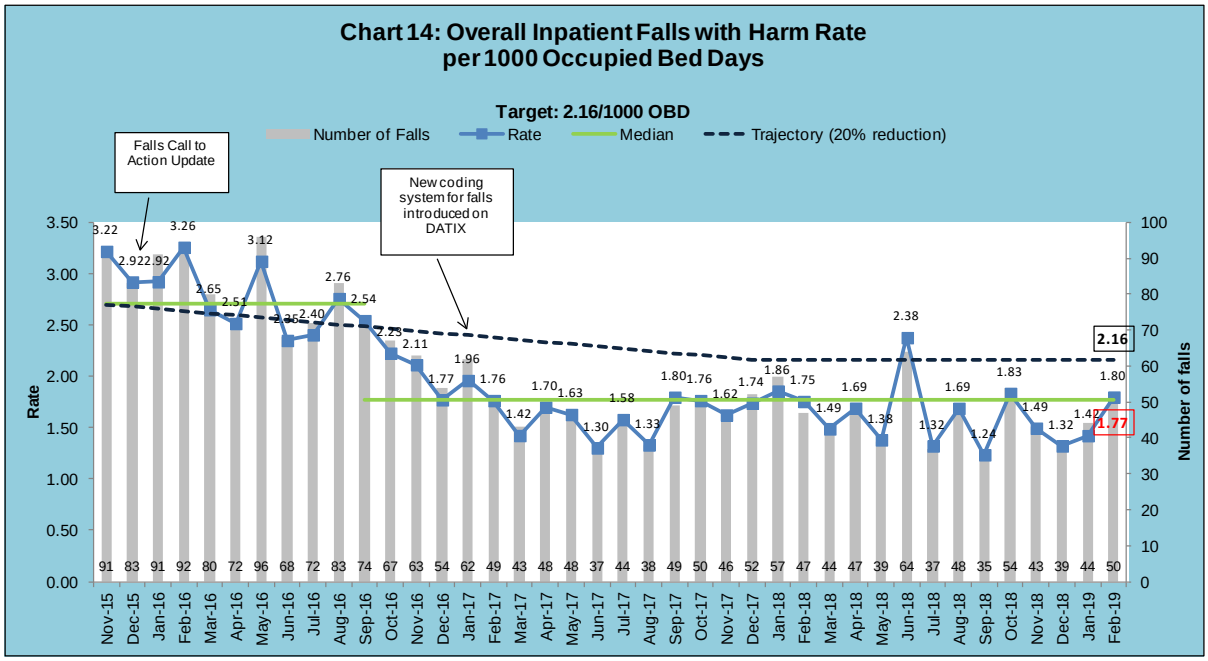
Previous 3 periods	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018
	0.96	0.93	0.77
Contextual review of data (presented above) **(Background What are local priorities? What outcomes have been achieved? What is the chart telling us? Run chart rules apply?)**	HSMR is a measure which promotes reflection on patient care within boards. The reference point is a value of 1. It should be used by Boards to reflect when a value is greater or less than 1. A high value of the HSMR is not sufficient evidence on which to conclude that a poor quality or unsafe service is being provided. It should be regarded as a trigger for review and further understanding. The current reporting period June – September 2018 on chart 11 shows NHS Fife HSMR to be 0.81, which is in line with Scottish performance. Overtime NHS Fife demonstrates an overall downward trend, as seen Chart 12 which indicates progress in reducing mortality over time. Local work and interventions continue to focus around recognition of deteriorating patients and improving patient safety. The next update, reporting on admissions to 31st December 2018, will be published on Tuesday 14 May 2019. 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*". Following the May 2019 release, Information Services Division (ISD) will re-base the HSMR model and continue to publish on a quarterly basis using a more accessible presentation of HSMR and associated contextual indicators. More information on this will follow in the coming months as advised from ISD.		
Current issues	None identified during this period.		

All Falls (Commenced 2012)	
Measure or Aim	To reduce all falls by 25%
Data Source	DATIX
Measure Status	Improvement
Scotland Performance	Not known
Current Performance	6.90/1000 OBD (February 2019)
Target Performance	Target rate 5.97/1000 OBD (end of December 2017)



Previous 3 periods	November 2018	December 2018	January 2019
	6.12/1000 OBD	7.02/1000 OBD	6.76/1000 OBD

Falls with Harm (Commenced 2012)	
Measure or Aim	To reduce falls with harm by 20%
Data Source	DATIX
Measure Status	Sustained Improvement & On Target
Scotland Performance	Not known
Current Performance	1.80/1000 OBD (February 2019)
Target Performance	Target rate 2.16/1000 OBD (by end December 2017)



Previous 3 periods	November 2018	December 2018	January 2019
	1.49/1000 OBD	1.32/1000 OBD	1.42/1000 OBD

Contextual review of data (presented above) **(Background What are local priorities? What outcomes have been achieved? What is the chart telling us? Run chart rules apply?)**	As with all areas of Scotland, Fife will experience a shift in its demography, with increasing numbers of older people. Evidence suggests that one third of people aged over 65 fall each year, and one half of people aged over 80 fall each year. As we live longer falls are becoming an even bigger issue.
Current issues	Prevention and management of falls is a multi-disciplinary and multi-agency responsibility and our ambition in Fife is to reduce the number of falls. A healthy ageing campaign is planned for spring 2019 the MCCN will explore in December 2018 how key messages can be aligned across services. The recently launched Falls Strategy, for the next 5 years, focuses on ensure effective processes are consistently implemented for the early identification, effective assessment and management of people who are at risk of falling. This will ensure a high quality, cost efficient service that will reduce the incidence and severity of falls between now and 2022.

Improvement Activities/Interventions	Due By	Status
An annual report by the Frailty Managed Clinical and Care Network (MCCN) will be produced later in 2018. The Frailty MCCN supports the delivery of the falls strategy through the inpatient and community falls groups.	December 2018	Complete
The inpatient falls group have reviewed the Falls toolkit and supporting appendices. These have been approved in principal by the Frailty MCCN and will be submitted to CCG meeting in May for final approval and a formal re-launch will occur thereafter	May 2019	On track
A SLWG linked to the Inpatient Falls group developed and tested a falls alarm risk assessment and care plan. This will be submitted to CCG for approval in May	May 2019	On track
Terms of Reference of In-patient Falls group is being reviewed to reference the recently launched Falls Strategy. A workplan is being developed to support this focus.	March 2019	Complete
A workplan is being finalised and will be located on a shared drive folder to allow members of the Inpatient falls group to update on an ongoing basis. Work is underway to ensure all members have the appropriate access to this	May 2019	On track
Older people's Knowledge and Skills framework has been tested and finalised. The framework will be ratified at CCG meeting May 2019	February 2019	Completed
The Community Hospital Falls Group is continuing to meet bi-monthly to continue to improvement work in relation to falls.	December 2018	Complete
A new falls collaborative commenced in February 2019 to focus QI work in five wards within the HSCP that had the highest number of falls in 2018.	April 2019	On track
Preliminary meetings with the five wards in the collaborative have been completed and baseline data reviewed. Further meetings are arranged with Clinical Governance facilitator to complete QI awareness training and agree individual tests of change.	June 2019	On track
Comfort round education sessions have been trialled in SACH 1 and a plan is in place to roll out this across the wards in the collaborative	June 2019	On track
The 'A Patient has Fallen What Now' document is being reviewed, adapted and tested with the collaborative,	May 2019	On track
Tarvit Ward are commencing cycle two of PDSA for comfort round reminders on side room doors, whiteboards for the doors instead so further testing to take place.	May 2019	On track
SACH 1 are testing safe effective handover and delivery of the safety brief information. Currently on PDSA cycle 1 of this test of change.	April 2019	On track
Further testing of the revised process measures continues, prior to HSCP roll out.	April 2019	On track

Early work being embarked on with care home sector to standardise recording and support best practice in managing falls risk	June 2019	On Track

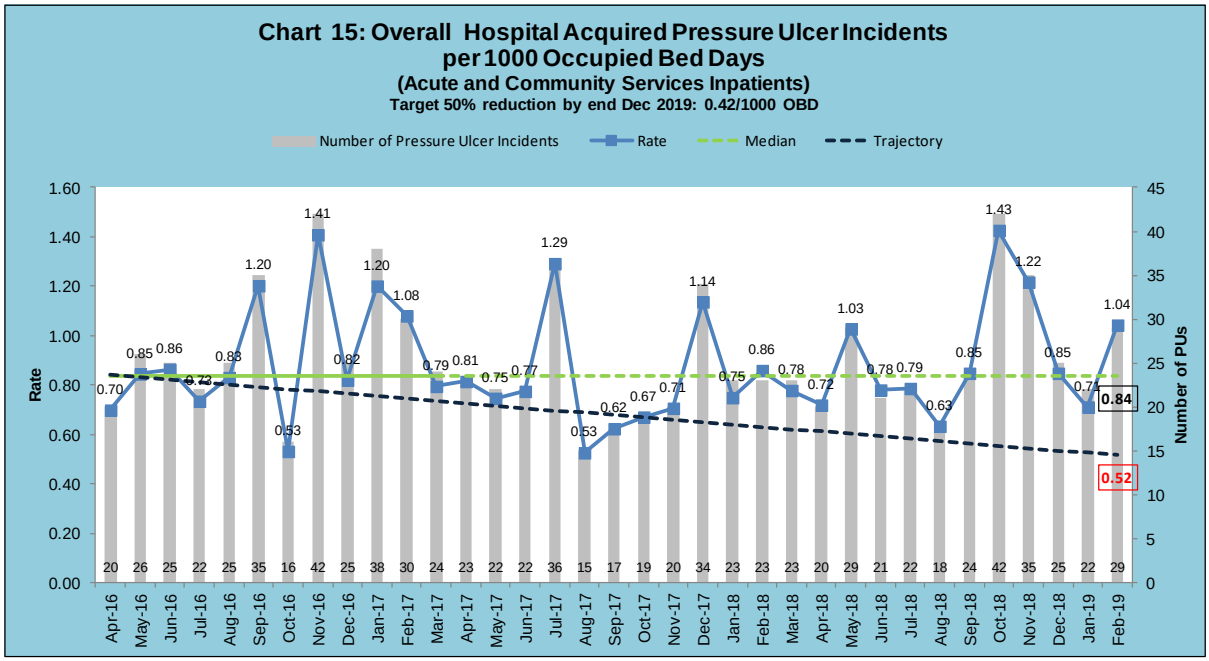
Community (non in-patient) Falls

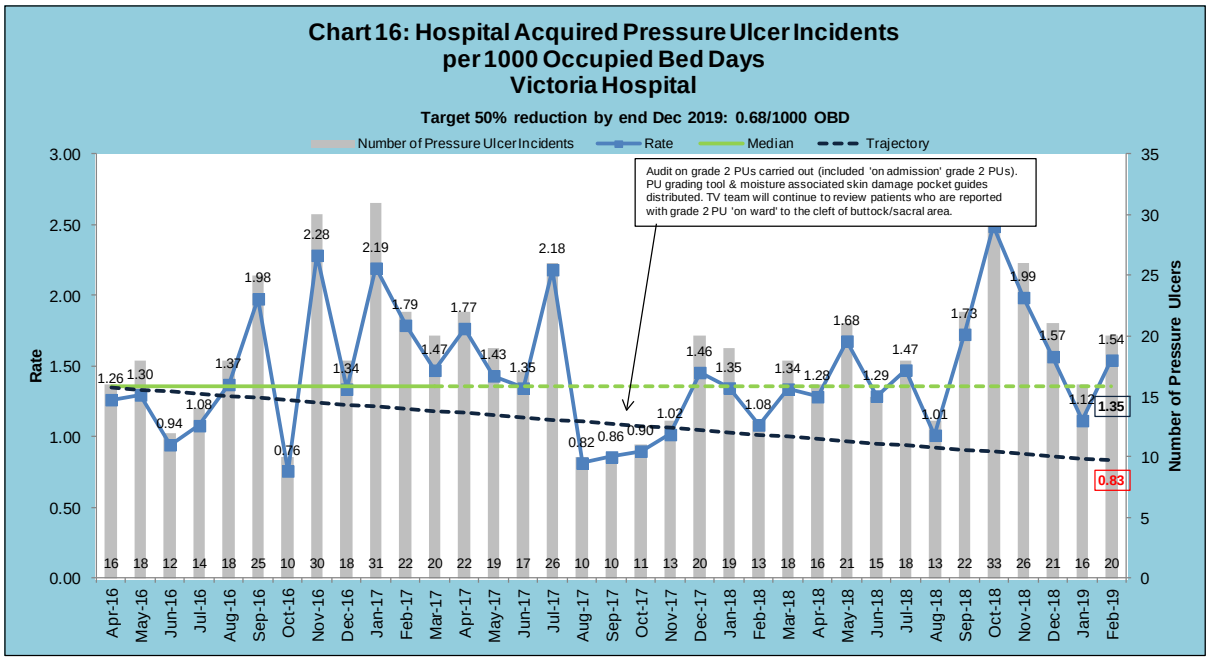
As noted in the last report the partnership has been approached by the National Telecare Improvement Programme Lead to share learning from the MECS / Fife Falls Response Service (FFRS) in relation to models which support uninjured fallers. Information on Fife was included as the first 'spot light' in the programmes Flash reports.

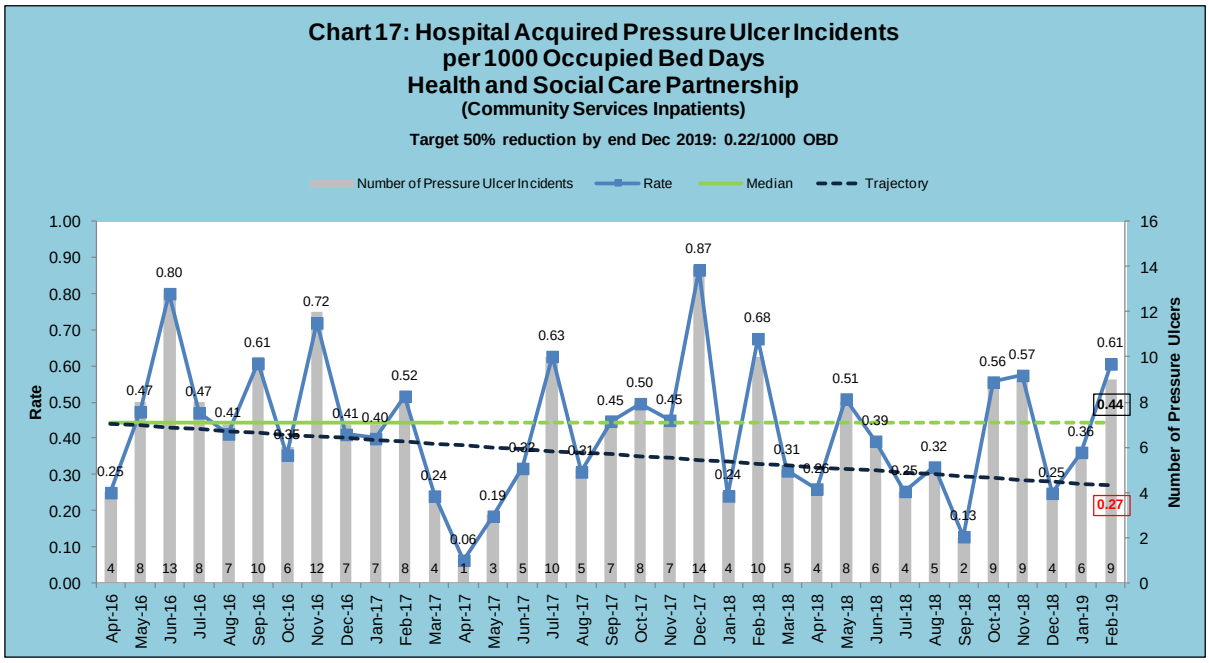
Improvement Activities/Interventions	Due By	Status
Early work being embarked on with care home sector to standardise recording and support best practice in managing falls risk	June 2019	On Track
A healthy ageing campaign is planned to be launched in 2019. This will be in collaboration with third sector agencies. The action plan is being refined and a campaign will be developed in line with local and national public health objectives. Initial scoping work has been concluded. Launch will therefore be anticipated in early 2019 Work on this progresses and the chairs of the MCCN are meeting in May with the chair of the Healthy ageing group to agree content/ timescales and delivery of the campaign.	Spring 2019	On Track
The Community Falls Group is developing a set of metrics to understand falls within community setting and responded to by community services to support: • Understanding of falls • Early intervention/Targeting of service (including input to Community Health and Wellbeing Hub programme) • Developing locality element to support targeting of improvement work A Dashboard is currently in development which will cover the following areas: • ICASS • SAS • MECS • FFRS Later phase • Care Homes • Consideration with partners of joint measures that evidence uptake of healthy ageing activities	Spring 2019	Discussed at meeting on 5th February
A review of SAS conveyance rates to hospital in over 85 has been undertaken by the community falls group. The review findings support conveyance rates to hospital are appropriate whilst providing assurance	Early June 2019	On track

that the current SAS Falls & Frailty Pathway appropriately identifies treatment pathways for individuals. Final report is planned for early June 2019		
Work has been progressing with the Fire Service to incorporate screening for falls with the Home Safety Checks the service provides. A pilot within the Kirkcaldy Fire Service has been completed. Roll-out to all fire stations in Fife is in progress with a target of completion by July.	July 2019	On track
Discussions have taken place with START managers and pilot of screening for falls is being progressed. Agreement that rollout to all START teams will commence on completion of pilot.	July 2019	On track
The development of a Community Falls Toolkit has been agreed with a target for a draft for approval by the Community Falls Group in early May 2019	May 2019	On track

Pressure Ulcer Incidents – (Hospital Acquired) (Commenced 2012)	
Measure or Aim	To reduce pressure ulcers by 50% by December 2017
Data Source	DATIX
Measure Status	No Change
Scotland Performance	Not known
Current Performance	1.04/1000 OBD (February 2019)
Target Performance	Target rate 0.42(by end December 2019)







Previous 3 periods	November 2018	December 2018	January 2019
	1.22/1000 OBD	0.85/1000 OBD	0.71/1000 OBD
Contextual review of data (presented above) **(Background What are local priorities? What outcomes have been achieved? What is the chart telling us? Run chart rules apply?)**	Current overall data for hospital acquired pressure ulcers demonstrates data point sitting on the median. Current data for Fife Health & Social Care Partnership (FHSCP) demonstrates one data point above the median. Over the last year the data point has been below the median 8 times. Within ASD the data demonstrates a fall in incidence in November and December. The Quality Improvement (QI) work is ongoing within ASD and the community hospital wards, and following the most recent review meeting the group have agreed to extend the QI project beyond 90 days, focusing on work January to March 2019. Both the Acute and HSCP show normal variation with no change in terms of improvement. Quality Improvement (QI) work commenced in September 2018 across ASD and HSCP inpatient areas. This work has continued to spread into more inpatient areas across HSCP and ASD, with a further collaborative commencing in February 2019.		
Current issues	Hospital acquired pressure ulcers have risen in February 2019 from the previous two months, currently sitting one data point above the median. Inpatient areas involved in the 90 day improvement collaborative continue to monitor weekly, their compliance against process measures. There are five inpatient areas currently participating in the pressure ulcer collaborative across the partnership (two in the West Division		

	and three in the East Division). A collaborative meeting will be held in May 2019 involving both Acute and Community inpatient areas, bringing together and sharing the improvement that has taken place.

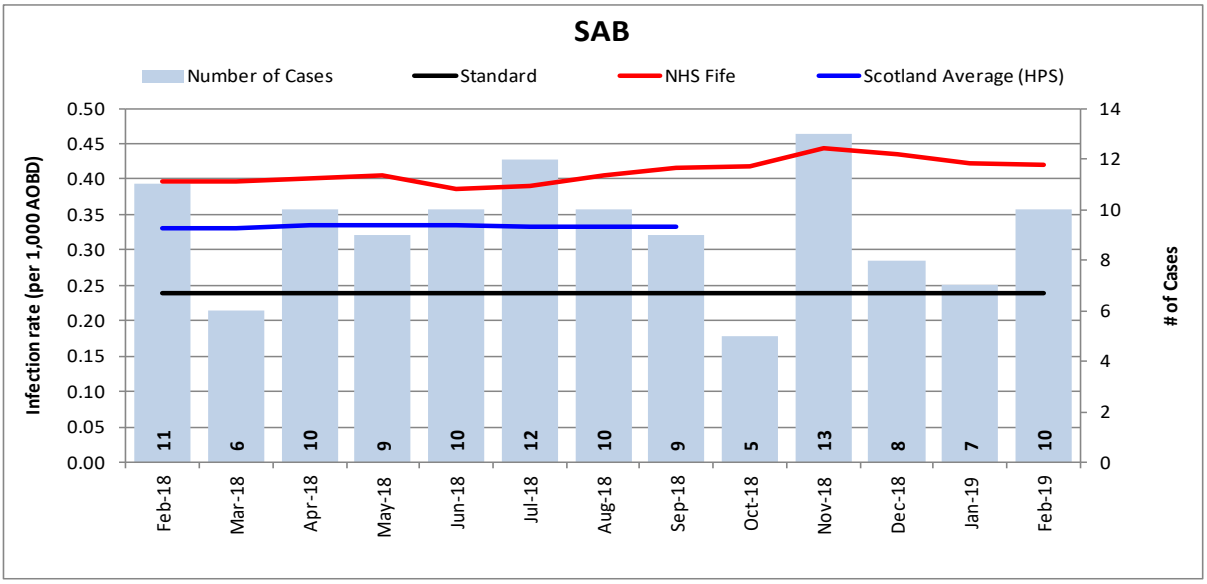
Improvement Activities/Interventions	Due By	Status
Ongoing scrutiny and actions taken by the Fife Tissue Viability Steering Group, currently self assessing and updating National Standards for the Prevention & Management of Pressure Ulcers (2016). Terms of Reference of the group will be agreed by the end of the March.	March 2019	On track
The 90 day improvement project has been extended for a further 90 days January to March 2019 within ASD, recognising the valuable learning in the first 90 days, to inform further improvement work in the second part of the project. Key objectives from the ASD work stream include: • Weekly compliance measures with SSKIN bundle elements • Use of revised documentation to enable a more person centred approach to care, and recognition of device related risks Pathway for patients with hip fracture – • supporting pressure ulcer risk assessment and prevention in A&E • Working with theatres to increase awareness of, and support with pressure ulcer prevention when patients are in theatre and in recovery A further collaborative commenced within HSCP in February 2019, involving five ward areas (two of which were involved in the previous collaborative). Wards at SACH, Adamson QMH and Hospice VHK are on their 90 day improvement journey. Questionnaires for patients and staff have been designed to identify the level of knowledge and awareness around prevention and management. Some areas have undertaken tests of change for handovers and safety briefs and applying PDSA approach to testing ideas. Another area is evaluating changes made via audit. Training sessions have been provided for nursing staff on how to undertake comfort rounds – incorporating falls and pressure ulcers areas are carrying out tests of change, one area is testing a comfort rounding tool (Care Clock). All areas continue to collect compliance data weekly to monitor performance and provide focus on specific aspects process measures. It is anticipated that the current collaborative will be completed by 30 April 2019, and that a meeting to bring all the improvement collaborative work together will be held at the beginning of May 2019.	March 2019 30 April 2019	On track On track

A systematic and coordinated approach to training and education to be developed and implemented across the both Acute Division and HSCP encompassing, LearnPro and CPR for Feet, lead by the HoN East Division and TV Steering Group.	~~December 2018~~ April 2019	~~On track~~ Delayed
Refocus on promoting CPR for feet, top to tie skin assessment and continence management within ASD as themes for learning from recent case review.	March 2019	On track
A fife wide task and finish group has been commissioned to review clarify and standardise SBAR/LAER/reporting and remapping issues. The delay for this is due to requiring organisational process agreement.	~~March 2019~~ April 2019	~~On track~~ Delayed

Healthcare Associated Infection/SABS

Healthcare Associated Infection/SABS (Commenced 2012)	
Measure or Aim	Achieve a maximum rate of SAB (including MRSA) of 0.24/1000 AOBD
Data Source	
Measure Status	No Change
Scotland Performance	0.33 cases per 1,000 acute occupied bed days, for 12 months to end of December
Current Performance	0.42 cases per 1,000 acute occupied bed during 12-month period from March 2018 to February 2019
Target Performance	Target rate of 0.24/1000 AOBD

Chart 18



Previous 3 periods	12 Months to Nov 2018	12 Months to Dec 2018	12 Months to Jan 2019
	0.44/1000 AOBD	0.44/1000 AOBD	0.42/1000 AOBD
Contextual review of data (presented above) **(Background What are local priorities? What outcomes have been achieved? What is the chart telling us? Run chart rules apply?)**	SABs – although the infection rate during 2018 remained above the Standard, much progress was made in terms of reducing the number of avoidable vascular access device (VAD) infections across ASD. Unfortunately, we are still seeing VAD, urinary catheter associated and skin and soft tissue infections. During 2019, more work also needs to be done to focus on vulnerable patient groups within the community setting such as people living with Diabetes and those with multiple co-morbidities. This focus will highlight any earlier clinical interventions which could potentially reduce the number of skin and soft tissue and urinary catheter associated infections. Improving patient outcomes and quality of care is the key priority of the Vascular Access Strategy Group, the Urinary Catheter Improvement Group and the People Who Inject Drugs (PWIDs) Improvement work.		

Current issues	The quality improvement (QI) project in Ward 44, where a number of PVC related SAB had been identified in the latter stages of 2018, has been paused due to the outcome of a recent Local Adverse Event Review. This work will continue to be re-assessed by the ePVC working group. The Urinary Catheter Improvement Group work is strongly focused on *Escherichia coli* Bacteraemia (ECB) however it is expected this work will also pay dividends in relation to supporting a reduction in SAB in patients who require urinary catheterisation. Three core work-streams have been identified by the improvement group to support the delivery of quality care while reducing the risk of infection to our patients. The long standing work with the Addictions Services and Addaction has supported a clear pathway for advice for service users presenting with skin and soft tissue infections. It is too early to say if the reduction in SAB in PWID has been maintained or reduced this year following the statistically significant decrease in cases last year. Fresh conversations with the HSCP via Clinical Care and Governance will support additional work with vulnerable communities where healthcare is delivered out-with the hospital setting. This may determine if there are improvements required within our healthcare delivery systems which have been more difficult to reach.

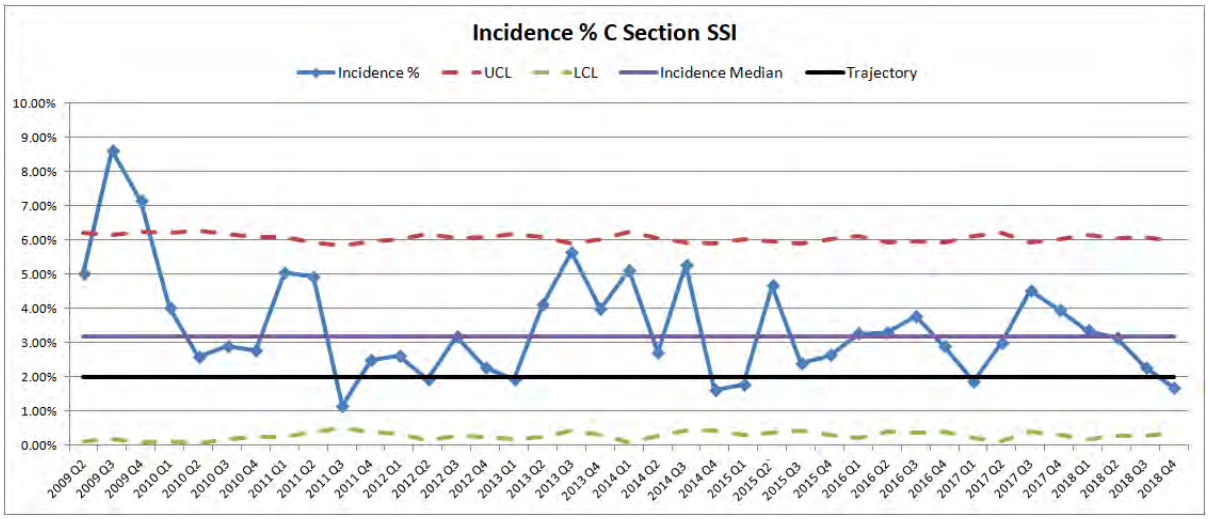
Improvement Activities/Interventions	**Due By**	**Status**
Collect and analyse SAB data on monthly basis to better understand the magnitude of the risks to patients in Fife *This work will continue in 2019/20*	March 2019	Complete
Provide timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs Improved education and training, guidance and governance *This work will continue in 2019/20*	March 2019	Complete
Examine the impact of interventions targeted at reducing SABs *This work will continue in 2019/20*	March 2019	Complete
Use results locally for prioritising resources *This work will continue in 2019/20*	March 2019	Complete
Use the data to inform clinical practice improvements thereby improving the quality of patient care *This work will continue in 2019/20*	March 2019	Complete
Support ePVC compliance and monitoring via Patientrack across Acute Services Division (ASD) Emergence of common themes, which will be used in quality improvement activities by ASD	March 2019	Complete
Work with Clinical and Care Governance colleagues to determine interventions and improvement work required to support safe clean care and a reduction in Skin and Soft Tissue infections (SSTI) in our Diabetic population.	June 2019	On Track
Community SAB to be highlighted as standing agenda item at Clinical and Care Governance Groups	Jun 2019	On Track

Emergence of common themes which will target areas for improvement activity		
Complete work mandated by the Vascular Access Strategy Group • Strategy deliverables achieved • Improved systems and processes in place to manage VADs • Governance arrangements are robust, are working and provide assurance and data for improvement • Reduction in the number of VAD associated SAB	March 2020	On track
Design a new programme of work focusing on reducing the risk of SAB in diabetic patients • Reduction in the number of cases of SAB in patients with Diabetes • Improved clinical outcomes • Co-production with improvement focused outcomes across health and social care	March 2020	On track

SSI Caesarean Section

SSI Caesarean Section	
Measure or Aim	To reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 by 2% by March 2019.
Data Source	HPS
Measure Status	N/A
Scotland Performance	1.5 % infection rate June- August 2018
Current Performance	1.68 % infection rate September – December 2018
Target Performance	1.4 % infection rate by year end December 2018.

Chart19



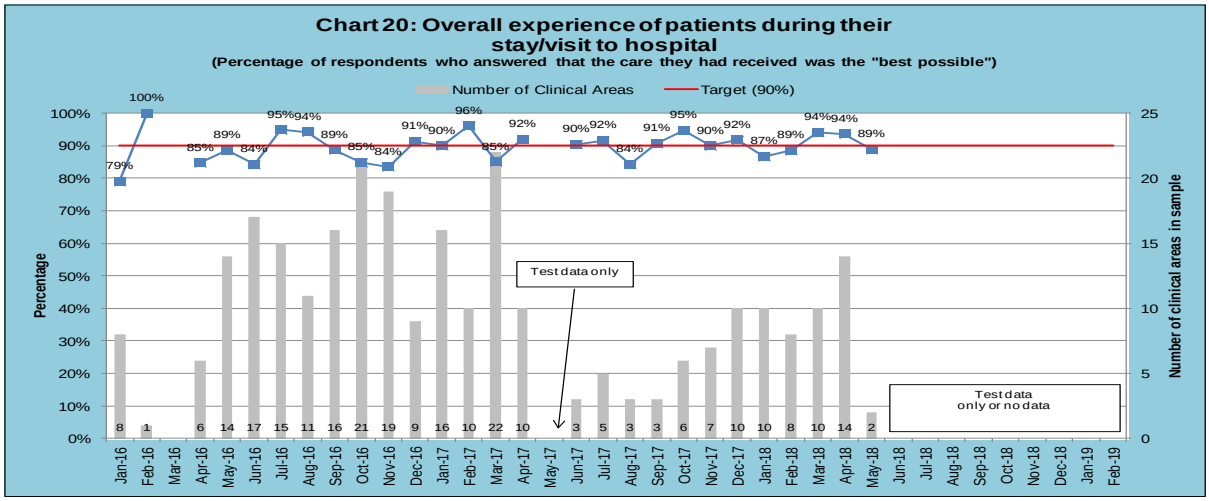
Previous 3 periods	Apr-Jun 2018 (Q2)	July to Sept 2018 (Q3)	Oct to Dec 2018 (Q4)
	3.1%	2.3%	1.7%
Contextual review of data (presented above) **(Background What are local priorities? What outcomes have been achieved? What is the chart telling us? Run chart rules apply?)**	NHS Fife has achieved an incremental reduction in the incidence of C Section SSI over a 15-month period from October 2017 to December 2018. In Q3 2017 the incidence rate was 4.5% per 100 procedures and is now **1.7 % in Q4 2018** demonstrating a 2.8% reduction in incidence. **However**, Q1 2019 data is still to be confirmed and is expected to be an increased rate.		
Current issues	NHS Fife SSI Caesarean Section incidence rate still remains higher than the Scottish incidence rate.		

Improvement Activities/Interventions	**Due By**	**Status**
Review of compliance with the Management of Anaemia Guidance	June 2019	On Track
Review of compliance with improvements to prophylactic antibiotic policy	June 2019	On Track
Support a review of local epidemiological data to establish any links to inequalities, deprivation and access to treatment which may support the case to	~~March 2019~~ June 2019	~~On track~~ Delayed

establish a regular and frequent elective C Section theatre list		
Quality Improvement Project: High BMI Clinic To approach IMPACT to request QI support Establish an Obesity Prevention and Management Strategy for pregnant women in Fife which will support lifestyle interventions during pregnancy and beyond.	~~March 2019~~ June 2019	~~On track~~ Delayed

7 Patient Experience

Patient Experience	
Measure or Aim	90% or more of respondents from "Your Care Experience" survey stated they received the best possible care
Data Source	"Your Care Experience" questionnaire
Measure Status	On Target
Scotland Performance	Not known
Current Performance	No Data (February2019)
Target Performance	90%



Previous 3 periods	November 2018	December 2018	January 2019
	No data	No data	No data
Contextual understanding (Background What are local priorities? What outcomes have been achieved? What is the chart telling us? Run chart rules apply?)	Although 'Your Care Experience' is well established there are ongoing technical issues with the software for collecting data which is evident on the chart above. NHS Fife is committed to collecting patient feedback in real time and therefore has engaged the support of e-health to develop a new IT platform. Testing of this has taken place and the evaluation of the test is in progress. In the meantime, care teams continue to engage with other methods of capturing and responding to patient feedback at a departmental level.		
Current issues	There continues to be technical issues with the platform hosting the questionnaires.		

Improvement Activities/Interventions	Due By	Status
Test new questionnaire and technical platform	February 2019	Complete
Implement revised 'Your Care Experience tool'	~~March 2019~~ June 2019	~~On track~~ Delayed due to evaluation of testing

Continue to test Care Experience Improvement Tool	Dec 2019	On track
Spread use of care experience improvement tool within Mental Health Services.	Sept 2019	On track
Increase the number of responders for Care Opinion	Dec 2019	On track

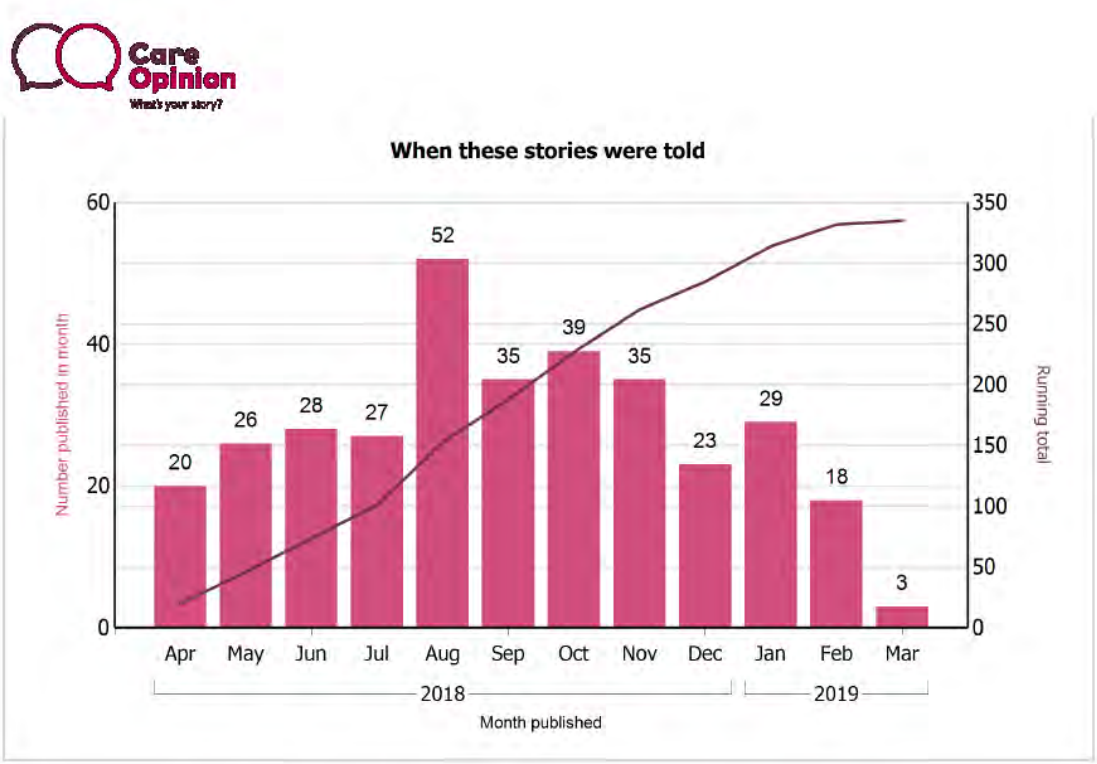
a. Care Opinion

Work continues to promote Care Opinion across NHS Fife and the Health and Social Care Partnership. The objective for 2019 is to achieve level 7 of Care Opinion's development measure, by widening staff involvement and encouraging staff to share care improvements as a result of stories.

Staff continue to be supported to increase knowledge and confidence on the use of Care Opinion.

The reports provided by Care Opinion are shared with clinical teams, with updates in regard to changes made and actions resulting from the comment / on line post.

Chart 21

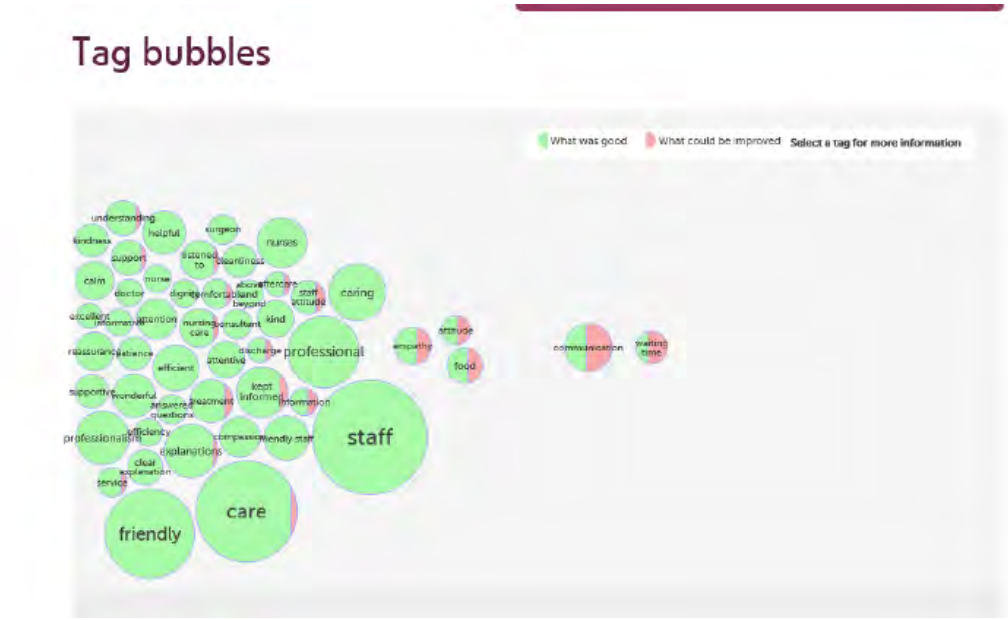


The graphic "Tag Bubbles" highlights/themes information extracted from individual stories posted on Care Opinion. The green colour indicates positive opinions where individuals have stated what was good about their experience. The pink colour identifies what could be improved. This is a screenshot of an interactive tool which allows the user to hover over the individual 'bubbles' (which are scaled according to their numbers) in order to display information relevant to each. Specific examples are:

Staff: 104 positive opinions
Care: 72 positive opinions / 2 negative opinion

Friendly: 64 positive opinions
Professional 41 positive opinions
Communication: 8 positive opinions / 10 negative opinions

Chart 22



Examples of Care Opinion across the Board:

Story about – Day Surgery, Queen Margaret Hospital - At 30 weeks pregnant I fell down the stairs and broke my wrist. Naturally, this was concerning for my partner and I. The prospect of having surgery whilst pregnant was nerve wracking to say the least. However, at both the Victoria Hospital A&E and the Queen Margaret Day Surgery all staff were excellent at putting me at ease.

Within 15 hours I had attended A&E, underwent surgery and returned home. In addition to this, a midwife visited me after my operation to check the baby. The team had already finished. Another example of the staff going out of their way to give a first class service.

Response - Thank you for taking the time to post feedback about your recent experience in hospital. I can understand your fears and concerns, I'm glad to see that you received the care that we strive to deliver every day and you were put at ease. I will share your comments with the team and wish you well in the coming weeks with your recovery and your new arrival.

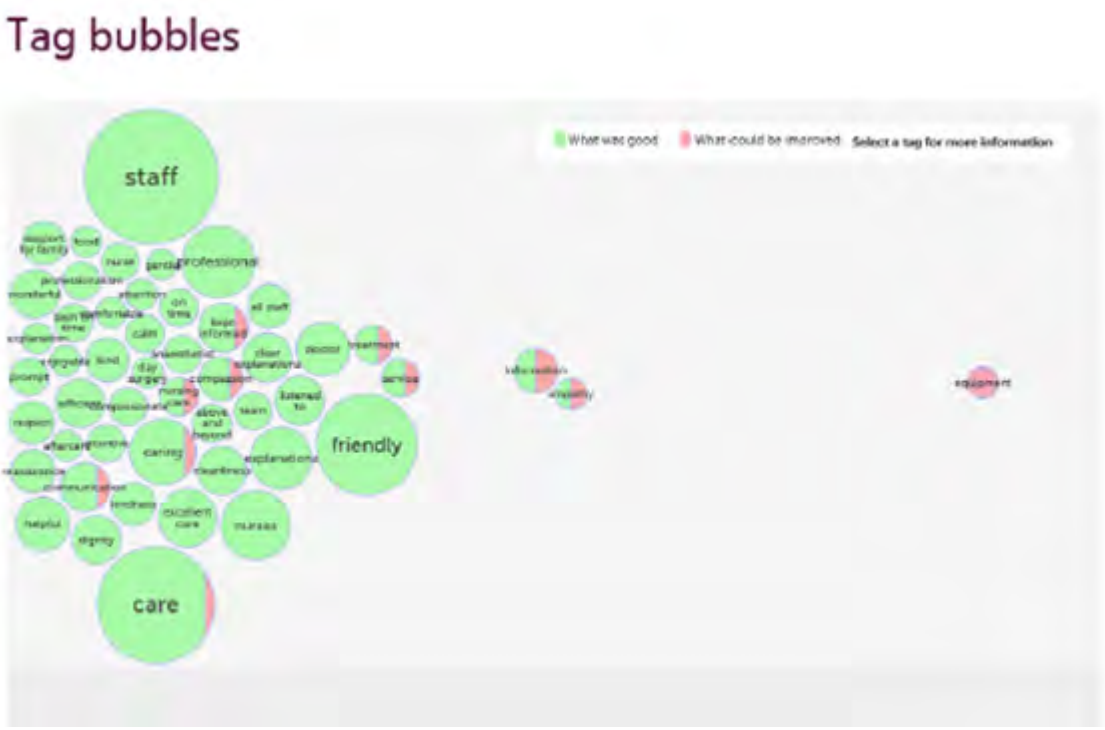
Story about – Day Surgery, Queen Margaret Hospital – I was in Queen Margaret Hospital in Dunfermline for day surgery. The team are amongst the most caring and nicest people I have ever met. Thank you so very much for your care and empathy.

Response - Thank you for taking the time to post about your recent experience in Day Surgery, I am glad to see that you had a positive experience and found everyone to be nice and caring, I will pass on your lovely comments to all the staff who I'm sure will be delighted with these lovely comments.

I wish you well in your recovery

Within the Acute Services Division patient experience feedback is used to provide assurance of quality care, and identify areas where care could be improved. Review the quarter 4 care opinion summary the feedback remains positive in the most part, with the themes around areas for improvement changing. Reporting during quarter has improved with 50 episodes of feedback received in March 2019.

Chart 23



Some examples of how feedback has influenced service change and development include;

Paediatric Unit

A number of developments have been tested with good effect, learning from feedback and engagement with patients;

- Our home visit team has expanded over the years from a 1 person team to a 3 x band 6 person team who have been delivering IV therapy to children at home for the last 4 years. The patient group include children with Cystic Fibrosis (CF) who are essentially well but require timed elective courses of IV antibiotics throughout the year. Having these administered at home means children and young people can attend school/college and maintain independence. Children can be discharged from the wards "early" that clinically are deemed fit but need to complete a designated course of IV therapy.

- We are currently carrying out sleep studies at home, a new initiative which keeps children in the comfort of their own home simply attached to a monitor. The hope is the quality of sleep children get in their own surroundings is better than in hospital therefore the results will be more beneficial in determining the next course of management for these children.

- We are in the process of delivering teaching to staff on long term ventilation with the vision that in the near future children from Fife in tertiary centres can be repatriated sooner closer to home and looked after locally.

Endoscopy QMH - In the Endoscopy Unit patient experience and feedback is well embedded and the team have been keen to develop further current processes, inviting comments on the day of the procedure in relation to specific elements of care, consent, privacy and dignity. Patients have been involved in shaping the all round care the unit is currently providing. The graphs below show some of the results.

Chart 24

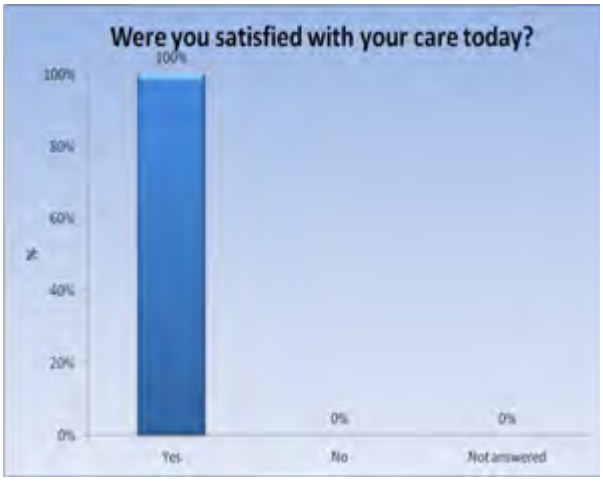


Chart 25

Chart 26

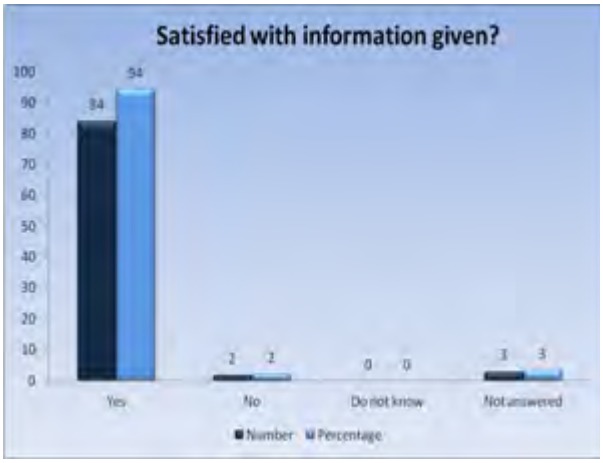


Chart 27

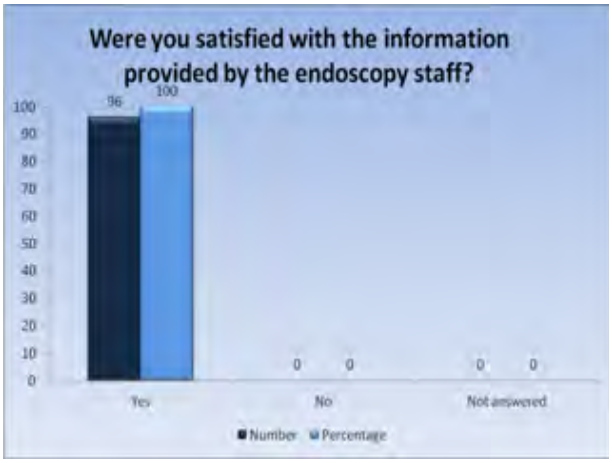
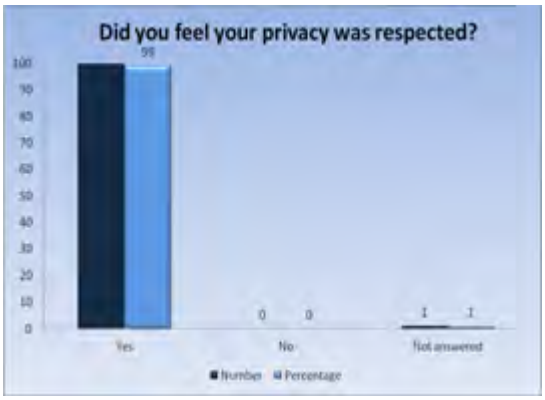


Chart 28



b. Participation Standard

The Participation Standard	
Measure or Aim	To achieve level 4 for Patient Focus activity and maintain level 3 for governance arrangements
Data Source	Participation Standard 2014-2015 – Initial Analysis on NHS Fife
Measure Status	Sustained Improvement & On Target
Scotland Performance	NHS Fife only Board to have achieved level 4 for Patient Focus
Current Performance	Level 4
Target Performance	Level 4

Previous 3 periods	November 2018	December 2018	January 2019
	Level 4	Level 4	Level 4
Contextual review of data (presented above) **(Background What are local priorities? What outcomes have been achieved? What is the chart telling us? Run chart rules apply?)**	In December 2017, The Scottish Health Council completed its final analysis of NHS Fife's self-assessment against Sections 1 and 3 of the Participation Standard. From reviewing the assessment and supporting evidence found in the Board's Annual Report on Feedback, Comments, Concerns and Complaints, our final analysis is as follows: □ Standard Section 1 – Level 4 (Improving) □ Standard Section 3 – Level 3 (Evaluating) A national report was produced in February 2018 which identified NHS Fife as the only Board in Scotland to have achieved level 4 in patient focus. The report has been shared with the Participation and Engagement Network and through the normal governance route. The achievement of level 4 reflects the collaborative working with Health, Social Care, Public Partners, wider communities, third sector and the Scottish Health Council to develop the Participation and Engagement Strategy.		
Current issues	Sustaining Level 4 is dependent on ongoing collaborative working and evidence of practice aligned to the Participation and Engagement Strategy. The future of the Participation Standard and associated requirements have not yet been clarified.		

Improvement Activities/Interventions	Due By	Status
Further consultation to take place with regard to Phase 2 Pilot of Interpreter on Wheels. This project aims to improve access to communication supports for people for whom English is not their first language (BSL, Community Language)	May 2019	On track
Consultation on Scottish Ambulance Emergency Call Handling	April 2019	On track
Consultation on Dental Access Strategy	May 2019	On track
Review and align NHS Fife and HSCP Public Participation and Engagement Strategy 2016 -2019.	~~March 2019~~ October 2019	~~On track~~ Delayed Delays with review.
Further consultation to take place with regard to Phase 2 Pilot of Interpreter on Wheels. This project aims to improve access to communication supports for people for whom English is not their first language (BSL, Community Language)	May 2019	On track

c. Complaints

Complaints	
Measure or Aim	Stage 1 - to equip staff to deal with complaints promptly at the point of contact Stage 2 – to provide a comprehensive response in a timely manner To improve the way we share learning from complaints
Data Source	DATIX
Measure Status	
Scotland Performance	Stage 2 Complaints: 72.0% for 2016-17 (data published annually)
Current Performance	72.1% (62 out of 86) Stage 1 complaints closed in February were completed within 5 working days (or 10 working days if extension applicable) 54.8% (17 out of 31) Stage 2 complaints closed in February were completed within 20 working days
Target Performance	Local Target: 80% of stage 1 complaints responded to within 5 working days 75% of stage 2 complaints responded to within 20 working days

Chart 29

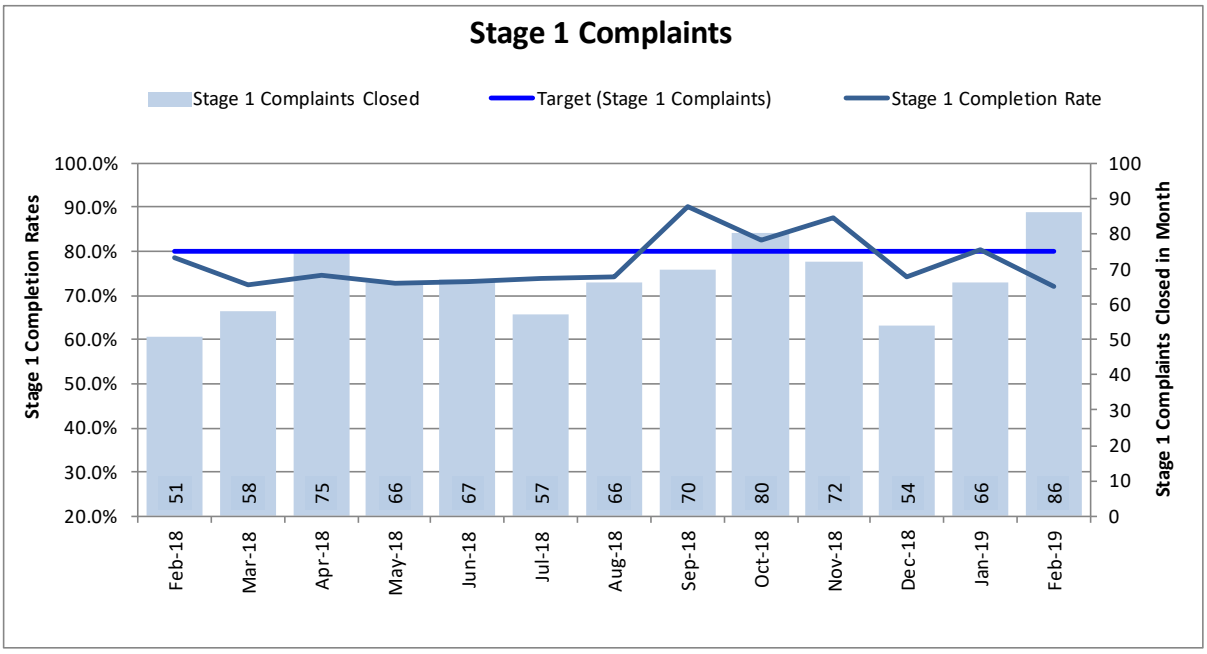
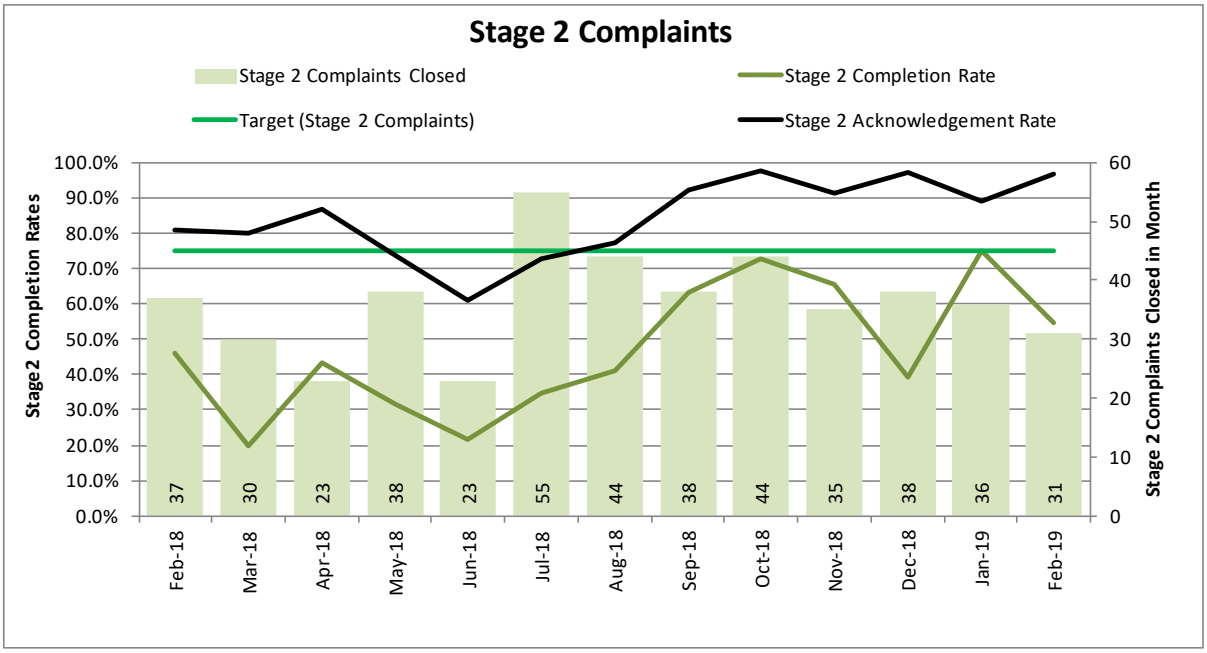


Chart 30



Previous 3 periods	November 2018	December 2018	January 2019
	Stage 1: 87.5% Stage 2: 66.7%	Stage 1: 73.7% Stage 2: 39.5%	Stage 1: 80.3% Stage 2: 75.0%
Contextual review of data (presented above) **(Background What are local priorities? What outcomes have been achieved? What is the chart telling us? Run chart rules apply?)**	Data in respect of stage 1 complaints demonstrates the number of complaints closed (and the times to closure) fell below the local target. This continues to be monitored. Although Stage 2 local performance target was achieved in January, data shows a significant fall in February. Challenges continue as mentioned above however, process continues to be reviewed and monitored.		
Current issues	The reasons for failing to meet the 20-day completion target are; • An increase in the number of significant complex complaints; some which have triggered LAER's and SAER's. • A change in senior management has caused delays in sign off due to style and preference. • Delays at approval and sign off due to lack of detail within complaint response. • Delays in producing first drafts due to quality of drafting. • Delays receiving investigation statements from services • Quality of information within statements		

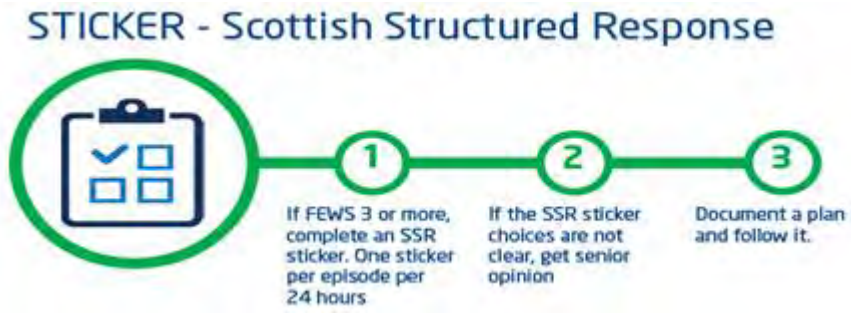
Improvement Activities/Interventions	**Due By**	**Status**
Review outcome of test of change (statement template) and spread to all areas	March 2019	Complete
Test new process within the Partnership	March 2019	Complete
Patient Relations senior team to undertake peer review to improve quality of first drafts	September 2019	On track
Deliver education to service to improve the quality of investigation statements	September 2019	On track

Agree with ASD a process for managing the delay with medical statements	June 2019	On track
Agree with ASD a consistent style for responses	June 2019	On track

8 Improvement Activity

a. Deteriorating Patient

Deteriorating Patient Work Stream – Know The Score: Use FEWS

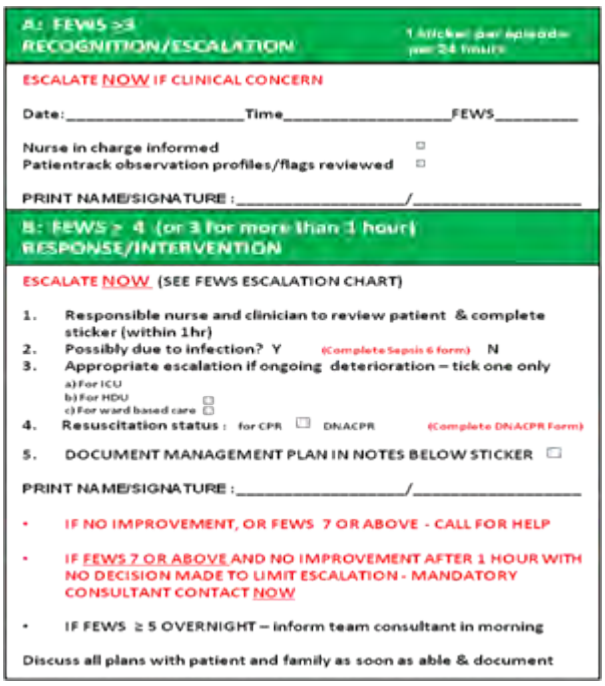


The Scottish Structure Response (SSR) sticker is a prompt or aide memoire to support staff assess, triage and plan care for a deteriorating patient. The actions required are aligned with the escalation process described in the clinical observations / Fife Early warning Score (FEWS) escalation process described in the previous quality report. Clinical observations, or vital signs, are a basic measure or indicator of patient wellbeing.

The SR sticker should be used once every 24 hours to indicate level of FEWS and assessment undertaken. A single FEWS of 3 requires review by the Nurse in Charge to assess patient in relation to current clinical condition & treatment, and determine if further escalation required at this time. An unresolved FEWS of 3, or FEWS >3 requires a more senior review by a doctor or advanced nurse practitioner in accordance with the FEWS escalation process. The SSR should be filled out confirming escalation, assessment and triage has taken place, and confirm;

- If deterioration due to infection, sepsis 6 procedure followed
- Confirm escalation of treatment (for ICU, HDU or ward level care)
- Confirm resuscitation status
- Document the management plan in the healthcare record below the SSR.

The plan should be discussed with the patient and family as soon as able, and a record of this discussion documented in the healthcare record.



A: FEWS ≥3
RECOGNITION/ESCALATION
1 sticker per episode per 24 hours

ESCALATE NOW IF CLINICAL CONCERN

Date:_____Time_____FEWS_____

Nurse in charge informed ☐
Patientrack observation profiles/flags reviewed ☐

PRINT NAME/SIGNATURE :_____/_____

B: FEWS ≥ 4 (or 3 for more than 1 hour)
RESPONSE/INTERVENTION

ESCALATE NOW (SEE FEWS ESCALATION CHART)

1. Responsible nurse and clinician to review patient & complete sticker (within 1hr)
2. Possibly due to infection? Y (Complete Sepsis 6 form) N
3. Appropriate escalation if ongoing deterioration – tick one only
   a) For ICU
   b) For HDU ☐
   c) For ward based care ☐
4. Resuscitation status : for CPR ☐ DNACPR (Complete DNACPR Form)
5. DOCUMENT MANAGEMENT PLAN IN NOTES BELOW STICKER ☐

PRINT NAME/SIGNATURE :_____/_____

- IF NO IMPROVEMENT, OR FEWS 7 OR ABOVE - CALL FOR HELP
- IF FEWS 7 OR ABOVE AND NO IMPROVEMENT AFTER 1 HOUR WITH NO DECISION MADE TO LIMIT ESCALATION - MANDATORY CONSULTANT CONTACT NOW
- IF FEWS ≥ 5 OVERNIGHT – inform team consultant in morning

Discuss all plans with patient and family as soon as able & document

Compliance with the SSR is monitored through audit, supported by the Clinical Governance team, as well as exception reporting as a result of case note review for cardiac arrest. This is a bi-annual audit, reviewing all healthcare records in a month where a patient has had an activated FEWS of 3 or more recorded in patientrack, and has been in hospital for over 24 hours.

The most recent report was completed reviewing February 2019 data. The audit findings are reported through the ASD Clinical Governance Committee and into the NHS Fife Care & Clinical Governance Committee.

The findings from the most recent audit demonstrate a reduction in use of SSR during the period reviewed compared with the previous audit, however the review team did confirm that 51% of patients who did not have a SSR sticker in place had a detailed management plan in response to assessment following FEWS, indicating compliance with the review process. Ongoing work is required to maintain focus on the benefit and use of the SSR in practice to ensure deteriorating patients are assessed and have a robust treatment plan in place. The next audit is planned for November 2019.

b. NHS Fife Clinical Policy and Procedure Authorisation and Co-ordination Group

Table 1 below details the total number and breakdown of Clinical Policies and Procedures that are reviewed and approved within the governance arrangements delivered by the NHS Fife Clinical Policy and Procedure Authorisation and Co-ordination Group.

	Policies	Procedures	Standard Operating Procedures	Total
NHS Fife Wide	20	38	1	
Acute Services Division		11		
Fife Health & Social Care Partnership	1	1		
Total	21	50	1	72

New Fife Wide Procedure
NHS Fife Procedure for Completion of Incapacity (section 47) Certificates

New Acute Services Division Procedure
Acute Services Division Procedure for Altering Outpatient Clinics
Acute Services Division Pre-operative Patient Identification

Outstanding Policies and Procedures
Following the last meeting of NHS Fife Clinical Policy & Procedure Authorisation and Coordination Group on Monday 18 February 2019 there is 1 policy past their review date.

98.5 % of all clinical policies and procedures are current and in date.

The progress of policies and procedures which are past the review date are as follows:

Fife Wide Policy

C2 - NHS Fife Policy on obtaining Informed Consent for Treatment (30/06/2018)

The policy was reviewed by NHS Fife Clinical Policy & Procedure Group as planned on 18 February 2019 with further amendments recommended following the meeting. Policy will be submitted following feedback for final review and sign off.

9 Glossary

ADTC	Area Drugs and Therapeutics Committee
A&E	Accident & Emergency
AOBD	Acute Occupied Bed Days
ASD	NHS Fife Acute Services Division
AWI	Adults with Incapacity
CDI	Clostridium Difficile Infection
CF	Cystic Fibrosis
CN	Charge Nurse
COPM	Canadian Occupational Performance Measure
CVC	Central Vascular Catheter
DoC	Duty of Candour
ECB	Escherichia Coli Bacteraemia
ePVC	Electronic Peripheral Vascular Catheter
FEWS	Fife Early Warning Score
FFRS	Fife Falls Response Service
HACP	Hospital Anticipatory Care Plan
HAI	Hospital Acquired Infection
HAIRT	Healthcare Associated Infection Reporting Template
HDU	High Dependency Unit
HIS	Healthcare Improvement Scotland
HSMR	Hospital Standardised Mortality Rate
HPS	Health Protection Scotland
H&SCP	NHS Fife Health & Social Care Partnership
ICASS	Integrated Community Assessment and Support Services
ICC	Infection Control Committee
ICU	Intensive Care Unit
IJB	Integration Joint Board
IPCT	Infection Prevention Control Team
ISD	Information Services Division
KPI	Key Performance Indicators
KTS	Know The Score
LAER	Local Adverse Event Reviews
LPD	Local Delivery Plan
MECS	Mobile Emergency Care Service
MRSA	Meticillin resistant Staphylococcus aureus
N/A	Not Applicable
NOK	Next of Kin
NPA	Naso-Pharyngeal Aspiration
OBD	Occupied Bed Days
PDSA	Plan Do Study Act
PFPI	Patient Focus Public Involvement
PICC	Peripherally Inserted Central Catheter
PCES	Primary Care Emergency Service
PVC	Peripheral Vascular Catheter
PWID	People Who Inject Drugs
QI	Quality Improvement
SAB	Staphylococcus Aureus Bacteraemia
SACT	Systemic Anti-Cancer Therapy
SAER	Significant Adverse Events Review
SAS	Scottish Ambulance Service
SCN	Senior Charge Nurse
SHC	Scottish Health Council

SICP	Standard Infection Control Precautions
SMR	Standardised Mortality Rate
SPSP	Scottish Patient Safety Programme
SSI	Surgical Site Infection
SSKIN	Surface, Skin, Keep Incontinence, Nutrition
SSR	Scottish Structured Response
SSUOM	Safe and Secure Use of Medicines Group
SUMPP	Safe Use of Medicines Policy and Procedures
TVWG	Tissue Viability Working Group
VAD	Vascular Access Device
VASG	Vascular Access Support Group
WHO	World Health Organisation
WMTY	What Matters to You

10 Appendixes

Appendix 1

Section 1– Board Wide Issues

Final Report for ICC on 03 April 2019
(Validated Data up to 28 February 2019)

This section of the HAIRT covers Board wide infection prevention and control activity and actions. For reports on individual hospitals, please refer to the 'Healthcare Associated Infection Report Cards' in Section 2.

1. Key Healthcare Associated Infection Headlines up to 03 April 2019

1.1 Achievements:

- E. Dunstan to present at Ayr Hospital half day event on 1/4/19, to share NHS Fife experiences of urinary catheters and *E. coli* Bacteraemias
- Safe and Clean SICPs audit has been launched at Glenrothes hospital
- IPCT supporting Re-Envisaging Infection Practice Ecologies in Nursing (RIPEN) antimicrobial resistance (AMR) study. "Nurses can find it difficult to meaningfully incorporate and prioritise a full range of practices that can help prevent AMR advancing. The RIPEN study explores how arts and humanities based approaches might help nurses re-view and think about this challenge in a way that optimises this 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."
- Two of our IPCNs have achieved their postgraduate certificate in Infection Prevention and Control.

Challenges

- Caesarean Section SSI incidence continues to remain ABOVE the national average.
- SSI rates have steadily reduced from: **4.5%** (in Q3 2017) to **1.7%** in Q4 2018.
- However, **Q1 2019** is still to be quality assured.
- SSI implementation group meetings dates to be confirmed for 2019.
- IC Surveillance liaising with clinical risk midwife (Clare Fulton)
- 14/03/2019- Meeting including Clare Fulton, Keith Morris, Aileen Lawrie, Dr Thomas, Julia Cook & Lynsey Delaney.
  -To discuss most recent SAER organ space C section SSI &
  -Discuss & clarify **Deep & Organ** space SSI case review process.
- 24/04/2019- meeting scheduled between Aileen Lawrie, Keith Morris, Julia Cook & Lynsey Delaney to discuss diagnosis issues regarding **Superficial** SSI
- Quarterly Medical Midwife meetings ensure feedback from the IC Surveillance team.
- Obstetric Theatre Audit planned for April/May 2019
- SSI Large bowel surgery - only 27% of the required SSI forms were returned to the IPCT
- These forms should be completed for elective and emergency patients, open and laparoscopic assisted cases.
- To date we have secured a date to feedback on 8/4/19 with Mr Yalamarthi.

2. *Staphylococcus aureus* (including MRSA)

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

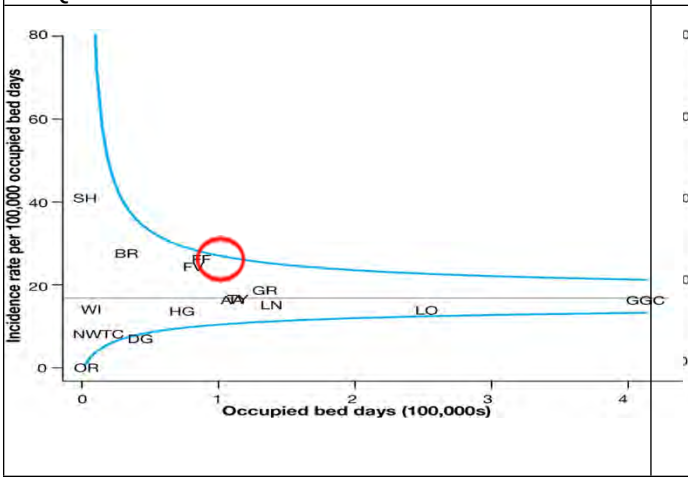
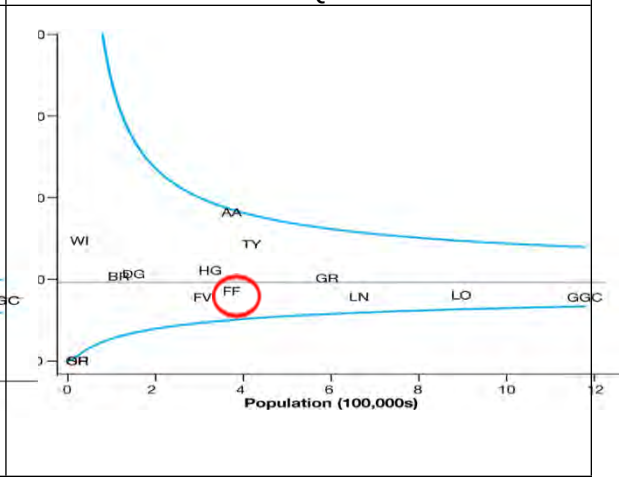
NHS Boards carry out surveillance of *Staphylococcus aureus* blood stream infections, known as bacteraemias. These are a serious form of infection and there is a national target to reduce them. The number of patients with MSSA and MRSA bacteraemias for NHS Fife overall and by hospital can be found in 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

2.1 Trends

SAB
(Validated 2018 Q4 data still to be received from HPS)
NHS Fife Q3 2018 validated data: July to Sept 2018

NHS Fife had 31 cases in Q3 (0.479 per 1000 AOBDs)
This is UP from 28 cases in Q2 2018

- This remains **RED** against the Local Delivery Plan (LDP) Standard for SABs; 0.24 cases per 1000 AOBDs
- NHS Fife is **ABOVE** the national rate for the quarter (0.331 cases per 1000 AOBDs)

Funnel plot of SAB incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS Boards in Scotland in Q3 2018.	Funnel plot of SAB incidence rates (per 100,000 population) in community associated infection cases for all NHS Boards in Scotland in Q3 2018
	

Local SAB surveillance

- Localised surveillance of SABs ensures high risk clinical areas and vascular line SABs are monitored closely. This data is updated monthly and distributed to appropriate clinical staff.
- As of **25/03/2019** the number of days since the last confirmed SAB is as follows:

Acute services PVC (Peripheral venous cannula) SABs	54 days
Renal Services Dialysis Line SABs	107 Days
CVC (Central Venous catheter) SABs	51 Days
Cardiology Unit PVC SABs	306 Days

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 **88%** compliance with the **MRSA** CRA in Q1 2019
- BELOW the compliance target of 90%.
- The National Scottish Average is still unavailable for comparison for Q4 2018 although Fife was ABOVE the National Scottish average of 84% for Q3 2018.

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%	n/k	n/k

CPE (Carbapenemase Producing Enterobacteriaceae)

- From April 2018 CRA has also included screening for CPE.
- NHS Fife achieved **73%** compliance with the **CPE** CRA for Q1 2019 (Jan-Mar)
- This is **UP** from 64% in Q4 2018
- The National Scottish Average is still unavailable for comparison for Q4 2018 although the National Scottish average of **79%** for Quarter 3 2018.

Quarter	Q2 2018 April- June	Q3 2018 July- Sept	Q4 2018 Oct-Dec	Q1 2019 Jan-Mar
Fife	85%	85%	64%	73%
Scotland	71%	79%	n/k	n/k

CPE CRA screening KPI compliance Summary- Commenced from April 2018

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.

3. Clostridium difficile

Clostridium 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 *Clostridium 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 *Clostridium difficile* infections can be found at:

http://www.hps.scot.nhs.uk/haiic/sshaip/ssdetail.aspx?id=277

3.1 Trends

CDI

NHS Fife Q4 2018 validated data: Oct to December 2018.

NHS Fife had **17 cases in Q4 2018** for Age 15+ years (15-64 years & 65+ years combined)
This was **ABOVE** Q3 2018 (11 cases)

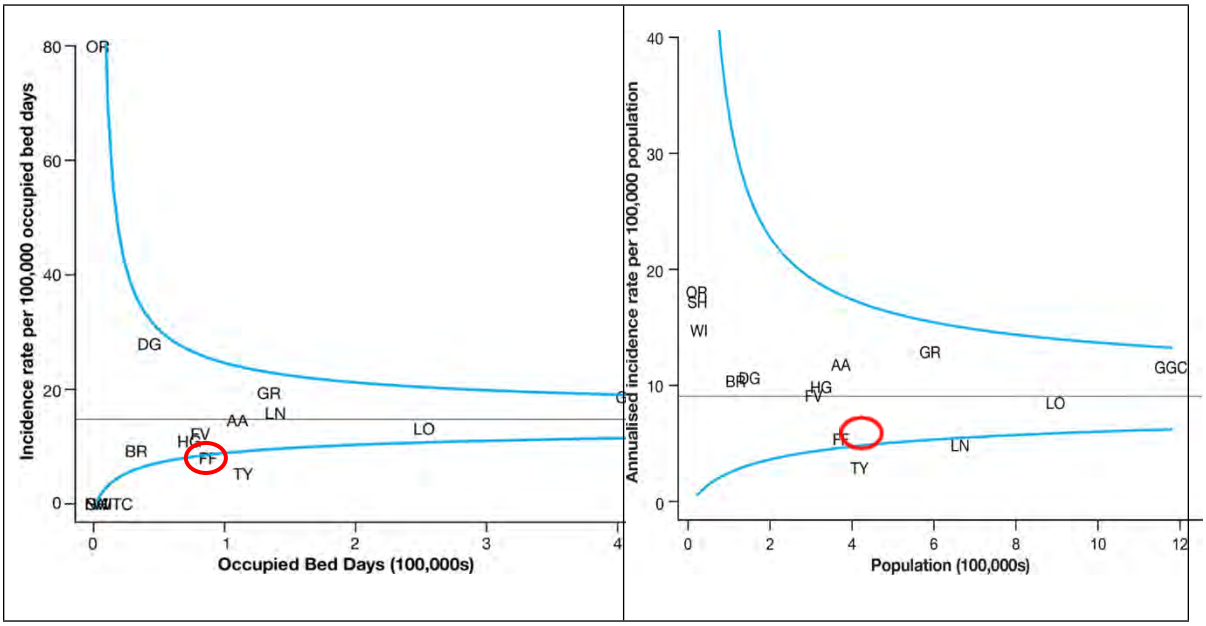
- **National Q4 2018 from HPS has still not been published for comparison.**

HOWEVER- In total for 2018 NHS Fife had its best year on record (since 2006) with **47 cases** in total.
This is **BELOW** 2017's total (62 cases)

For **Q3 2018 NHS Fife** has a rate (for Age 15+ years) of 0.176 per 1000 non AOBDs.

- This quarter is **GREEN** against the LDP Standard trajectory (0.32)
- Fife is **BELOW** the national rate of 0.299
- NHS Fife is well within the 95% confidence interval when compared to NHS Scotland

Funnel plot of CDI incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS Boards in Scotland in Q3 2018	Funnel plot of CDI incidence rates (per 100,000 population) in community associated infection cases for all NHS Boards in Scotland in Q3 2018



3.2 Current 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.

4 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 2. Information on national hand hygiene monitoring can be found at:

http://www.hps.scot.nhs.uk/haiic/ic/nationalhandhygienecampaign.aspx

4.1 Trends

- From October 2013, reporting of Hand Hygiene performance is based on local data from the Scottish Patient Safety Programme (SPSP). From November 2013, results include a breakdown by staff group.

- NHS Fife overall SPSP results remain consistent. There is some fluctuation from month to month when broken down to separate staff groups, due primarily to the small numbers involved.

5. 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 2. Information on national cleanliness compliance monitoring can be found at:

http://www.hfs.scot.nhs.uk/online-services/publications/hai/

Healthcare environment standards are also independently inspected by the Healthcare Environment Inspectorate. More details can be found at:

5.1 http://www.nhshealthquality.org/nhsqis/6710.140.1366.html

- All hospitals and health centres throughout NHS Fife have participated in the *National Monitoring Framework* for *NHS Scotland National Cleaning Services Specification*. Since April 2006 all wards and departments have been regularly monitored with quarterly reports being produced through Health Facilities Scotland (HFS).

- The *National Cleaning Services Specification* – quarterly compliance report results for October to December 2017 (Q3) and January to March 2018 (Q4) show NHS Fife achieving **GREEN** status with 95.8% for Q3 and again 95.8% for Q4; Scottish average for Q3 95.6% and Q4 95.5%.

- The *Estates Monitoring* quarterly compliance results for October to December 2017 (Q3) and January to March 2018 (Q4) shows NHS Fife achieving **GREEN** status with 96.3% for Q3 and 96.6 % for Q4; Scottish average for Q3 97.9% and Q4 97.8%.

5.2 Current Initiatives

- Areas with results below 90% for all Hospital & Healthcare facilities have been identified to relevant managers for action.

6. Outbreaks

This section should give details on any outbreaks that have taken place in the Board since the last report, or a brief note confirming that none have taken place. Where there has been an outbreak then for most organisms as a minimum this section should state when it was declared, number of patients affected, number of deaths (if any), actions being taken to bring the

Table of NHS Fife Ward/ Bay Outbreaks & closures.

Outbreaks in white- occurred since last ICC report

Year	Month	WARD	Bay/Ward	Causative organism	Days closed	No of pts	No. of staff
2018	Nov	QMH 4	Ward	Norovirus	6	9	7
2019	Jan	VHK 33	Bay	Flu A (H1N1)	2	2	0
2019	Jan	QMH 6	Bay	RSV /Coronovirus	7	4	0
2019	Feb	Balcurvie	Ward	Flu A	10	11	6
2019	Feb	QMH 5	Bay	Coronovirus	4	6	0
2019	Feb	VHK 32	Bay	Flu A	1	6	0

6.1 Trends

Norovirus

HPS announced on the 11th of November the official start of 2018-2019 Norovirus Season.

Report from HPS weekending 24th of February 2019- **National** Infection Pressure Bulletin:

- Norovirus activity remains at **LOW** activity (Green).

Influenza and other respiratory pathogens

Report from HPS weekending 24th of February 2019- **National** Infection Pressure Bulletin:

- Influenza activity remains at normal seasonal activity (Yellow).
- The Influenza like illness (ILI) national rate in week 8, 2019 was **21.0** per 100,000
- This was **DOWN** from week 7 (27.2 per 100,000)
- The dominant influenza strain so far this season is Influenza A (H1N1) which is affecting the younger age group compared to last year.

7. Other HAI Related Activity

7.1 Surveillance Activity

Caesarean section SSI

Q1 2019: Data for Jan- March 2019 is still being quality assured
Q4 2018: NHS Fife had 4 cases of SSI within the 10-day surveillance period; incidence rate **1.7%.**

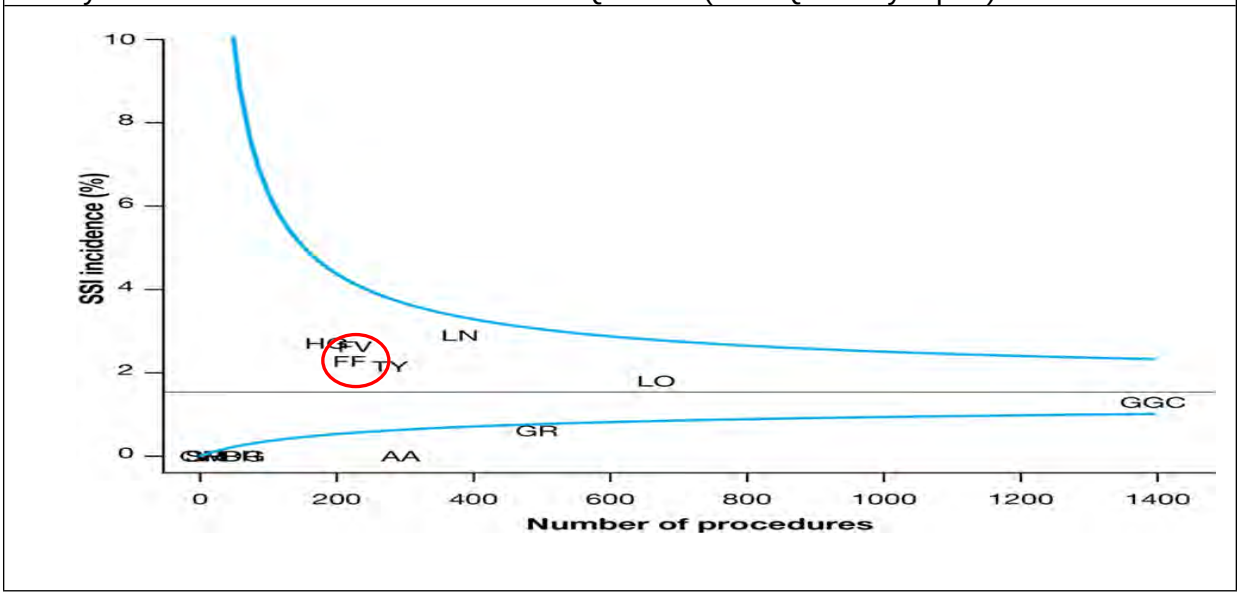
- This is DOWN from 2.3 % in Q3 2018
  3.1 % in Q2 2018.

- NHS Fife is **ABOVE** the national average incidence rate of 1.5% for **Q3 2018**
- but within the 95% confidence interval.
- **National data for Q4 2018 is still awaited**.

-Improvement work is ongoing with the support of Health Protection Scotland.

Q3 2018's Funnel plot chart- HPS

Funnel plot of caesarean section SSI incidence (per 100 procedures) in inpatients and PDS to day 10 for all NHS Boards in Scotland in Q3 2018 (HPS Quarterly report)

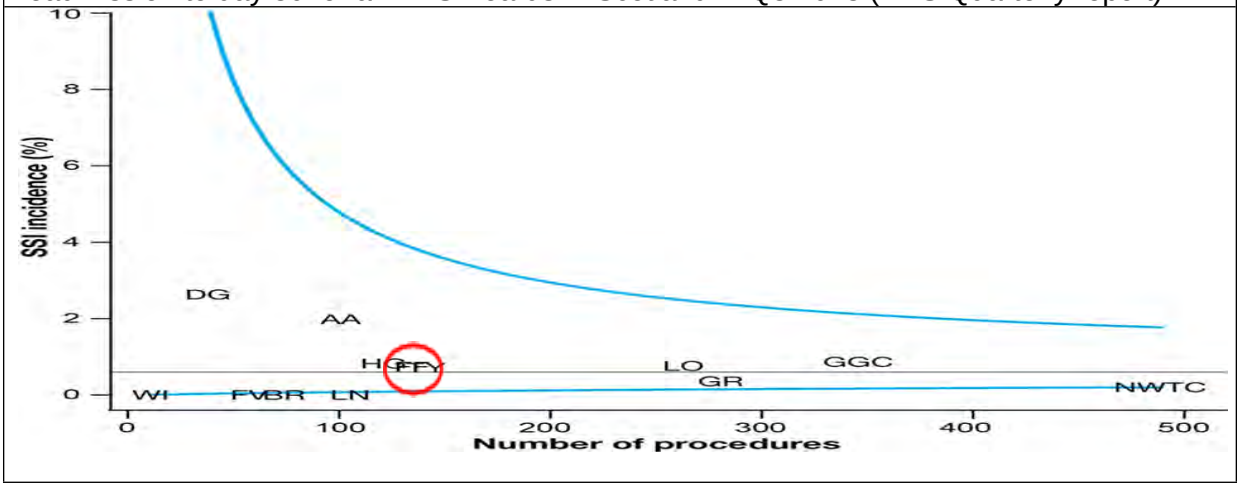


Hip Arthroplasty SS1

Q1 2019: Data for Jan- March 2019 is still being quality assured
Q4 2018: NHS Fife had 1 case of SSI in Q4 (Oct - Dec 2018); incidence rate **0.7%**

- This is an **DOWN** from 0.8% (1 SSIs) in Q3 2018
- NHS Fife is well within the 95% confidence interval compared to NHS Scotland
- NHS Fife is **IN LINE** with the National incidence of 0.6% for Q3
- **National data for Q4 2018 is still to be published**

Funnel plot of **hip arthroplasty** SSI incidence (**per 100 procedures**) in inpatients and on readmission to day 30 for all NHS Boards in Scotland in Q3 2018 (HPS Quarterly report)



Hemiarthroplasty SSI

Q4 2018: NHS Fife had 1 case of SSI in Q4 (Oct- Dec 2018); incidence rate **1.8%**
This is DOWN from Q3 2018 of incidence rate 1.89%

Knees SSI

Q4 2018: NHS Fife had 1 case of SSI in Q4 2018 (Oct-Dec); incidence rate 0.7%
This is UP from **Q3 2018** incident rate of **0%**
But **DOWN** from **Q2 2018** incident rate of **0.8%**

Large Bowel SSI

Q4 2018: NHS Fife had 4 cases of SSI in Q4 (Oct- Dec 2018); incidence rate **5.5%**
This is DOWN from **Q3 2018 of** an incident rate of **6.8%**

-HPS National Large Bowel data is unavailable for reporting purposes for national comparison.

-The IC Surveillance team are continuing to pursue a communication forum to liaise with the general surgeons.
-This has been raised to the ICM who continues to attempt to establish a meeting with the surgical clinical lead.

Escherichia coli Bacteraemia Surveillance (ECB)

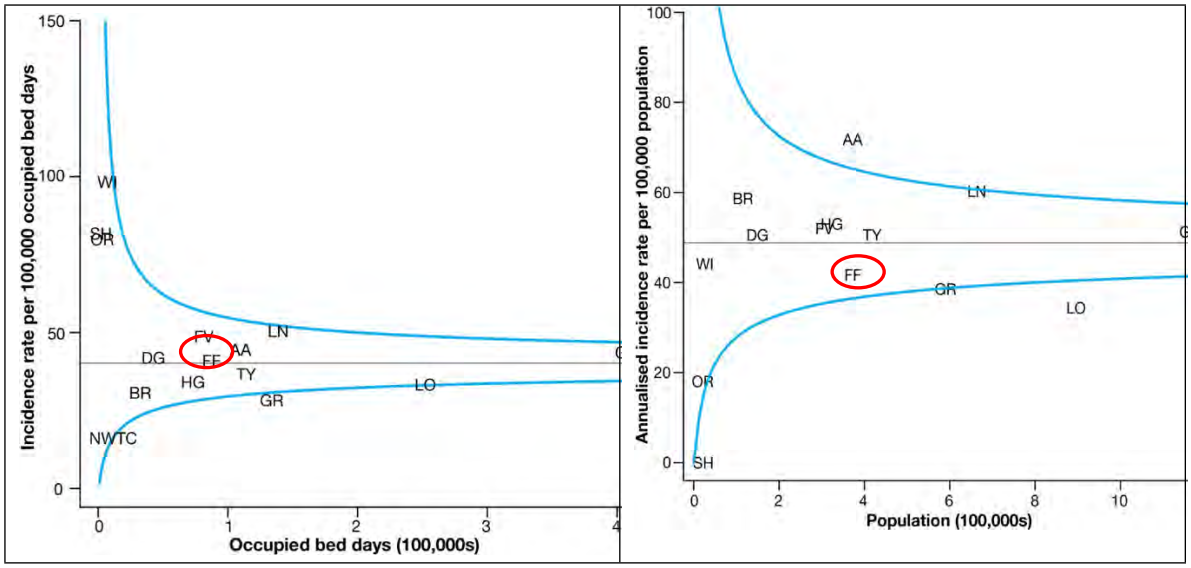
- **Q4 2018 Data is still to be published by HPS**

In **Q3 2018** NHS Fife had**:**
36 HAI & HCAI cases - Rate 40.9 (per 100,000 Total Occupied Bed Days) and
39 Community Onset/Unknown cases Rate 41.7 (per 100,000 population)

- Fife is **slightly ABOVE** the national rate (40.2) for HAI/HCAI
- Fife is **BELOW** the national rate (48.8) for Community/Unknown
- NHS Fife is **IN LINE** with the National average incidence rate of 0.6% for Q3

All *e.coli* Bacteraemia (ECBs) Q3 2018			
Onset of Infection	NHS Scotland	NHS Fife	Rate calculation
Hospital Onset & Healthcare Associated	40.2	40.9	Per 100,000 Total Occupied Bed Days
Community & Not known	48.8	41.7	Per 100,000 Population
Data from NSS Discovery ARHI Indicators			

Funnel plot of ECB incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS Boards in Scotland in Q3 2018	Funnel plot of ECB incidence rates (per 100,000 population) in community associated infection cases for all NHS Boards in Scotland in Q3 2018



NHS Fife's Urinary catheter Associated ECBs

- NHS Fife remains ABOVE NHS Scotland for Urinary Catheter (UC) Associated ECBs.
- Q3 2018: NHS Fife had 12 UC associated ECBs.
- NHS Fife had **35%** HCAI UC ECBs compared to Total Scotland at **22.3%**

Healthcare Associated Infections (HCAI) CATHETER Device related *e.coli* Bacteraemia (ECBs) 2017- Q2 2018			
	NHS Scotland	NHS Fife	Rate calculation
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			

- **Urinary catheter Group work following raised ECB incidence**

- In 2016 Local Fife Infection control surveillance noted a **raised incidence** of ECBs with Urinary catheters as a source of infection when compared to national rates.
- Enhanced surveillance of these ECBs showed an alarming number of Catheter Associated ECBs following trauma from the UC- either during insertion, maintenance or removal/ self-removal.
- The majority of these UC ECBs were Healthcare associated cared for within the HSCP

- In August 2017 Nicky Connor, Associate Nurse Director for HSCP, was informed of these Traumatic UC ECBs.
- In October 2017 the first 'Traumatic catheter' group meeting was held where all cases were investigated and key issues were addressed chaired by Nicky.
- The Infection control surveillance team continue to work with the Catheter Care group meeting- last held on **22nd January 2019**
- The aim of the group is to address the many issues around urinary catheter care and establish Catheter Improvement work in Fife.
- Infection control surveillance alert the patients care team Manager by Datix when an ECB is associated with a traumatic catheter insertion, removal or maintenance.
- Monthly ECB reports & graphs are distributed within HSCP & Acute services.

- **NHS Fife are visiting NHS Ayrshire & Arran on 01.04.2019** following an invitation there to proposed Catheter Improvement work with them, as they try and address their Catheter associated ECBs.

7.2 Hospital Inspection Team

- Glenrothes hospital received a two-day inspection on Tuesday 19/03/2019 - Wednesday 20/03/2019. Report to follow.

8. Assessment

- **CDIs**: Continuing low levels of *Clostridium 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 successful
- Numbers of SAB likely to remain high for Q3 2018

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 *Clostridium 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

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
MRSA	0	1	1	0	0	2	0	0	0	0	2	0
MSSA	6	8	8	10	12	8	9	5	13	8	5	10
Total	6	9	9	10	12	10	9	5	13	8	7	10

TOTAL FIFE *Clostridium difficile* infection (CDI) monthly case numbers

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Ages 15-64	1	0	2	3	1	2	2	5	3	0	3	1
Ages ≥ 65	3	2	4	0	3	1	2	3	3	2	3	0
Total 15+	4	2	6	3	4	3	4	8	6	2	6	1

Hand Hygiene Monitoring Compliance (%) TOTAL FIFE

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Overall	99	99	98	99	98	98	99	99	98	99	99	99
AHP	99	99	97	99	97	99	99	99	98	99	98	100
Medical	98	100	98	99	96	98	98	97	97	98	98	98
Nurse	99	99	100	99	100	99	99	99	99	99	99	99
Other	99	97	92	96	98	93	96	99	94	100	95	97

Cleaning Compliance (%) TOTAL FIFE

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Overall	95.8	95.7	96	95.9	95.6	95.2	95.9	95.9	95.8	95.5	95.6	95.7

Estates Monitoring Compliance (%) TOTAL FIFE

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Overall	96.7	96.4	96.9	96.7	95.9	94.9	95.8	94.7	95.3	95.3	94.2	95.2

VICTORIA HOSPITAL, KIRKCALDY REPORT CARD

Staphylococcus aureus bacteraemia (SAB) monthly case numbers

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
MRSA	0	1	0	0	0	2	0	0	0	0	2	0
MSSA	0	2	6	2	2	4	4	0	4	4	2	6
Total	0	3	6	2	2	6	4	0	4	4	4	6

Clostridium difficile infection (CDI) monthly case numbers

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Ages 15-64	0	0	0	0	0	0	0	1	0	0	0	0
Ages ≥ 65	1	0	2	0	0	0	0	1	0	1	2	0
Total 15+	1	0	2	0	0	0	0	2	0	1	2	0

Cleaning Compliance (%)

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Overall	95.7	95.7	96.4	95.9	95.6	95	96	96	95.6	95.4	95.7	95.7

Estates Monitoring Compliance (%)

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Overall	96	96.5	96.8	96.5	96.2	95.6	95.6	94.7	95.9	95.1	94.6	94.5

QUEEN MARGARET HOSPITAL, DUNFERMLINE REPORT CARD

Staphylococcus aureus bacteraemia (SAB) monthly case numbers

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
MRSA	0	0	0	0	0	0	0	0	0	0	0	
MSSA	0	0	0	0	0	0	0	1	0	0	0	0
Total SABS	0	0	0	0	0	0	0	1	0	0	0	0

Clostridium difficile infection (CDI) monthly case numbers

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Ages ≥ 65	0	0	0	0	0	0	0	0	0	0	0	0
Total 15+	0	0	0	0	0	0	0	0	0	0	0	0

Cleaning Compliance (%)

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Overall	96.6	96.3	96.1	97	96.5	95.5	97.2	96.9	96.5	97.1	96.7	97.4

Estates Monitoring Compliance (%)

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Overall	97.2	97	97.1	96.7	96	93.4	95.8	94.1	95.2	95.6	94.7	95.1

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**

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	1	0	0	1	0	0	0	0	0	0	0
Total SABS	0	1	0	0	1	0	0	0	0	0	0	0

***Clostridium difficile* infection (CDI) monthly case numbers**

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Ages 15-64	0	0	0	0	0	0	0	0	0	0	1	0
Ages ≥ 65	0	0	0	0	0	0	1	0	0	1	0	0
Total 15+	0	0	0	0	0	0	1	0	0	1	1	0

OUT OF HOSPITAL INFECTIONS REPORT CARD

***Staphylococcus aureus* bacteremia (SAB) monthly case numbers**

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
MRSA	0	0	1	0	0	0	0	0	0	0	0	0
MSSA	6	5	2	8	9	4	5	4	9	4	3	4
Total SABS	6	5	3	8	9	4	5	4	9	4	3	4

***Clostridium difficile* infection (CDI) monthly case numbers**

	Mar-18	Apr-18	May-17	Jun-17	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Ages 15-64	1	0	2	3	1	2	2	4	3	0	2	1
Ages ≥ 65	2	2	2	0	3	1	1	2	3	0	1	0
Total 15+	3	2	4	3	4	3	3	7	6	0	3	1

Understanding the Report Cards – Infection Case Numbers

Clostridium 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:

Clostridium 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 each hospital the total number of cases for each month are those which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered to be 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 reporte.d to NHS Fife which are not attributable to a hospital

Integrated Performance Report

Produced in April 2019

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Section A: Introduction

Overview

The purpose of the Integrated Performance Report (IPR) is to provide assurance on NHS Fife's performance relating to National Standards, local priorities and significant risks.

The IPR comprises 4 sections:

- Section A Introduction
- Section B:1 Clinical Governance
- Section B:2 Finance, Performance & Resources
- Section B:3 Staff Governance

The section margins are colour-coded to match those identified in the Corporate Performance Reporting, Governance Committees Responsibilities Matrix.

A summary report of the IPR is produced for the NHS Fife Board.

Performance Summary

Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Clinical Goverance	GREEN	HAI - C Diff	Safe	0.32	12 months to Feb 2019	0.20	12 months to Jan 2019	0.20	↔	0.20	y/e Dec 2018	0.19	4th	0.27
	RED	Complaints (Stage 1 Closure Rate in Month)	Person-centred	80.0%	Feb 2019	72.1%	Jan 2019	80.3%	↓	77.9%	National Data for 2017/18 not yet published			
		Complaints (Stage 2 Closure Rate in Month)	Person-centred	75.0%	Feb 2019	54.8%	Jan 2019	75.0%	↓	49.9%	National Data for 2017/18 not yet published			
		HAI - SABs	Safe	0.24	12 months to Feb 2019	0.42	12 months to Jan 2019	0.42	↔	0.44	y/e Dec 2018	0.43	10th	0.33
Finance, Performance and Resources	GREEN	IVF Treatment Waiting Times	Person-centred	90.0%	3 months to Feb 2019	100.0%	3 months to Jan 2019	100.0%	↔	100.0%	Treatment provided by Regional Centres so no comparison applicable			
		4-Hour Emergency Access *	Clinically Effective	95.0%	12 months to Feb 2019	95.2%	12 months to Jan 2019	95.7%	↓	95.3%	y/e Dec 2018	95.7%	3rd	90.9%
		Antenatal Access	Clinically Effective	80.0%	3 months to Dec 2018	90.5%	3 months to Nov 2018	90.5%	↔	90.8%	Only published annually: NHS Fife was 7th for FY 2017-18			
		Drugs & Alcohol Treatment Waiting Times	Clinically Effective	90.0%	q/e Dec 2018	96.8%	q/e Sep 2018	98.5%	↓	97.7%	q/e Dec 2018	96.8%	4th	93.9%
	AMBER	Cancer 31-Day DTT	Clinically Effective	95.0%	Feb 2019	94.2%	Jan 2019	95.3%	↓	95.4%	q/e Dec 2018	95.6%	6th	94.9%
		Outpatients Waiting Times	Clinically Effective	95.0%	Feb 2019	93.9%	Jan 2019	91.9%	↑	N/A	End of December	92.8%	1st	70.1%
		Diagnostics Waiting Times	Clinically Effective	100.0%	Feb 2019	99.5%	Jan 2019	98.2%	↑	N/A	End of December	98.4%	1st	78.1%
		Dementia Post-Diagnostic Support	Person-centred	100.0%	2017/18	85.3%	2016/17	88.2%	↓	N/A	Only published annually: NHS Fife was 6th for FY 2016/17			
	RED	Dementia Referrals	Person-centred	1,327	Apr to Dec 2018	586	Apr to Sep 2018	406	↓	586	Only published annually: NHS Fife was 3rd for FY 2016/17			
		Cancer 62-Day RTT	Clinically Effective	95.0%	Feb 2019	85.6%	Jan 2019	93.1%	↓	86.1%	q/e Dec 2018	87.1%	4th	82.7%
		18 Weeks RTT	Clinically Effective	90.0%	Feb 2019	77.7%	Jan 2019	76.9%	↑	79.2%	Dec-18	80.4%	6th	79.5%
		Patient TTG	Person-centred	100.0%	Feb 2019	70.5%	Jan 2019	68.7%	↑	71.6%	q/e Dec 2018	65.9%	6th	72.7%
		Detect Cancer Early	Clinically Effective	29.0%	2 years to Sep 18	24.9%	2 years to Jun 18	23.8%	↑	27.9%	Only published annually: NHS Fife was 6th for 2-year period 2016 and 2017			
		Delayed Discharge (Delays > 2 Weeks)	Person-centred	0	28th Feb Census	41	31st Jan Census	40	↓	N/A	27th Dec Census	9.96	4th	10.42
		Alcohol Brief Interventions	Clinically Effective	4,187	Apr to Dec 2018	2,873	Apr to Sep 2018	1,991	↓	2,873	Only published annually: NHS Fife was 8th for FY 2017-18			
		Smoking Cessation	Clinically Effective	490	Apr to Nov 2018	268	Apr to Oct 2018	238	↓	268	q/e Sep 2018	40.4%	6th	42.6%
		CAMHS Waiting Times	Clinically Effective	90.0%	3 months to Feb 2019	74.1%	3 months to Jan 2019	77.7%	↓	75.8%	q/e Dec 2018	83.9%	4th	72.8%
		Psychological Therapies Waiting Times	Clinically Effective	90.0%	3 months to Feb 2019	68.4%	3 months to Jan 2019	69.1%	↓	68.0%	q/e Dec 2018	72.0%	7th	75.7%
Staff Governance	RED	Sickness Absence	Clinically Effective	5.00%	12 months to Feb 19	5.39%	12 months to Jan 19	5.40%	↑	5.39%	Only published annually: NHS Fife had the highest sickness absence rate in FY 2017-18 (Fife performance 5.76%, Scotland performance 5.39%)			

* **The 4-Hour Emergency Access performance in February alone was 92.1% (all A&E and MIU sites) and 89.1% (VHK A&E, only)**

Performance Data Sources

LDP Target / Standard / Local Target	LMI / Published	LMI Source	Period Covered by Published Data	Time Lag in Published Data
Hospital-Acquired Infection: Sabs	LMI	Infection Control	Quarter	3 months
Hospital-Acquired Infection: C Diff	LMI	Infection Control	Quarter	3 months
Complaints	LMI	DATIX (Business Objects Report)	Year	6 months
IVF Treatment Waiting Times	LMI	ISD Management Report	Quarter	2 months
18 Weeks RTT	LMI	Information Services	Quarter	2 months
4-Hour Emergency Access	LMI	Information Services	Month	1 month
Delayed Discharge	Published (ISD)	N/A	Month	1 month
Alcohol Brief Interventions	LMI	Addiction Services	Year	3 months
Drugs & Alcohol Waiting Times	Published (ISD)	N/A	Quarter	3 months
CAMHS Waiting Times	LMI	Mental Health	Quarter	2 months
Psychological Therapies Waiting Times	LMI	Information Services	Quarter	2 months
Dementia: Referrals	LMI	ISD Management Report	Quarter	9 months
Dementia: Post-Diagnosis Support	LMI	ISD Management Report	Quarter	9 months
Smoking Cessation	LMI	Smoking Cessation Database	Year	6 months
Sickness Absence	LMI	HR (SWISS)	Year	3 months
Detect Cancer Early	LMI	Cancer Services	2 Years	7 months
Antenatal Access	LMI	ISD Discovery	N/A	N/A
Cancer Waiting Times: 62-Day RTT	LMI	Cancer Services	Quarter	3 months
Cancer Waiting Times: 31-Day DTT	LMI	Cancer Services	Quarter	3 months
Patient TTG	LMI	Information Services	Quarter	2 months
Outpatient Waiting Times	LMI	Information Services	Final Month of Quarter	2 months
Diagnostics Waiting > 6 Weeks	LMI	Information Services	Final Month of Quarter	2 months

GREEN	Local Management Information (LMI) and Published data almost always agree
AMBER	LMI and Published data may have minor (insignificant) differences
RED	LMI and Published data will be different due to fluidity of Patient Tracking System

Executive Summary

At each meeting, the Standing Committees of the NHS Fife Board consider targets and Standards specific to their area of remit.

This section of the IPR provides a summary of performance Standards and targets that have not been met, the challenges faced in achieving them and potential solutions. Topics are grouped under the heading of the Committee responsible for scrutiny of performance.

CLINICAL GOVERNANCE

Hospital Acquired Infection (HAI) - *Staphylococcus aureus* Bacteraemia (SAB) target: We will achieve a maximum rate of SAB (including MRSA) of 0.24.

During February, there were 10 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 4 of which were non-hospital acquired, with 6 occurring in VHK. The number of cases in February was 3 more than in January but 1 less than in February 2018, and the annual infection rate has remained unchanged (after rounding), at 0.42.

Assessment: Vascular Access Devices (VAD) remain the greatest risk for SAB acquisition and the collaborative work progressed across services has provided Fife with strengthened governance arrangements for VAD use. A scoping exercise will be scheduled in the coming months to determine membership and overarching aims for the SAB improvement work which will focus on our diabetic population.

The new Local Delivery Plan Standard for SAB, which was expected by the end of March 2019, has not been published as yet by the Scottish Government.

Complaints local target: At least 80% of Stage 1 complaints are completed within 5 working days of receipt; at least 75% of Stage 2 complaints are completed within 20 working days; 100% of Stage 2 complaints are acknowledged in writing within 3 working days.

After achieving both local targets in January for the first time, the closure rate for both Stage 1 and Stage 2 complaints in February fell sharply. The Stage 1 rate was 72.1%, while the Stage 2 rate was 54.8%. There was no single problem area, delays were generally experienced across all ASD Directorates and HSCP Divisions.

Assessment: The internal complaints-handling process continues to be monitored across Acute and Health and Social Care Partnership. The Patient Relations Team continues to review the quality of information within the investigation statements and the initial draft responses produced by the Patient Relation Officers. A daily review of open cases is also carried out to ensure timescales and deadline issues are escalated.

FINANCE, PERFORMANCE & RESOURCES

Acute Services Division

4-Hour Emergency Access target: At least 95% of patients (stretch target of 98%) will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment.

During the 12-month period running from March 2018 to February 2019, 95.2% of patients attending A&E or MIU sites in NHS Fife waited less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment. While we have remained above the Standard since October 2017, this was the lowest annual average since the start of FY 2018/19.

In February itself, 89.1% of the patients attending the VHK Emergency Department met this target, slightly better than in January. There were 563 breaches out of 5,153 attendances, one of which was over 12 hours.

Assessment: Whilst the VHK has had increased patient levels in comparison to previous years, the % of patients treated within the target time continues to be in line with the Standard, and above the national average performance. There has been an increasing number of patients waiting longer than 4 hours for admission to the hospital, directly linked to hospital pressure in terms of bed capacity, an increase in respiratory infections, as well as the number of frail people being admitted to hospital.

A review is planned to take place in order to assess the winter bed management and the impact on teams across the directorate in line with the bed optimisation project. Planning for winter 2019/20 will be an ongoing process from this point.

Cancer 62 day Referral to Treatment target: At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days.

In February, 85.6% of patients (77 out of 90) started treatment within 62 days of an urgent suspected cancer referral, a 7.5% drop in comparison to January. Ten of the 13 breaches were across occurred in the Urology (5), Upper GI (3) and Breast (2) specialties.

Assessment: Performance continued to improve in February, but challenges still remain, particularly in relation to Breast cancer (due to Consultant retiral) and Prostate cancer (due to delays to MRI, TRUS biopsy and post MDT appointments). Long waits to bladder and renal surgery are also impacting on performance, while waits to oncology appointments due to reduced staff and increased referrals has also been a challenge.

The backlog of patients who have breached and are still awaiting treatment will result in further deterioration of performance in March and April.

Patient Treatment Time Guarantee target: We will ensure that all eligible patients receive Inpatient or Day-case treatment within 12 weeks of such treatment being agreed.

In February, 70.5% of patients were treated within 12 weeks, the first figure above 70% since July last year. The highest number of breaches (160) continued to be in the Ophthalmology specialty, but it is positive to note that the numbers of ‘ongoing waits’ in this specialty and overall are at their lowest levels since June last year.

Assessment: Delivering the elective programme and recovery plan over the winter period has been difficult but the additional ambulatory and day case areas at VHK has been successful in avoiding cancellations due to bed capacity and enabling additional weekend activity.

The focus continues to be on reducing the number of patients waiting over 12 and 26 weeks for treatment. Achieving the target has continued to be a significant challenge for Urology due to demand exceeding available capacity and difficulties in securing sufficient levels of activity in the independent sector.

It is anticipated that the activity outsourced for Cardiology, General Surgery, Oral Maxillofacial, Ophthalmology, Orthopaedics, Gynaecology and ENT alongside additional in-house activity will lead to improved performance in patients waiting over 12 weeks at the end of March.

Discussions are ongoing with the Scottish Government about the level of additional funding available to meet the gaps in capacity for 2019-2020 and there continue to be issues relating to the availability of capacity in the independent sector and staffing both locum, and within our own staff groups to undertake additional in house waiting list initiatives.

Diagnostics Waiting Times target: No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests.

At the end of February, 99.5% of patients on the waiting list had waited less than 6 weeks for their test. In numerical terms, this equates to only 11 Endoscopy and 6 Radiology breaches, the lowest for nearly 3 years.

Assessment: The implementation of the recovery plan for 2018/19 for Radiology and Endoscopy, with funding secured from the Scottish Government, has delivered an improved position. It is anticipated that this will be sustained at the end of March. Discussions are ongoing with the Scottish Government about the level of additional funding available to meet the gaps in capacity for 2019-2020.

18 Weeks Referral-to-Treatment target: 90% of planned/elective patients to commence treatment within 18 weeks of referral.

During February, 77.7% of patients started treatment within 18 weeks of referral, a slight improvement in comparison to January but remaining significantly below the Standard.

Assessment: The 18 weeks performance has continued to be a challenge in Q4 of 2018/19 due to the slower than anticipated improvement in performance for outpatients and TTG.

Health & Social Care Partnership

Delayed Discharge target: No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge.

The overall number of patients in delay at the 28th February Census (excluding Code 9 patients – Adults with Incapacity) was 89, 7 less than at the January. The number of patients in delay for over 14 days (again excluding Code 9 patients) was 41, the highest figure recorded since November 2016.

Assessment: The Partnership continues to rigorously monitor patient delays through a daily and weekly focus on transfers of care, flow and resources. Improvement actions have focused on earlier supported discharge and earlier transfers from our acute setting to community models of care. Close working with acute care continues in order to ensure available community resources are focused on the part of the system where most benefit can be achieved in terms of delays and flow.

Smoking Cessation target: In 2018/19, we will deliver a minimum of 490 post 12 weeks smoking quits in the 40% most deprived areas of Fife.

Data from the National Smoking Cessation Database shows that 268 people in the 40% most deprived areas of Fife who attempted to stop smoking during the first 8 months of the FY had successfully quit at 12 weeks. This is 55% of the annual target and 35 less than at the same stage of FY 2017/18.

Assessment: A new service arrangement has been provided within a residential home and Glenrothes YMCA, reaching more vulnerable groups of smokers. In addition, the service team attended two community events to raise the profile of the service and to engage with individuals wishing to stop smoking.

Child and Adolescent Mental Health Services (CAMHS) target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services (note: performance is measured on a 3 month average basis).

During the 3-month period covering December 2018 to February 2019, 74.1% of patients who started treatment did so within 18 weeks of referral. This is the second successive sharp monthly fall and continues to reflect the fact that long waits are being targeted and performance is based upon staffing at optimal level.

Assessment: Referrals to CAMHS continue to be significant. Ongoing initiatives around robust screening, positive signposting and engagement with partner agencies to increase the capacity of universal service providers has allowed specialist CAMHS to focus their provision on children and young people with complex, serious and persistent mental health needs.

Additional Primary Mental Health Workers, which will place mental health professionals alongside GPs, are being recruited as part of the SG Action 15 funding. This will provide

early intervention, improve initial assessments and increase effectiveness of signposting thus reducing the overall burden on both GPs and the Tier 3 CAMH service.

Psychological Therapies Waiting Times target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies **(**note: performance is measured on a 3 month average basis).

During the 3-month period covering December 2018 to February 2019, 68.4% of patients who started treatment did so within 18 weeks of referral. This is slightly less than in the previous 3-month period. Performance has barely changed in the last year, reflecting the fact that increasing demand is continuing to impact on any initiatives to reduce the waiting list.

Assessment: Services providing brief therapies for people with less complex needs are meeting the RTT 100%; overall performance reflects the longer waits experienced by people with complex needs who require longer term treatment. We continue to address the needs of this population through service redesign with support from the ISD/HIS Mental Health Access Improvement Support Team.

The establishment of Community Mental Health Teams across Fife is progressing well and can be expected to contribute to the reduction of waiting times for the most complex patients once a multi-disciplinary team case management approach is fully operational.

In November 2018, the 'AT Fife' website was launched by the Psychology Service to facilitate self-referrals to low intensity therapy groups. This initiative will increase access to Psychological Therapies (PT) and reduce waiting times for people with mild-moderate difficulties. We anticipate that this new pathway will also free up capacity in specialist services to offer PT to people with more complex needs.

Financial Performance

Financial Position

The revenue position for the 12 months to 31 March reflects an underspend of £0.219m. This comprises an underspend of £6.869m on Health Board retained budgets; and a net overspend of £6.650m aligned to the Integration Joint Board, including delegated health budgets (£0.325m underspend) and the impact of the risk share arrangement (£6.975m). The overall reported position remains draft pending formal external audit review.

The Acute Services Division reported an overspend of £8.315m for the year, of which £3.816m 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. It is important to note that the underlying run rate position for the year was £1.946m, with the remaining £6.369m being the shortfall on delivery of in year savings.

The health component of the IJB reported a £0.325m underspend for the year, with a transfer of costs from Fife Council totalling £6.975m, being the net impact of the risk share arrangement for the social care overspend. As previously reported, unspent allocations of £1.779m are recognised in the IJB position, being the net impact of ADP; Primary Care Improvement Fund; and elements of s15 Mental Health monies. The Health & Social Care Partnership management team recognise there will be a requirement to find an alternative means to support these projects in the next financial year.

Capital Programme

The total Capital Resource Limit for 2018/19 is £8.459m supplemented by a NBV allowance of £22k giving a total available of £8.481m. The capital position for the 12 months to March shows investment of £8.479m an under spend of £2k, equivalent to 99.98% of the total allocation.

STAFF GOVERNANCE

Sickness Absence HEAT Standard: We will achieve and sustain a sickness absence rate of no more than 4%, measured on a rolling 12-month basis

The sickness absence rate for the 12 months ending February was 5.39%, a decrease of 0.01% when compared to the position at the end of January. During the first eleven months of FY 2018/19, sickness absence was 5.39%, a decrease of 0.27% when compared with the equivalent period of FY 2017/18.

Assessment: The NHS Fife sickness absence rate was higher in FY 2017/18 compared to FY 2016/17. However, improvements have been seen in recent months despite an increase in the monthly absence rates from August to January.

iMatter local target: We will achieve a year on year improvement in our Employee Engagement Index (EEI) score by completing at least 80% of team action plans resulting from the iMatter staff survey.

The 2018 iMatter survey involved 800 separate teams of staff across NHS Fife and the H&SCP. Each team was expected to produce an Action Plan, with a completion date of 12th November. By the completion date, 344 Action Plans (43%) had been completed. This has increased slightly to 377 (47%) at the end of March.

The next cycle of iMatter, which will enable a further assessment of performance in this area, will commence in April.

Assessment: The 2018 survey achieved a response rate of 53%, 9% less than the 2017 response rate, and because it is below the 60% threshold for production of a Board report, there is no published EEI score. However, the Board Yearly Components Report which details the answers provided to every question in the questionnaire by the 53% of staff who responded are in every case either improved or the same as 2017.

TURAS local target: At least 80% of staff will complete an annual review with their Line Managers via the TURAS system

Monthly reporting is now available for Turas, and the completion rate is currently 32%.

Assessment: It is recognised that a significant number of reviews occur in the January-March period, so the current performance figure will increase as reviews undertaken in February and March are recorded. This will be addressed with the implementation of a recovery plan for the rolling year going forward. The recovery plan will be agreed at EDG, with milestones for improvement to return to the 80% compliance agreed by directors.

Performance Assessment Methodology

The Scottish Government requires Health Boards to attain a defined level of performance against a number of measures (known as Standards). NHS Fife also scrutinises its performance against a number of local targets.

Targets and Standards are grouped into three categories; those where performance consistently achieves the required target (i.e. 'on track'), those where performance is consistently close to the Standard, and on occasion achieves it (i.e. 'variable') and those generally 'not met'.

1 Targets and Standards; On Track

NHS Fife continues to meet or perform ahead of the following Standards:

In-Vitro Fertilisation (IVF) target: At least 90% of eligible patients to commence IVF treatment within 12 months of referral from Secondary Care
Hospital Acquired Infection (HAI), *Clostridioides Difficile* (C-Diff) target: We will achieve a maximum rate of C- Diff infection in the over 15 year olds of 0.32
Antenatal Access target: At least 80% of pregnant women in each SIMD quintile will book for antenatal care by the 12th week of gestation
Alcohol Brief Interventions target: In 2018/19, we will deliver a minimum of 4,187 interventions, at least 80% of which will be in priority settings At the end of Q3, 2,873 interventions had been delivered, further behind the trajectory than at the end of Q2. This is again due to late returns from some of the services delivering the interventions, and we still expect to meet the annual target.
Drug and Alcohol Waiting Times target: At least 90% of clients will wait no longer than 3 weeks from referral to treatment

2 Targets and Standards; Variable Performance

NHS Fife has generally met or been close to the following Standards for a sustained period however performance varies from month-to-month. If performance drops significantly below the Standard for 3 consecutive months, a drill-down process is instigated.

Cancer Waiting Times: 31 Day Decision to Treat target: We will treat at least 95% of cancer patients within 31 days of decision to treat In February, 94.2% of patients (114 out of 121) started treatment within 31 days. The breaches were recorded in the Breast (1), Colorectal (1) and Urological (5) specialties.
Outpatients Waiting Times target: 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment At the end of February, 93.9% of patients waiting for their first outpatient appointment had waited no more than 12 weeks. This equates to 769 patients who had waited more than 12 weeks, the lowest monthly figure since March 2017. The total number of patients on the waiting list (12,662) was also at its lowest for 2 years. The outpatient performance improved in February as the work on managing demand and delivering additional activity continued to have a positive impact. Achieving and sustaining the target will continue to be a challenge due to demand exceeding available capacity in some areas but it is anticipated that the target will be met in March. Discussions are ongoing with the Scottish Government about the level of additional funding available to meet the gaps in capacity for 2019-2020.
Detect Cancer Early target: At least 29% of cancer patients will be diagnosed and treated in the first stage of breast, colorectal and lung cancer NHS Fife's performance fell during 2017, with published information showing that 25% of patients were diagnosed at Stage 1 during the 2-year period from 1st January 2016 to 31st December 2017, the 6th highest of the 11 Mainland Health Boards. In the previous 2-year

period, NHS Fife recorded a performance of 29.5%, the best in Scotland. Local figures covering up to the end of September 2018 show that the running 2-year performance is virtually unchanged, though the figures for the first half of FY 2018/19 only show an improvement (to just under 28%). This is mainly due to improvements in the Colorectal specialty, which may be related to the increase in bowel screening.
Dementia Care target: Deliver expected rates of diagnosis and ensure that all people newly diagnosed will have a minimum of a year's worth of post-diagnostic support (PDS) coordinated by a link worker. Management information covering the period up to the end of 2018/19 Q3 has been made available to Health Boards, and covers Referral Rates and Completion of Post-Diagnostic Support, as well as illustrating relative waiting times. The first two measures are formal AOP Standards. During 2017/18, 711 people were referred to the Dementia PDS in NHS Fife. This is 55% of the notional target (1,289), and NHS Fife achieved the 2nd highest % of all Mainland Health Boards. In the absence of a formal target, Health Boards are looking for this % to increase year-on-year, taking into account that the notional target will increase each year to reflect the growth in the elderly population. In reality, Fife (along with most Health Boards) has seen this % reduce in 2017/18. Data for 2018/19 shows that 586 referrals had been made in the first 9 months of the year. This equates to 44% of the notional target (1,327), but if the rate of referral continues during Q4, the whole year achievement will be an improvement on 2017/18. For Post-Diagnostic Support, the situation is less clear due to the nature of the measure, which requires that no assessment is possible until after the 1-year support period is complete. For 2017/18, NHS Fife has so far recorded a performance of 85.3%, above the Scottish average of 83.0%; both figures, can be expected to increase by the time we have the full-year figures (in June). For 2016/17, Fife achieved 88.2% against a Scottish average of 83.5%. We have subjectively assigned an AMBER RAG status to both measures. It is worth recording that during 2017/18, NHS Fife had the highest % of all Mainland Health Boards of patients who waited less than 3 months for contact with a link worker following referral. The Scottish average was 61.9%, Fife achieved 96.2%.

3 Targets and Standards; Not Being Met - Drill-Down

For each of the Standards and targets not being met (or where performance is high-profile and key to the delivery of safe patient care), a more in-depth report is provided and is structured as follows:

- A summary box, describing the measure, current performance and the latest published performance and status (Scotland)
- A trend chart covering the last 12 months of local performance data
- A chart showing the Recovery Trajectory (as per the Annual Operational Plan), where appropriate
- A past performance box showing the last 3 data points (previous to the 'current' position)
- An improvements/benefits box, outlining key actions being taken, expected benefits and current status.

Drill downs are located in the Clinical Governance, Finance, Performance & Resources and Staff Governance sections.

Section B: 1 Clinical Governance

Executive Summary

Hospital Acquired Infection (HAI) - *Staphylococcus aureus* Bacteraemia (SAB) target: We will achieve a maximum rate of SAB (including MRSA) of 0.24.

During February, there were 10 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 4 of which were non-hospital acquired, with 6 occurring in VHK. The number of cases in February was 3 more than in January but 1 less than in February 2018, and the annual infection rate has remained unchanged (after rounding), at 0.42.

Assessment: Vascular Access Devices (VAD) remain the greatest risk for SAB acquisition and the collaborative work progressed across services has provided Fife with strengthened governance arrangements for VAD use. A scoping exercise will be scheduled in the coming months to determine membership and overarching aims for the SAB improvement work which will focus on our diabetic population.

The new Local Delivery Plan Standard for SAB, which was expected by the end of March 2019, has not been published as yet by the Scottish Government.

Complaints local target: At least 80% of Stage 1 complaints are completed within 5 working days of receipt; at least 75% of Stage 2 complaints are completed within 20 working days; 100% of Stage 2 complaints are acknowledged in writing within 3 working days.

After achieving both local targets in January for the first time, the closure rate for both Stage 1 and Stage 2 complaints in February fell sharply. The Stage 1 rate was 72.1%, while the Stage 2 rate was 54.8%. There was no single problem area, delays were generally experienced across all ASD Directorates and HSCP Divisions.

Assessment: The internal complaints-handling process continues to be monitored across Acute and Health and Social Care Partnership. The Patient Relations Team continues to review the quality of information within the investigation statements and the initial draft responses produced by the Patient Relation Officers. A daily review of open cases is also carried out to ensure timescales and deadline issues are escalated.

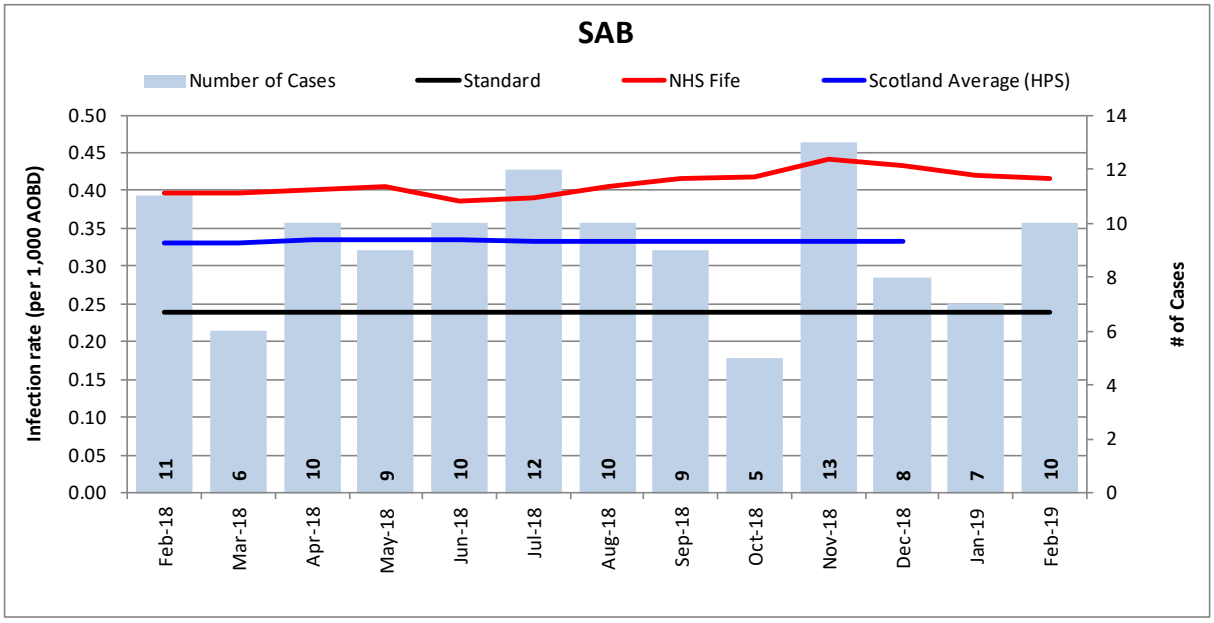
Performance Summary

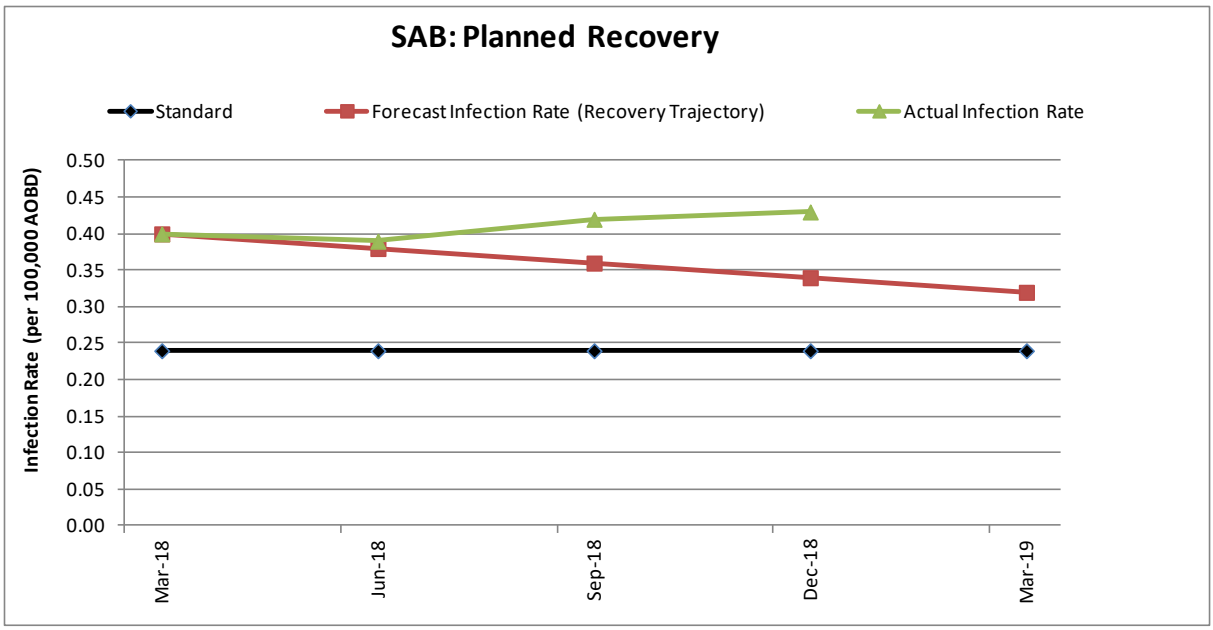
Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Clinical Goverance	GREEN	HAI - C Diff	Safe	0.32	12 months to Feb 2019	0.20	12 months to Jan 2019	0.20	↔	0.20	y/e Dec 2018	0.19	4th	0.27
	RED	Complaints (Stage 1 Closure Rate in Month)	Person-centred	80.0%	Feb 2019	72.1%	Jan 2019	80.3%	↓	77.9%	National Data for 2017/18 not yet published			
		Complaints (Stage 2 Closure Rate in Month)	Person-centred	75.0%	Feb 2019	54.8%	Jan 2019	75.0%	↓	49.9%	National Data for 2017/18 not yet published			
		HAI - SABs	Safe	0.24	12 months to Feb 2019	0.42	12 months to Jan 2019	0.42	↔	0.44	y/e Dec 2018	0.43	10th	0.33

SAB

Measure	**We will achieve a maximum rate of SAB (including MRSA) of 0.24**
Current Performance	0.42 cases per 1,000 acute occupied bed during 12-month period from March 2018 to February 2019
Scotland Performance	0.33 cases per 1,000 acute occupied bed days, for 12 months to end of December



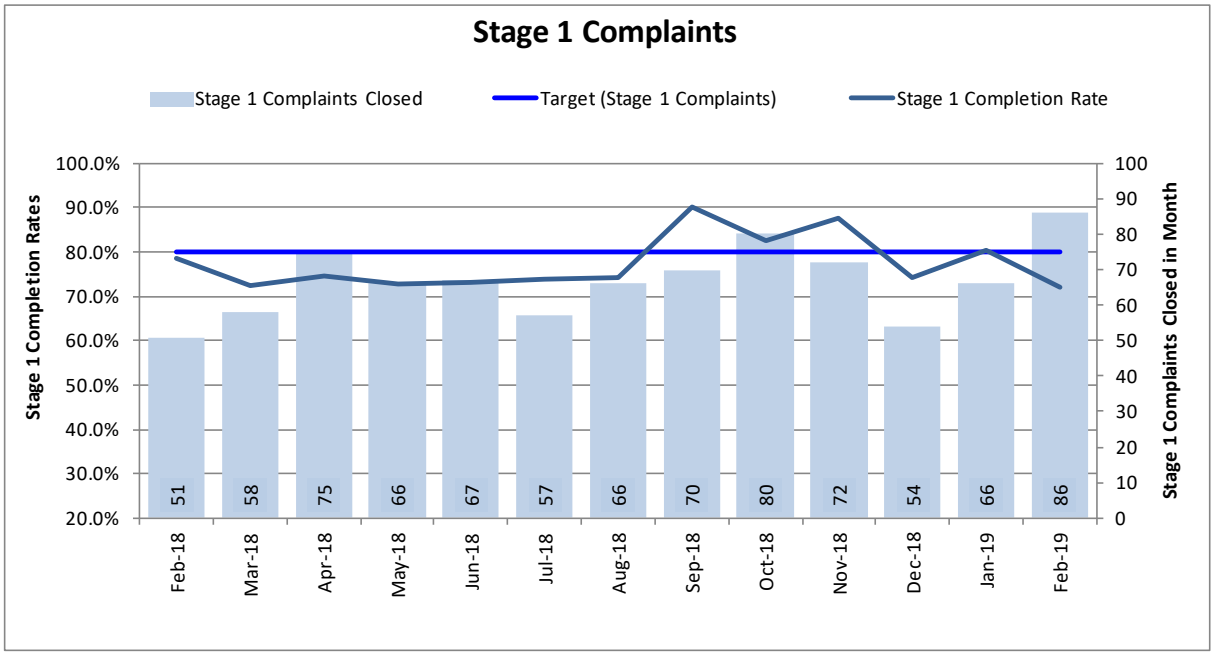


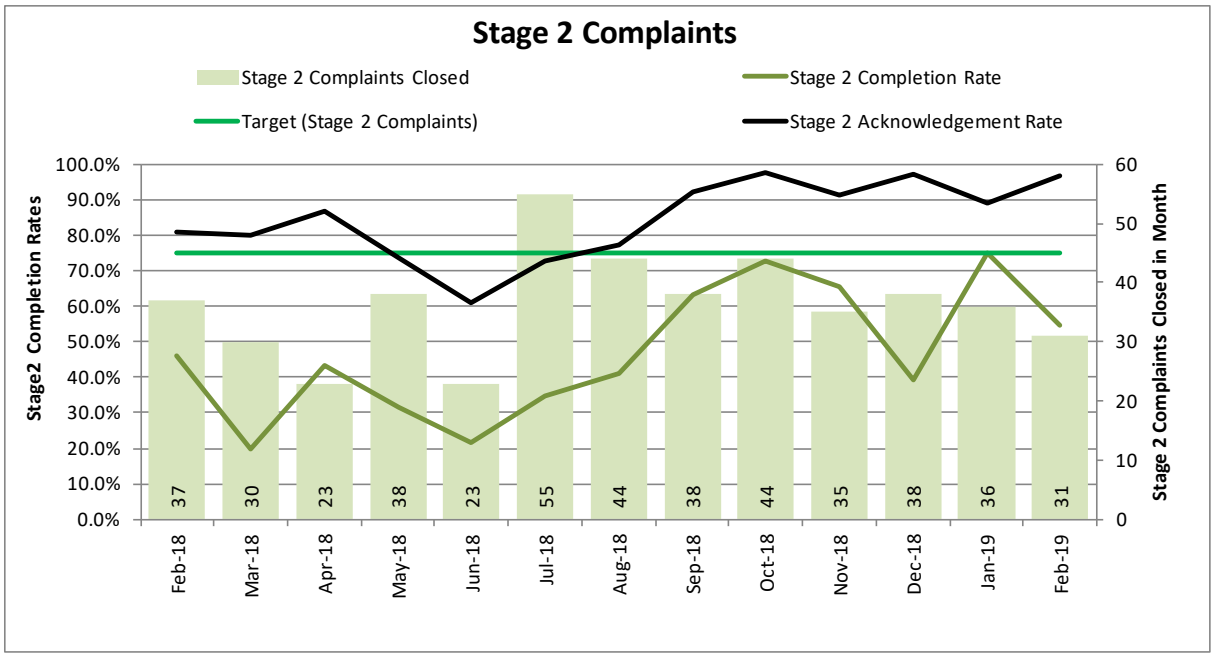
Previous 3 Reporting Periods	Dec 2017 to Nov 2018		Jan 2018 to Dec 2018		Feb 2018 to Jan 2019	
	0.44	↓	0.43	↑	0.42	↑
Current Issues	Vascular Access Device (VAD) SAB					
Context	Never met Standard 2nd highest infection rate of all Mainland Boards in Calendar Year 2018					

Key Actions for Improvement	Planned Benefits	Due By	Status
Collect and analyse SAB data on monthly basis to better understand the magnitude of the risks to patients in Fife *This work will continue in 2019/20*	Reduction in VAD associated SAB	Mar 2019	Complete
Provide timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs *This work will continue in 2019/20*	Improved education and training, guidance and governance	Mar 2019	Complete
Examine the impact of interventions targeted at reducing SABs *This work will continue in 2019/20*	Reduction in VAD associated SAB	Mar 2019	Complete
Use results locally for prioritising resources *This work will continue in 2019/20*	Reduction in VAD associated SAB	Mar 2019	Complete
Use the data to inform clinical practice improvements thereby improving the quality of patient care *This work will continue in 2019/20*	VAD insertion and maintenance compliance Improved education and training, guidance and governance	Mar 2019	Complete
Support ePVC compliance and monitoring via Patientrack across Acute Services Division (ASD)	Emergence of common themes, which will be used in quality improvement activities by ASD	Mar 2019	Complete
Community SAB to be highlighted as standing agenda item at Clinical and Care Governance Groups	Emergence of common themes which will target areas for improvement activity	Jun 2019	On Track

Complaints

Measures (Local Targets)	**At least 80% of Stage 1 complaints are completed within 5 working days of receipt** **At least 75% of Stage 2 complaints are completed within 20 working days**
Current Performance	72.1% (62 out of 86) Stage 1 complaints closed in February were completed within 5 working days (or 10 working days if extension applicable) 54.8% (17 out of 31) Stage 2 complaints closed in February were completed within 20 working days
Scotland Performance	Stage 2 Complaints: 72.0% for 2016-17 (data published annually)





Previous 3 Months	November 2018		December 2018		January 2019	
Stage 1	87.5%	↑	73.7%	↓	80.3%	↑
Stage 2	65.7%	↓	39.5%	↓	75.0%	↑
Current Issues	Stage 1 – There is no definitive reason why Stage 1 performance fell, and this will continue to be monitored Stage 2 – There has been a high volume of complex cases received within ASD. Delays receiving medical statements have affected performance and changes to senior management have resulted in rejection of final drafts. This appears to be a style issue. There has been delay with approval within the Partnership mainly due to additional information being requested to ensure complaint points are addressed fully.					
Context	During 2018, 260 out of 435 Stage 2 Complaints (60%) were either Fully or Partially Upheld, while 145 (33%) were Not Upheld; for Stage 1 Complaints, 440 out of 783 (56%) were Fully or Partially Upheld while 267 (34%) were Not Upheld					

Key Actions for Improvement	Planned Benefits	Due By	Status
Patient Relations Officers to undertake peer review	Improve the quality of draft responses	Sep 2019	On Track
Deliver education to service to improve quality of investigation statements	Improve quality of response and timescale	Sep 2019	On Track
With ASD, agree a process for managing medical statements	Improve Stage 2 performance	Jun 2019	On Track
With ASD, agree a consistent style for responses	Improve Stage 2 performance	Jun 2019	On Track

Finance, Performance & Resources

Section B: 2 Finance, Performance & Resources

Executive Summary

Acute Services Division

4-Hour Emergency Access target: At least 95% of patients (stretch target of 98%) will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment.

During the 12-month period running from March 2018 to February 2019, 95.2% of patients attending A&E or MIU sites in NHS Fife waited less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment. While we have remained above the Standard since October 2017, this was the lowest annual average since the start of FY 2018/19.

In February itself, 89.1% of the patients attending the VHK Emergency Department met this target, slightly better than in January. There were 563 breaches out of 5,153 attendances, one of which was over 12 hours.

Assessment: Whilst the VHK has had increased patient levels in comparison to previous years, the % of patients treated within the target time continues to be in line with the Standard, and above the national average performance. There has been an increasing number of patients waiting longer than 4 hours for admission to the hospital, directly linked to hospital pressure in terms of bed capacity, an increase in respiratory infections, as well as the number of frail people being admitted to hospital.

A review is planned to take place in order to assess the winter bed management and the impact on teams across the directorate in line with the bed optimisation project. Planning for winter 2019/20 will be an ongoing process from this point.

Cancer 62 day Referral to Treatment target: At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days.

In February, 85.6% of patients (77 out of 90) started treatment within 62 days of an urgent suspected cancer referral, a 7.5% drop in comparison to January. Ten of the 13 breaches were across occurred in the Urology (5), Upper GI (3) and Breast (2) specialties.

Assessment: Performance continued to improve in February, but challenges still remain, particularly in relation to Breast cancer (due to Consultant retiral) and Prostate cancer (due to delays to MRI, TRUS biopsy and post MDT appointments). Long waits to bladder and renal surgery are also impacting on performance, while waits to oncology appointments due to reduced staff and increased referrals has also been a challenge.

The backlog of patients who have breached and are still awaiting treatment will result in further deterioration of performance in March and April.

Patient Treatment Time Guarantee target: We will ensure that all eligible patients receive Inpatient or Day-case treatment within 12 weeks of such treatment being agreed.

In February, 70.5% of patients were treated within 12 weeks, the first figure above 70% since July last year. The highest number of breaches (160) continued to be in the Ophthalmology specialty, but it is positive to note that the numbers of ‘ongoing waits’ in this specialty and overall are at their lowest levels since June last year.

Assessment: Delivering the elective programme and recovery plan over the winter period has been difficult but the additional ambulatory and day case areas at VHK has been

successful in avoiding cancellations due to bed capacity and enabling additional weekend activity.

The focus continues to be on reducing the number of patients waiting over 12 and 26 weeks for treatment. Achieving the target has continued to be a significant challenge for Urology due to demand exceeding available capacity and difficulties in securing sufficient levels of activity in the independent sector.

It is anticipated that the activity outsourced for Cardiology, General Surgery, Oral Maxillofacial, Ophthalmology, Orthopaedics, Gynaecology and ENT alongside additional in-house activity will lead to improved performance in patients waiting over 12 weeks at the end of March.

Discussions are ongoing with the Scottish Government about the level of additional funding available to meet the gaps in capacity for 2019-2020 and there continue to be issues relating to the availability of capacity in the independent sector and staffing both locum, and within our own staff groups to undertake additional in house waiting list initiatives.

Diagnostics Waiting Times target: No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests.

At the end of February, 99.5% of patients on the waiting list had waited less than 6 weeks for their test. In numerical terms, this equates to only 11 Endoscopy and 6 Radiology breaches, the lowest for nearly 3 years.

Assessment: The implementation of the recovery plan for 2018/19 for Radiology and Endoscopy, with funding secured from the Scottish Government, has delivered an improved position. It is anticipated that this will be sustained at the end of March. Discussions are ongoing with the Scottish Government about the level of additional funding available to meet the gaps in capacity for 2019-2020.

18 Weeks Referral-to-Treatment target: 90% of planned/elective patients to commence treatment within 18 weeks of referral.

During February, 77.7% of patients started treatment within 18 weeks of referral, a slight improvement in comparison to January but remaining significantly below the Standard.

Assessment: The 18 weeks performance has continued to be a challenge in Q4 of 2018/19 due to the slower than anticipated improvement in performance for outpatients and TTG.

Health & Social Care Partnership

Delayed Discharge target: No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge.

The overall number of patients in delay at the 28th February Census (excluding Code 9 patients – Adults with Incapacity) was 89, 7 less than at the January. The number of patients in delay for over 14 days (again excluding Code 9 patients) was 41, the highest figure recorded since November 2016.

Assessment: The Partnership continues to rigorously monitor patient delays through a daily and weekly focus on transfers of care, flow and resources. Improvement actions have focused on earlier supported discharge and earlier transfers from our acute setting to community models of care. Close working with acute care continues in order to ensure available community resources are focused on the part of the system where most benefit can be achieved in terms of delays and flow.

Smoking Cessation target: In 2018/19, we will deliver a minimum of 490 post 12 weeks smoking quits in the 40% most deprived areas of Fife.

Data from the National Smoking Cessation Database shows that 268 people in the 40% most deprived areas of Fife who attempted to stop smoking during the first 8 months of the FY had successfully quit at 12 weeks. This is 55% of the annual target and 35 less than at the same stage of FY 2017/18.

Assessment: A new service arrangement has been provided within a residential home and Glenrothes YMCA, reaching more vulnerable groups of smokers. In addition, the service team attended two community events to raise the profile of the service and to engage with individuals wishing to stop smoking.

Child and Adolescent Mental Health Services (CAMHS) target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services (note: performance is measured on a 3 month average basis).

During the 3-month period covering December 2018 to February 2019, 74.1% of patients who started treatment did so within 18 weeks of referral. This is the second successive sharp monthly fall and continues to reflect the fact that long waits are being targeted and performance is based upon staffing at optimal level.

Assessment: Referrals to CAMHS continue to be significant. Ongoing initiatives around robust screening, positive signposting and engagement with partner agencies to increase the capacity of universal service providers has allowed specialist CAMHS to focus their provision on children and young people with complex, serious and persistent mental health needs.

Additional Primary Mental Health Workers, which will place mental health professionals alongside GPs, are being recruited as part of the SG Action 15 funding. This will provide early intervention, improve initial assessments and increase effectiveness of signposting thus reducing the overall burden on both GPs and the Tier 3 CAMH service.

Psychological Therapies Waiting Times target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies **(**note: performance is measured on a 3 month average basis).

During the 3-month period covering December 2018 to February 2019, 68.4% of patients who started treatment did so within 18 weeks of referral. This is slightly less than in the previous 3-month period. Performance has barely changed in the last year, reflecting the fact that increasing demand is continuing to impact on any initiatives to reduce the waiting list.

Assessment: Services providing brief therapies for people with less complex needs are meeting the RTT 100%; overall performance reflects the longer waits experienced by people with complex needs who require longer term treatment. We continue to address the needs of this population through service redesign with support from the ISD/HIS Mental Health Access Improvement Support Team.

The establishment of Community Mental Health Teams across Fife is progressing well and can be expected to contribute to the reduction of waiting times for the most complex patients once a multi-disciplinary team case management approach is fully operational.

In November 2018, the ‘AT Fife’ website was launched by the Psychology Service to facilitate self-referrals to low intensity therapy groups. This initiative will increase access to Psychological Therapies (PT) and reduce waiting times for people with mild-moderate difficulties. We anticipate that this new pathway will also free up capacity in specialist services to offer PT to people with more complex needs.

Financial Performance

Financial Position

The revenue position for the 12 months to 31 March reflects an underspend of £0.219m. This comprises an underspend of £6.869m on Health Board retained budgets; and a net

overspend of £6.650m aligned to the Integration Joint Board, including delegated health budgets (£0.325m underspend) and the impact of the risk share arrangement (£6.975m). The overall reported position remains draft pending formal external audit review.

The Acute Services Division reported an overspend of £8.315m for the year, of which £3.816m 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. It is important to note that the underlying run rate position for the year was £1.946m, with the remaining £6.369m being the shortfall on delivery of in year savings.

The health component of the IJB reported a £0.325m underspend for the year, with a transfer of costs from Fife Council totalling £6.975m, being the net impact of the risk share arrangement for the social care overspend. As previously reported, unspent allocations of £1.779m are recognised in the IJB position, being the net impact of ADP; Primary Care Improvement Fund; and elements of s15 Mental Health monies. The Health & Social Care Partnership management team recognise there will be a requirement to find an alternative means to support these projects in the next financial year.

Capital Programme

The total Capital Resource Limit for 2018/19 is £8.459m supplemented by a NBV allowance of £22k giving a total available of £8.481m. The capital position for the 12 months to March shows investment of £8.479m an under spend of £2k, equivalent to 99.98% of the total allocation.

Performance Summary

Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

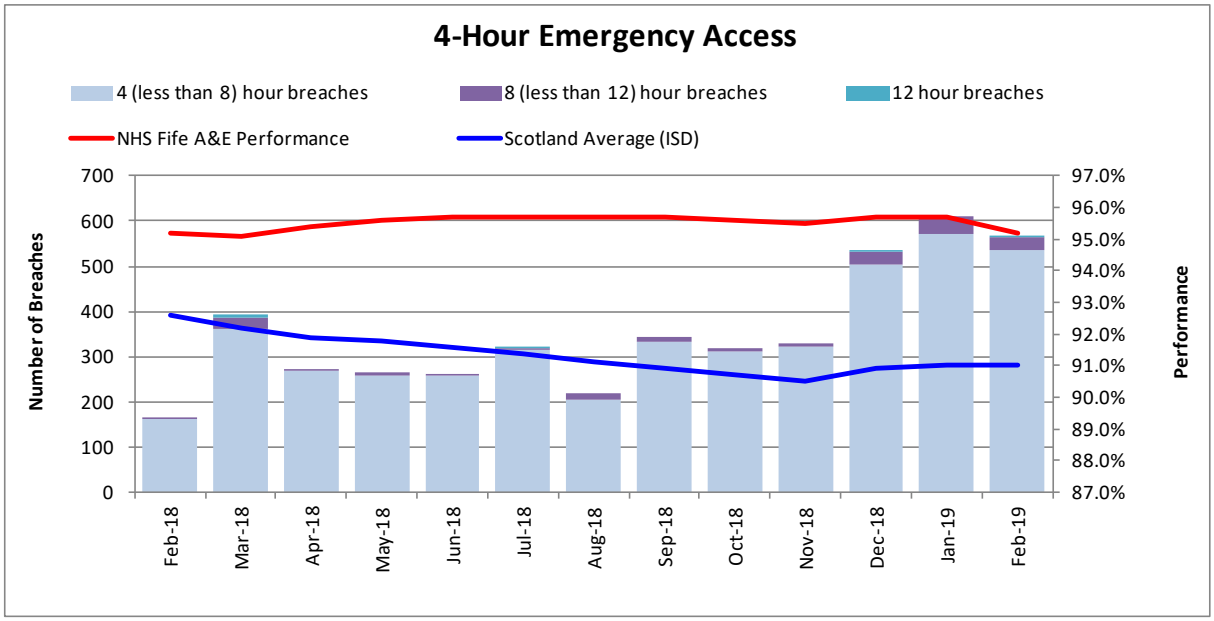
Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Finance, Performance and Resources	GREEN	IVF Treatment Waiting Times	Person-centred	90.0%	3 months to Jan 2019	100.0%	3 months to Dec 2018	100.0%	↔	100.0%	Treatment provided by Regional Centres so no comparison applicable			
		4-Hour Emergency Access *	Clinically Effective	95.0%	12 months to Feb 2019	95.2%	12 months to Jan 2019	95.7%	↓	95.3%	y/e Dec 2018	95.7%	3rd	90.9%
		Antenatal Access	Clinically Effective	80.0%	3 months to Dec 2018	90.5%	3 months to Nov 2018	90.5%	↔	90.8%	Only published annually: NHS Fife was 7th for FY 2017-18			
		Drugs & Alcohol Treatment Waiting Times	Clinically Effective	90.0%	q/e Dec 2018	96.8%	q/e Sep 2018	98.5%	↓	97.7%	q/e Dec 2018	96.8%	4th	93.9%
	AMBER	Cancer 31-Day DTT	Clinically Effective	95.0%	Feb 2019	94.2%	Jan 2019	95.3%	↓	95.4%	q/e Dec 2018	95.6%	6th	94.9%
		Outpatients Waiting Times	Clinically Effective	95.0%	Feb 2019	93.9%	Jan 2019	91.9%	↑	N/A	End of December	92.8%	1st	70.1%
		Diagnostics Waiting Times	Clinically Effective	100.0%	Feb 2019	99.5%	Jan 2019	98.2%	↑	N/A	End of December	98.4%	1st	78.1%
		Dementia Post-Diagnostic Support	Person-centred	100.0%	2017/18	85.3%	2016/17	88.2%	↓	N/A	Only published annually: NHS Fife was 6th for FY 2016/17			
	RED	Dementia Referrals	Person-centred	1,327	Apr to Dec 2018	586	Apr to Sep 2018	406	↓	586	Only published annually: NHS Fife was 3rd for FY 2016/17			
		Cancer 62-Day RTT	Clinically Effective	95.0%	Feb 2019	85.6%	Jan 2019	93.1%	↓	86.1%	q/e Dec 2018	87.1%	4th	82.7%
		18 Weeks RTT	Clinically Effective	90.0%	Feb 2019	77.7%	Jan 2019	76.9%	↑	79.2%	Dec-18	80.4%	6th	79.5%
		Patient TTG	Person-centred	100.0%	Feb 2019	70.5%	Jan 2019	68.7%	↑	71.6%	q/e Dec 2018	65.9%	6th	72.7%
		Detect Cancer Early	Clinically Effective	29.0%	2 years to Sep 18	24.9%	2 years to Jun 18	23.8%	↑	27.9%	Only published annually: NHS Fife was 6th for 2-year period 2016 and 2017			
		Delayed Discharge (Delays > 2 Weeks)	Person-centred	0	28th Feb Census	41	31st Jan Census	40	↓	N/A	27th Dec Census	9.96	4th	10.42
		Alcohol Brief Interventions	Clinically Effective	4,187	Apr to Dec 2018	2,873	Apr to Sep 2018	1,991	↓	2,873	Only published annually: NHS Fife was 8th for FY 2017-18			
		Smoking Cessation	Clinically Effective	490	Apr to Nov 2018	268	Apr to Oct 2018	238	↓	268	q/e Sep 2018	40.4%	6th	42.6%
		CAMHS Waiting Times	Clinically Effective	90.0%	3 months to Feb 2019	74.1%	3 months to Jan 2019	77.7%	↓	75.8%	q/e Dec 2018	83.9%	4th	72.8%
		Psychological Therapies Waiting Times	Clinically Effective	90.0%	3 months to Feb 2019	68.4%	3 months to Jan 2019	69.1%	↓	68.0%	q/e Dec 2018	72.0%	7th	75.7%

* **The 4-Hour Emergency Access performance in February alone was 92.1% (all A&E and MIU sites) and 89.1% (VHK A&E, only)**

Performance Drill Down – Acute Services Division

4-Hour Emergency Access

Measure	**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**
Current Performance	95.2% for 12-month period covering March 2018 to February 2019
Scotland Performance	91.0% for 12-month period covering March 2018 to February 2019

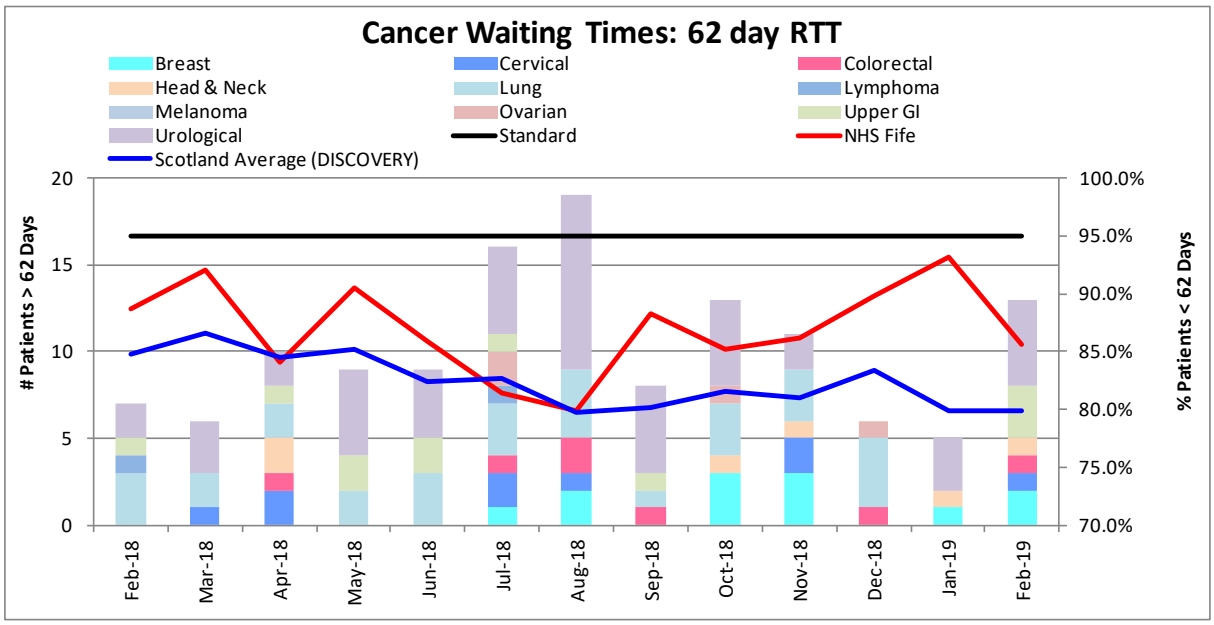


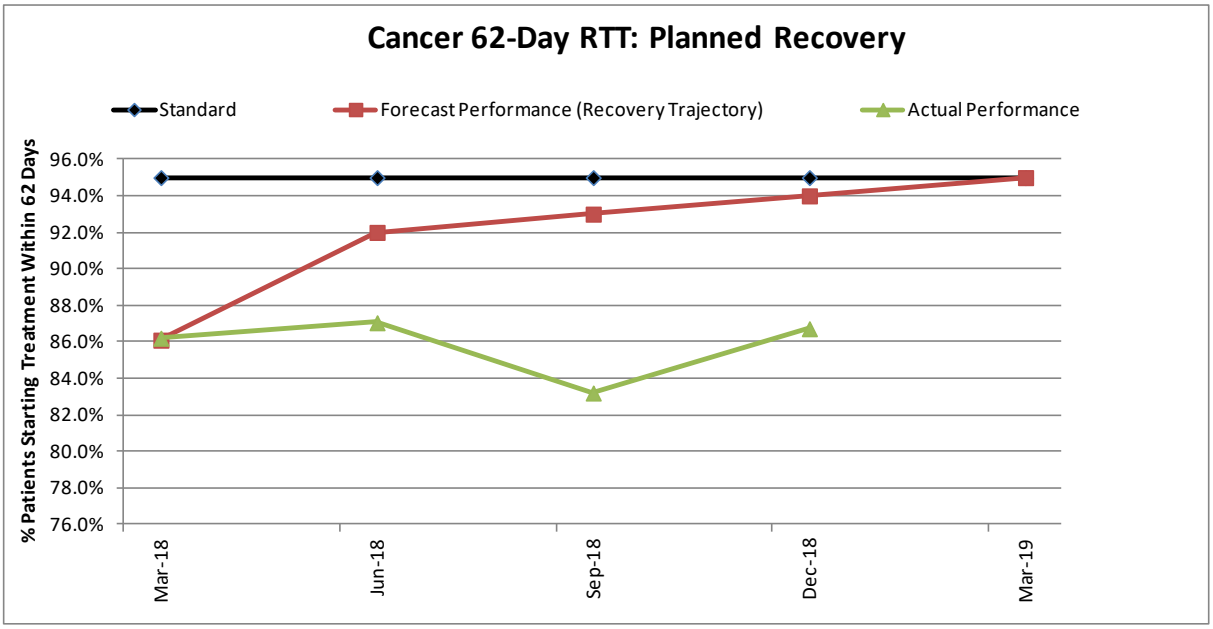
Previous 3 Reporting Periods	**Dec 2017 to Nov 2018**		**Jan 2018 to Dec 2018**		**Feb 2018 to Jan 2019**	
	95.5%	↓	**95.7%**	↑	**95.7%**	↔
Current Issues	Variability in delivery of the access target					
Context	Has been above the Standard since the start of the final quarter of 2017 Consistently above the Scottish average 3rd best Mainland Health Board performance over the whole of 2018					

Key Actions for Improvement	Planned Benefits	Due By	Status
Review of Referrals and Assessment process	Support for GPs to ensure appropriate decisions are made for patients who are referred for hospital admission	Jun 2019	On Track
New admissions to the acute medical receiving unit	Review of assessment processes in hospital with stepped changes in management of patient flow commencing May 2019	Jun 2019	On Track
Monitoring of 8 hour breaches	Reduction in occurrences, improving patient experience	Jun 2019	On Track

Cancer Treatment Waiting Times: 62-Day RTT

Measure	**At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days of urgent referral**
Current Performance	85.6% of patients (77 out of 90) started treatment in February within 62 days
Scotland Performance	79.9% of patients started treatment within 62 days in February



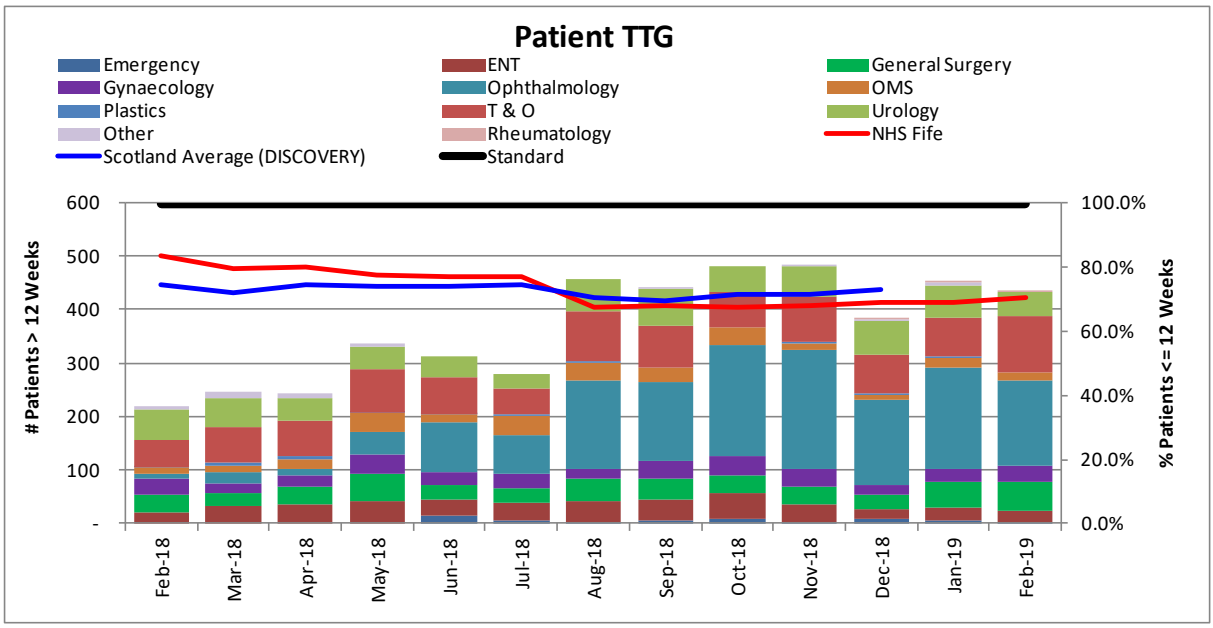


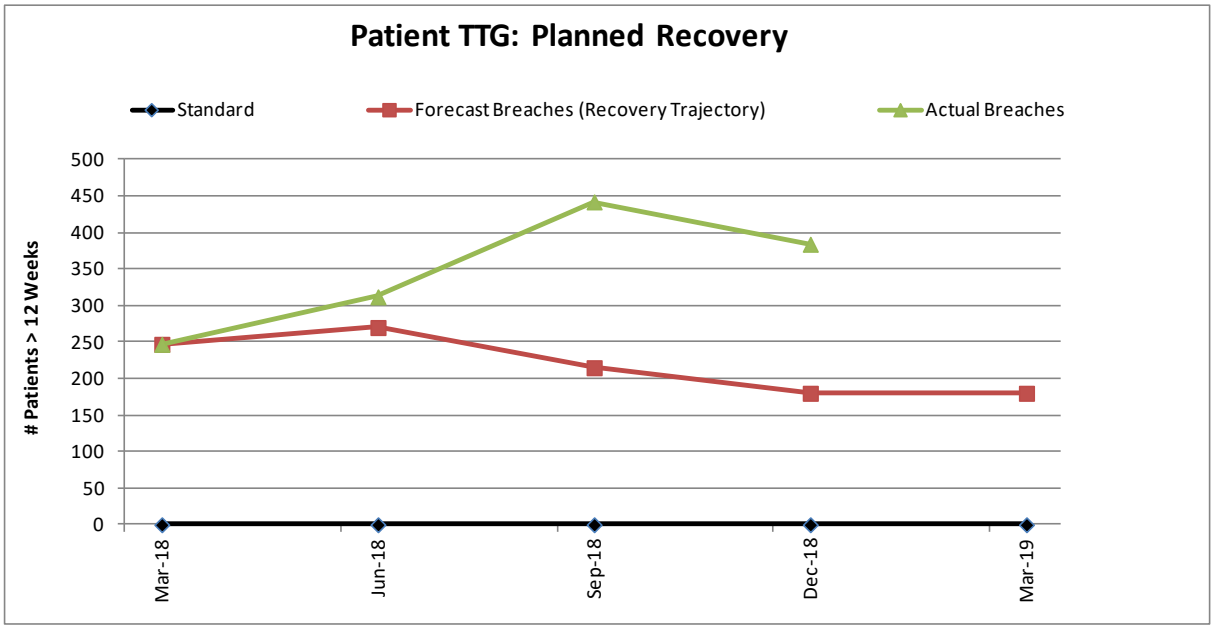
Previous 3 Months	November 2018		December 2018		January 2019	
	86.1%	↑	89.8%	↑	93.1%	↑
Current Issues	Challenges with Urology prostate pathway and processes Delay to SABR in Lung Delay to MRI for prostate patients Delays to 1st OPA and Surgery in Breast Extended waits in oncology Waits to surgery for bladder and renal					
Context	Standard last achieved in October 2017 Above Scotland average in 10 of last 12 months 4th best performing Mainland Health Board during final quarter of 2018					

Key Actions for Improvement	Planned Benefits	Due By	Status
Train 2nd consultant in lap nephrectomy (Urology)	Increased capacity and reduced vulnerability to service	Nov 2019	On Track
Small tests of change to improve prostate pathway	Improved (and sustained) performance	Apr 2019	On Track
Secure outpatient, MDT and surgical capacity within breast due to consultant retiral	Maintained performance	Apr 2019	On Track
Increase visiting oncologist capacity	Improved (and sustained) performance	Apr 2019	On Track
Introduction of cancer performance improvement action plan	Mitigation of risks of breach	May 2019	On Track

Patient Treatment Time Guarantee

Measure	**We will ensure that all eligible patients receive Inpatient or Day Case treatment within 12 weeks of such treatment being agreed**
Current Performance	435 patient breaches (out of 1,475 patients treated) in January (70.5% on time)
Scotland Performance	72.7% of patients treated within 12 weeks in final quarter of 2018



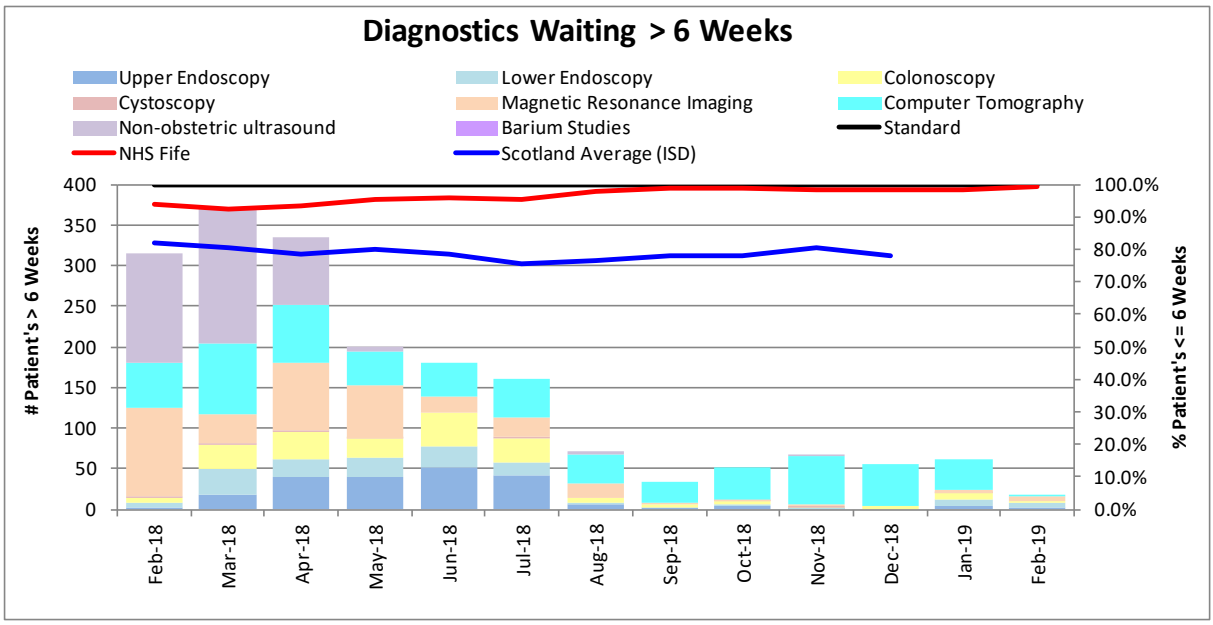


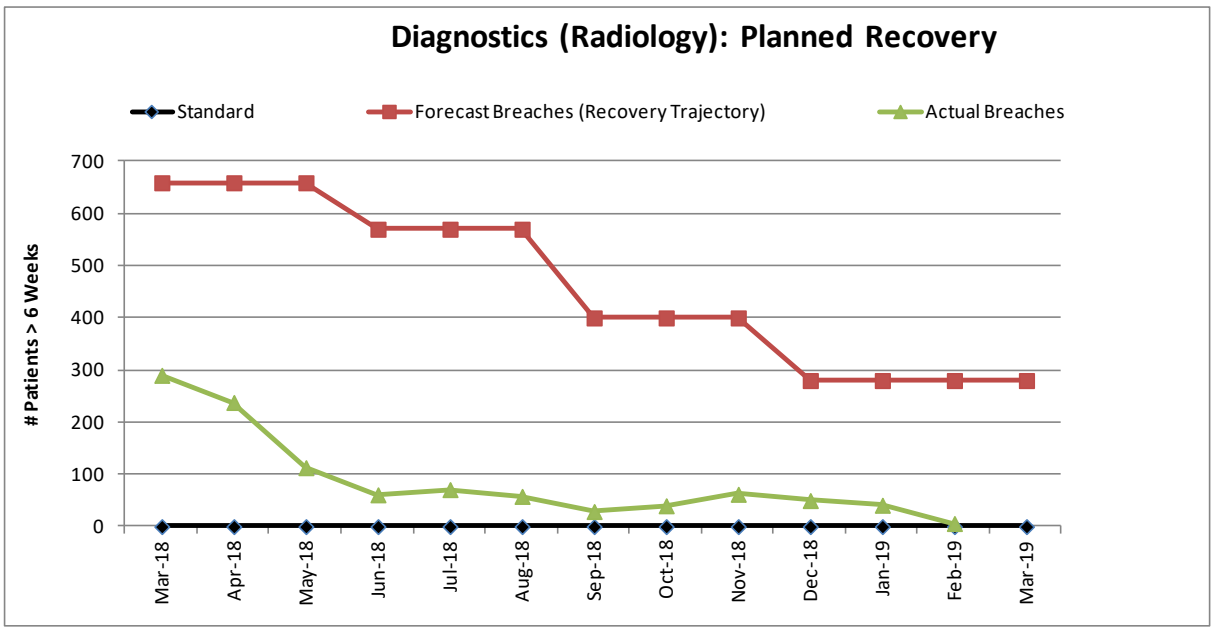
Previous 3 Months	November 2018		December 2018		January 2019	
	67.8%	↑	68.8%	↑	68.7%	↓
Current Issues	Recurring gap in elective inpatient and daycase capacity Unable to deliver the level of outsourced activity for urology					
Context	Fife outperformed the Scottish average until Q2 of 2018/19					

Key Actions for Improvement	Planned Benefits	Due By	Status
Secure resources and deliver core and additional IP/DC elective capacity	Elective projected performance delivered	May 2019	Complete
Monthly monitoring meetings with Private Sector Providers	Timely delivery of outsourced activity	Mar 2019	Complete
Develop and deliver Elective IP/DC Efficiency Programme based on output from service reviews *This will be part of ongoing work for 2019/20*	Elective IP/DC capacity use optimised	Mar 2019	Complete
Progress regional elective work in identified specialties *This will be part of ongoing work for 2019/20*	Identify opportunities for improvement in capacity and/or reduced demand	Mar 2019	Complete
Recruit to vacant consultant posts *This will be part of ongoing work for 2019/20*	Sustainable core capacity for elective activity	Mar 2019	Complete
Review DCAQ for 18/19 and develop new waiting times improvement plan for 19/20	Sustainable core capacity for elective activity	Mar 2019	Delayed Revised to May 2019
Secure resources to deliver waiting times improvement plan for 19/20	Elective projected performance delivered	Apr 2019	Delayed Revised to May 2019

Diagnostics Waiting Times

Measure	**No patient will wait more than 6 weeks to receive one of the 8 key diagnostic tests**
Current Performance	99.5% of patients waiting no more than 6 weeks at end of February
Scotland Performance	78.1% of patients waiting no more than 6 weeks at end of December



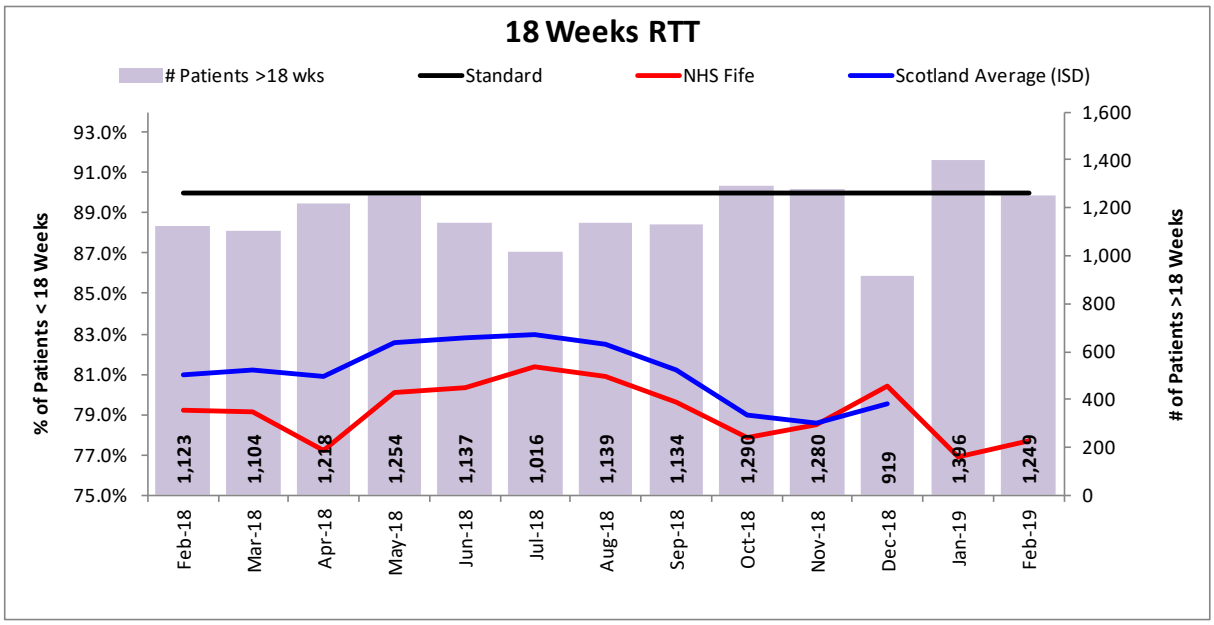


Previous 3 Months	November 2018		December 2018		January 2019	
	98.1%	↓	98.4%	↑	98.2%	↓
Current Issues	Radiology Consultant , radiographer and sonographer vacancies, increased demand for MRI, Ultrasound and specialist cardiac and colon CT Reporting capacity Variable capacity for additional Ultrasound Increase in demand from bowel screening					
Context	Standard last achieved in April 2016 Best performing Mainland Health Board at the end of December Additional Scottish Government funding has been used to run extra radiography clinics and reduce the number of breaches					

Key Actions for Improvement	Planned Benefits	Due By	Status
Identify further opportunities to improve reporting capacity	Sustain 5-day reporting turnaround times	Mar 2019	Complete
Identify further opportunities to improve consultant numbers with regional partners *This will be part of ongoing work for 2019/20*	Reduction in number of Consultant Radiology vacancies	Mar 2019	Complete
Review DCAQ for 18/19 and develop new waiting times improvement plan for 19/20	Sustainable core capacity for radiology activity	Mar 2019	Delayed Revised to May 2019
Secure resources to deliver waiting times improvement plan for 19/20	Radiology diagnostic projected performance delivered	Apr 2019	Delayed Revised to May 2019

18 Weeks Referral-to-Treatment

Measure	**90% of planned/elective patients to commence treatment within 18 weeks of referral**
Current Performance	77.7% of patients started treatment within 18 weeks in February
Scotland Performance	79.5% of patients started treatment within 18 weeks in December



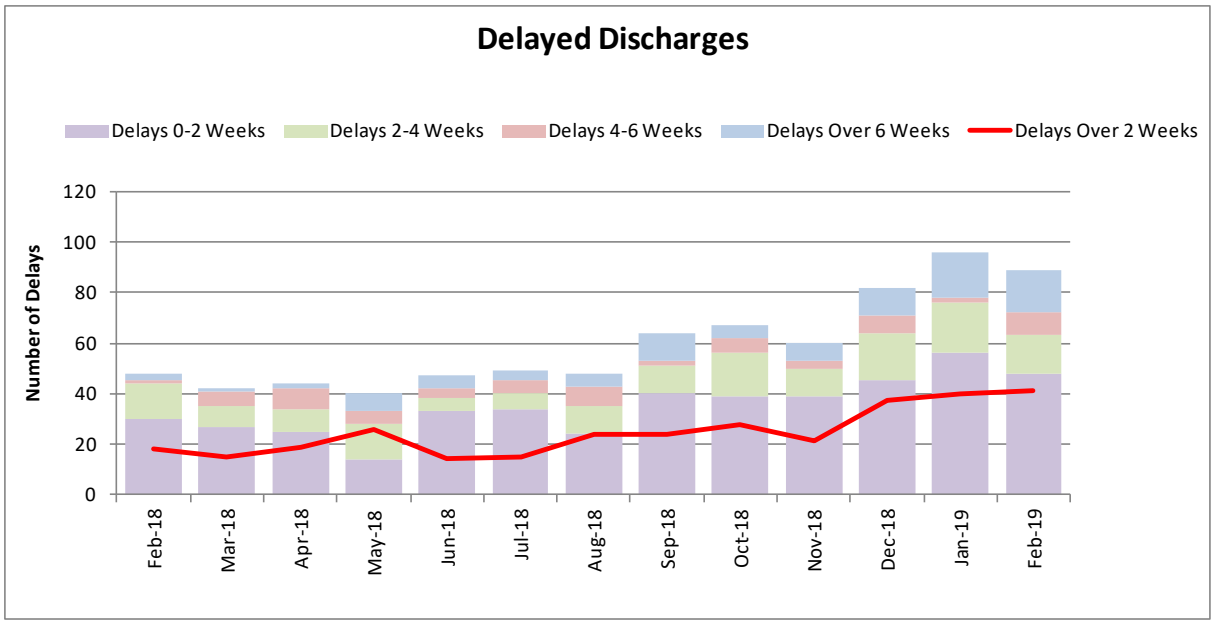
Previous 3 Months	November 2018		December 2018		January 2019	
	78.5%	↑	80.4%	↑	76.9%	↓
Current Issues	The previous challenges with performance in Outpatients are impacting on non-admitted and admitted pathway performance The challenges in TTG performance is impacting on admitted pathway performance					
Context	Standard last achieved in September 2016 Consistently below the Scottish average 6th out of 11 Mainland Health Boards in December					

Key Actions for Improvement	Planned Benefits	Due By	Status
The Recovery Plan for 18 Weeks RTT is covered by the delivery of the Patient Treatment Time Guarantee, Diagnostics and Outpatient Waiting Times Recovery Plans; there are no new specific actions			

Performance Drill Down – Health & Social Care Partnership

Delayed Discharge

Measure	**No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge**
Current Performance	41 patients in delay for more than 14 days at February Census – this equates to 11.04 patients per 100,000 population in NHS Fife
Scotland Performance	10.42 patients per 100,000 population at December census

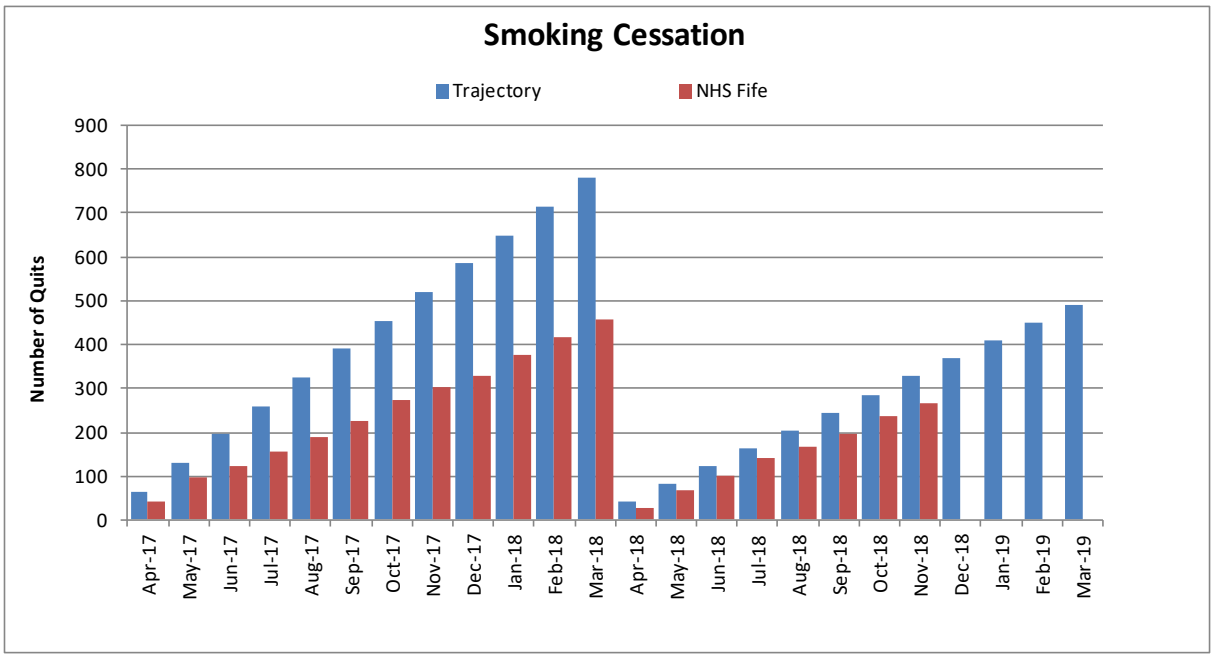


Previous 3 Months	November 2018		December 2018		January 2019	
	21	↑	37	↓	40	↓
Current Issues	Increasing number of patients in delay					
Context	Never met 14-day target 4th lowest delays over 2 weeks (per 100,000 population) of all Mainland Health Boards, at December Census					

Key Actions for Improvement	Planned Benefits	Due By	Status
Test a trusted assessors model within VHK for patients transferring to STAR/assessment beds	Reduced Length of Stay Smoother person centred transitions	May 2019	On Track
Manage community flow and planned reduction of surge beds to ensure performance maintained	Better management of occupancy and demand for community beds throughout winter	Apr 2019	On Track
Review timescales of social work assessments	Reduced Length of Stay	Apr 2019	On Track

Smoking Cessation

Measure	**In 2018/19, we will deliver a minimum of 490 post 12 weeks smoking quits in the 40% most deprived areas of Fife**
Current Performance	268 successful quits in first 8 months of the year (55% of annual target)
Scotland Performance	3,223 successful quits at end of Q2, 42.6% of target



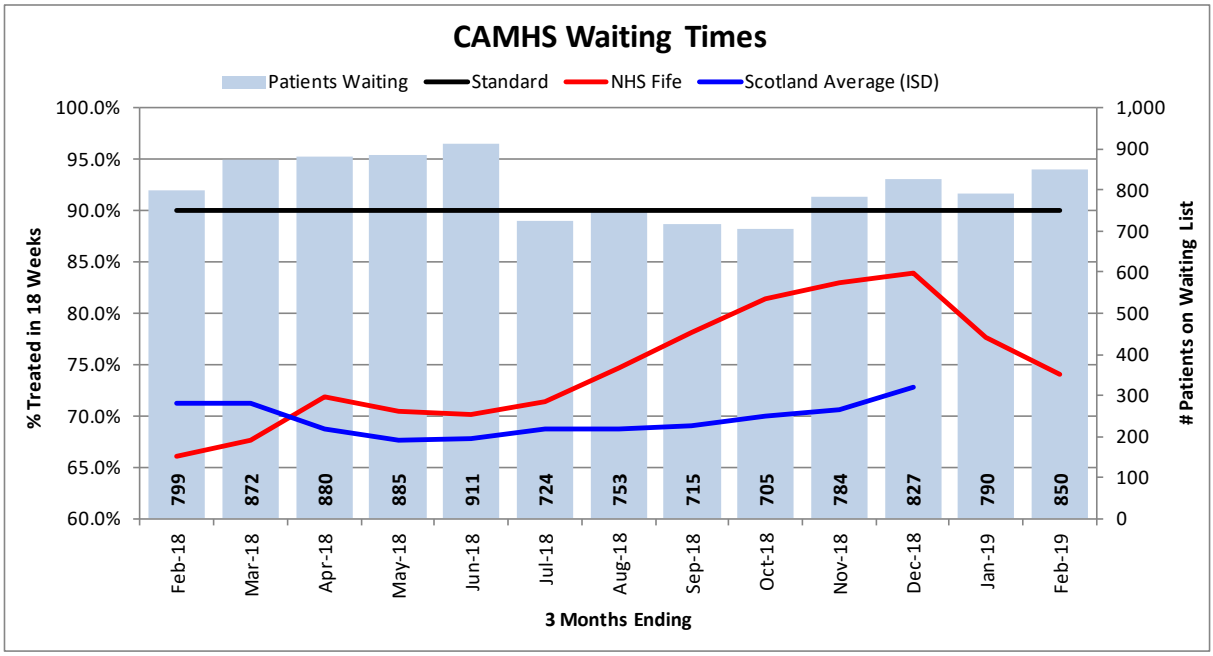
Previous 3 Months	**August 2018**		**September 2018**		**October 2018**	
	166	↓	**198**	↓	**238**	↓
Current Issues	Mobile unit has been off the road for 3 weeks due to repairs required to ensure vehicle is roadworthy Challenges to administrative staff recruitment so unable to support pharmacy colleague with data completion					
Context	Lower quit target (490) has been set for 2018/19 by the Scottish Government Current achievement for 2018/19 is broadly in line with the Scottish average					

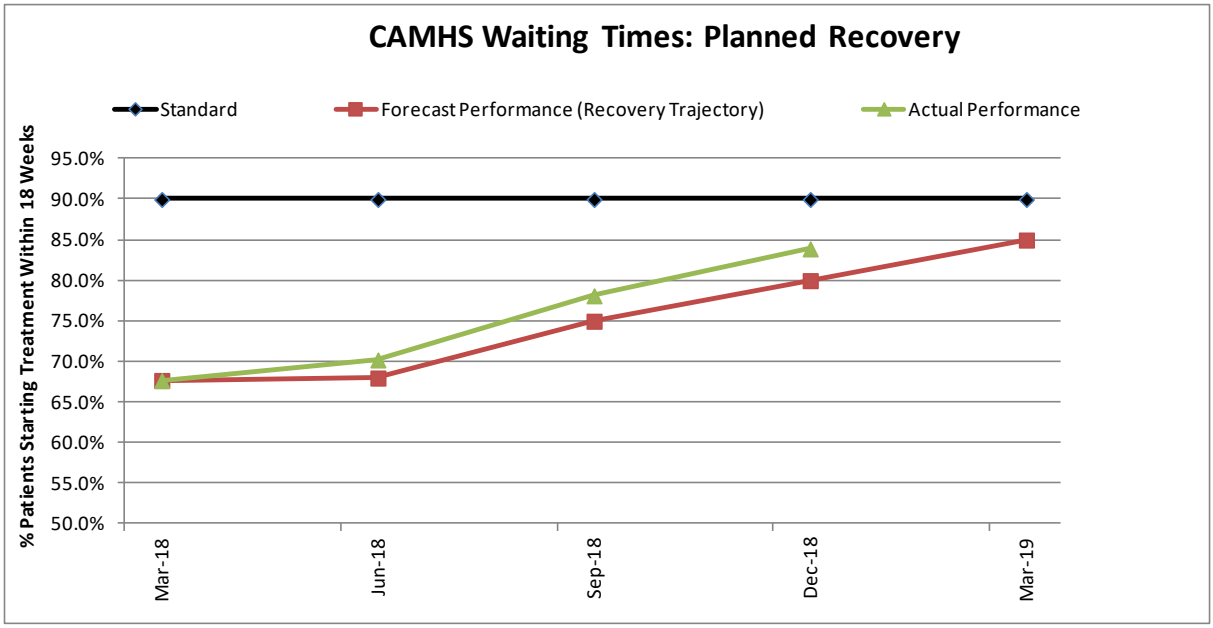
Key Actions for Improvement	**Planned Benefits**	**Due By**	**Status**
Outreach development with Gypsy Travellers in Thornton	Increase service reach and engagement with minority group	Mar 2019	Delayed Revised date TBD
Two areas identified to test pathways and procedures for temporary abstinence model in the Acute	Ensure pathways and prescribing guidance are robust and effective	Mar 2019	Complete
Design and implementation of a prompt process for Community Pharmacies, to remind them to undertake 4-week and 12-week follow-ups	Support compliance and data completion in line with pharmacy contract requirements and reduce the levels of missing data	Mar 2019	Complete
Establish links with new Mental Health clinic for pregnant women	Support pregnant women experiencing Mental Health issues to stop smoking	Mar 2019	Complete

Test newly approved temporary abstinence paperwork in the acute setting	Ensure pathways and prescribing guidance are robust and effective Increase in number of patients being routinely offered Nicotine Replacement Therapy	Oct 2019	On Track
In collaboration with Respiratory Consultant test the effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	Increase opportunities for patients to access Champix at point of contact and supporting patients to quit	Dec 2019	On Track

CAMHS Waiting Times

Measure	**At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services**
Current Performance	74.1% of patients started treatment within 18 weeks during 3-month period covering December 2018 to February 2019
Scotland Performance	72.8% of patients started treatment within 18 weeks during 2018/19 Q3



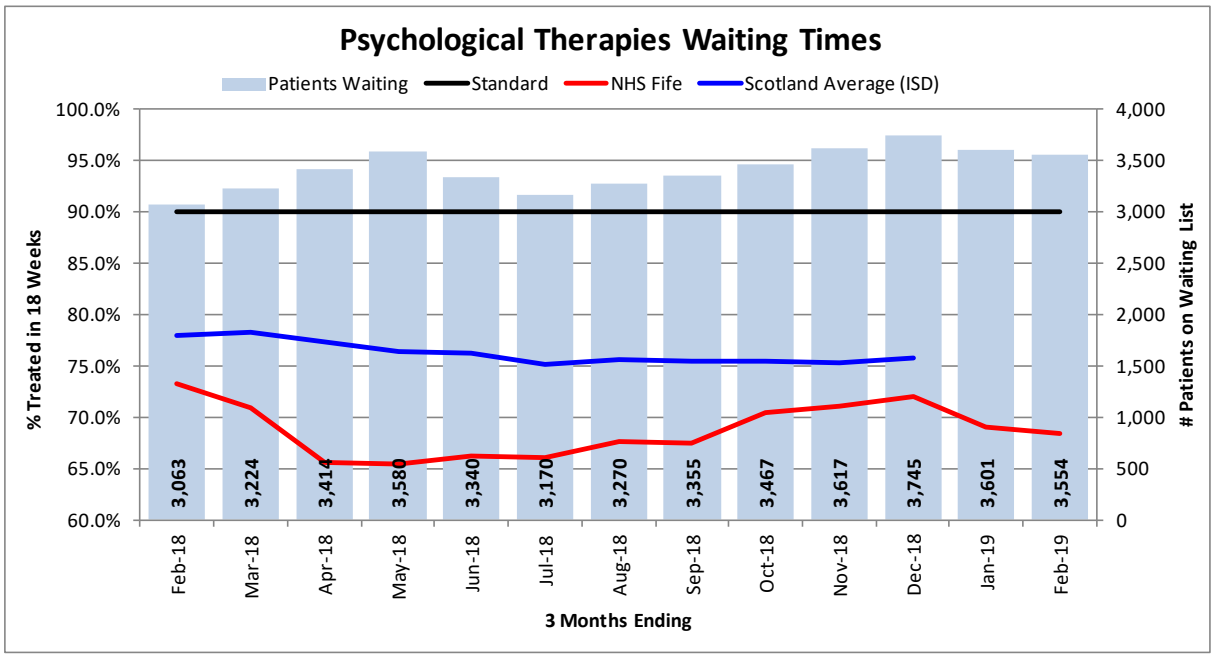


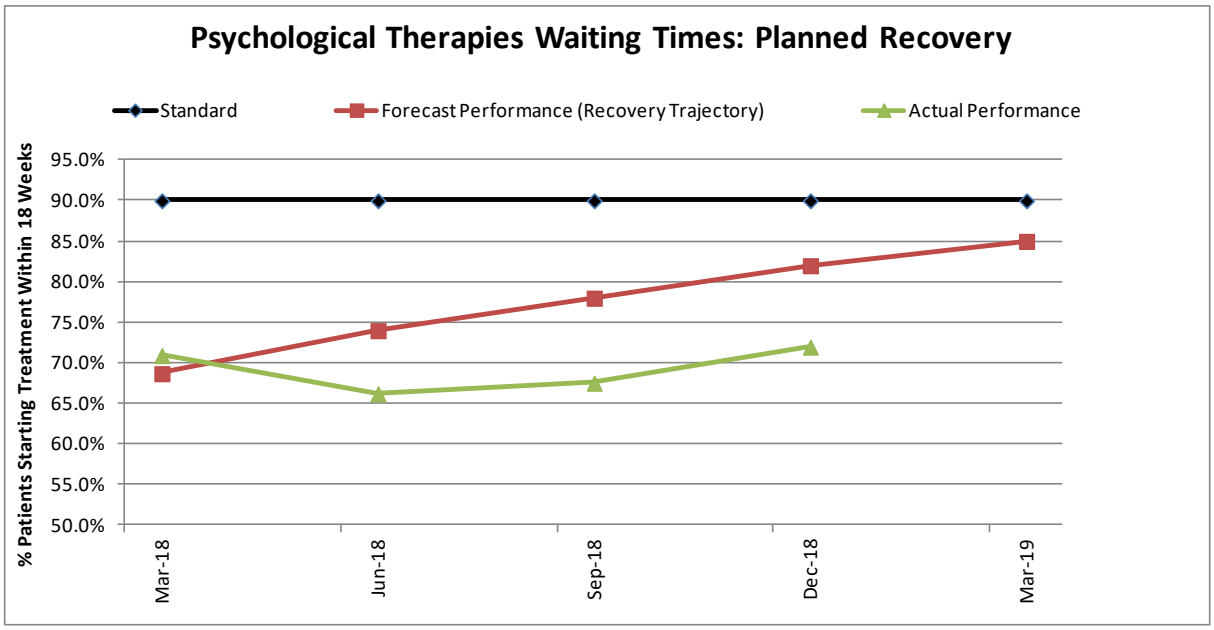
Previous 3 Reporting Periods	Sep 2018 to Nov 2018		Oct 2018 to Dec 2018		Nov 2018 to Jan 2019	
	83.0%	↑	83.9%	↑	77.7%	↓
Current Issues	Referral numbers continue to be significant compared to available new appointments Due to limited staffing numbers any absence has significant impact on activity levels due to the workforce consistently working at full capacity					
Context	Below Standard since May 2014, and after recovering throughout 2018 has fallen sharply at start of 2019 4th out of the 11 Mainland Health Boards for the quarter ending December					

Key Actions for Improvement	Planned Benefits	Due By	Status
Development of PMHW First Contact Appointment	Provide early intervention, improve initial assessments and increase effectiveness of signposting thus reducing the overall burden on both GPs and the Tier 3 CAMH service	Mar 2019	Delayed Revised to Jun 2019
Development of Tier 3 Initial Assessment Appointment	Provide assessment and formulation of need following screening, ensuring that children: • Are safe to be placed on waiting list • Are appropriate for CAMHS Or would benefit from signposting to alternative providers	Feb 2019	Delayed Revised to Jun 2019
Development of Tier 3 Therapeutic Group Programme	Improved access to therapeutic intervention (additional provision for approximately 380 children per annum)	Mar 2019	Delayed Revised to Jun 2019

Psychological Therapies Waiting Times

Measure	**At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies (PT)**
Current Performance	68.4% of patients started treatment within 18 weeks during 3-month period covering December 2018 to February 2019
Scotland Performance	75.7% of patients started treatment within 18 weeks during 2018/19 Q3





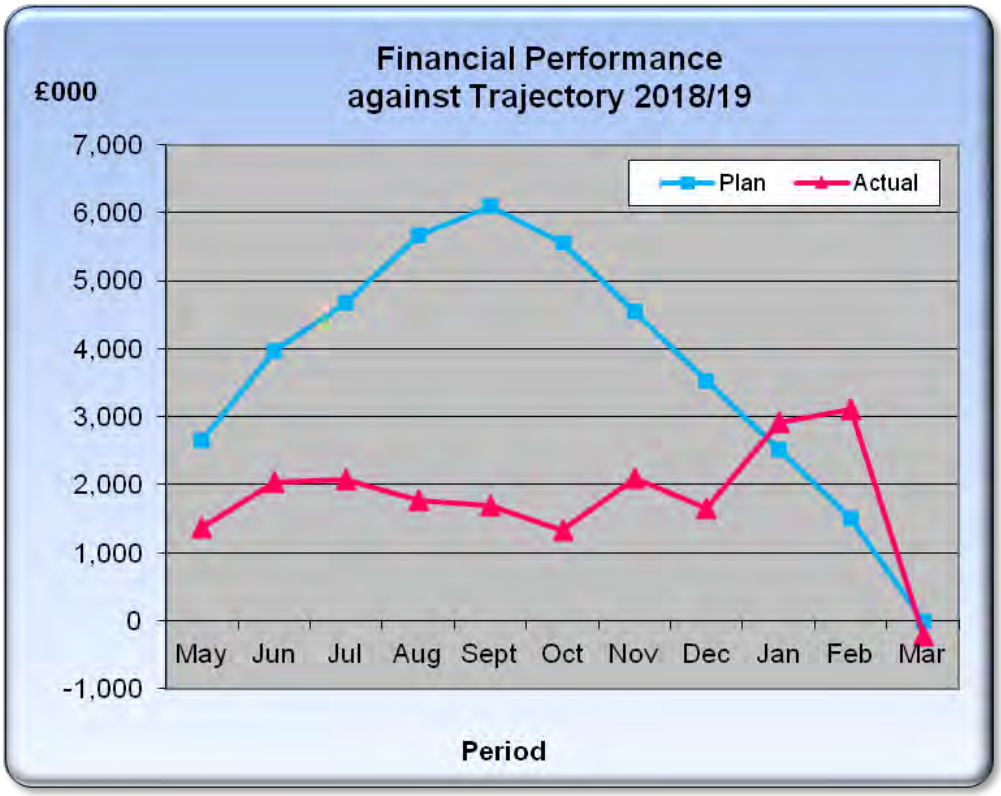
Previous 3 Reporting Periods	Sep 2018 to Nov 2018		Oct 2018 to Dec 2018		Nov 2018 to Jan 2019	
	71.1%	↑	72.0%	↑	69.1%	↓
Current Issues	Delivery of PTs across services requires further integration to enhance efficiency					
Context	Never met Standard; monthly performance normally between 65% and 75% 7th out of the 11 Mainland Health Boards for the quarter ending December					

Key Actions for Improvement	Planned Benefits	Due By	Status
Develop enhanced PT Strategy, reflecting new opportunities within H&SC integration *Draft Strategy going to Psychological Therapies Steering Group (PTSG) on 11th April*	Increased capacity and efficiency of PT delivery within matched care model	Mar 2019	Delayed Revised to May 2019
QI work for 2019 : evaluation of impact of self-referral on capacity and demand to inform further development of group/self-referral PT options	Improved quality and efficiency of PT services	Dec 2019	On Track
Development of CMHTs to provide PTs within MDT approach for people with complex needs *Improvement Plan submitted to Scottish Government March 2019 includes DCAQ work to assist these developments*	PTs provided in line with evidence base within holistic package of care; improved patient flow	Dec 2019	On Track
Development of Personality Disorder pathway and Unscheduled Care Service	PTs for people with urgent and complex needs provided within integrated multi-agency approach; reduce delays and improve patient safety	Dec 2019	On Track

Performance Drill Down – Financial Performance

Revenue Expenditure

Measure	*Health Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD).*
In year position	£0.219 underspend
Outturn position	£0.219 underspend



Previous 3 Months	January 2019	February 2019	March 2019
Revenue Resource Limit			
Actual (in-year position)	£2.914m o/spend	£3.102m o/spend	£0.219m underspend
Plan (in-year position)	£2.518m o/spend	£1.504m o/spend	Break even
Forecast Outturn position	£3.109m o/spend	£2.518m o/spend	£0.219m underspend

Commentary

The revenue position for the 12 months to 31 March reflects an underspend of £0.219m. This comprises an underspend of £6.869m on Health Board retained budgets; and a net overspend of £6.650m aligned to the Integration Joint Board, including delegated health budgets (£0.325m underspend) and the impact of the risk share arrangement (£6.975m).

Finance, Performance & Resources

The overall reported position remains draft pending formal external audit review.

The Acute Services Division reported an overspend of £8.315m for the year, of which £3.816m 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. It is important to note that the underlying run rate position for the year was £1.946m, with the remaining £6.369m being the shortfall on delivery of in year savings

The health component of the IJB reported a £0.325m underspend for the year, with a transfer of costs from Fife Council totalling £6.975m, being the net impact of the risk share arrangement for the social care overspend. As previously reported, unspent allocations of £1.779m are recognised in the IJB position, being the net impact of ADP; Primary Care Improvement Fund; and elements of s15 Mental Health monies. The Health & Social Care Partnership management team recognise there will be a requirement to find an alternative means to support these projects in the next financial year.

Members should note that the mid range forecast position will be reported to Scottish Government Health & Social Care Directorates as part of the routine monthly financial performance returns and informal discussions are ongoing in relation to the impact of the risk share arrangement on the delivery of breakeven.

1. Financial Framework

1.1 As previously reported, the Annual Operational Plan, and the Financial Plan for 2018/19 was approved by the Board on 14 March 2018.

2. Financial Allocations

Revenue Resource Limit (RRL)

2.1 On 1 April 2019 NHS Fife received confirmation of March core revenue and core capital allocation amounts. The revised core revenue resource limit (RRL) has been confirmed at £707.071m. A breakdown of the additional funding received in month is shown in Appendix 1.

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 non core RRL funding of £26.863m is detailed in Appendix 2 with details of final reduction required (£2.975m) to the non core RRL

Total RRL

2.3 The total current year budget at 31 March is therefore £730.959m.

3. Summary Position

3.1 At the end of March, NHS Fife reports an in year under spend of £0.219m against the revenue resource limit. Table 1 below provides a summary of the position across the constituent parts of the system: an under spend of £6.869m is attributable to Health Board retained budgets; and an overspend of £6.650m is attributable to the health budgets delegated to the Integration Joint Board including the net impact of the estimated risk share.

3.2 Key points to note from Table 1 are:

3.2.1 Acute Division overspend of £8.315m, driven largely as a result of non delivery of savings (£6.369m);

3.2.2 The aforementioned Acute Division overspend includes £3.816m overspend relating to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but which remain managed by the NHS Board;

3.2.3 Under spends across Estates & Facilities and Corporate Directorates;

3.2.4 Non recurring financial flexibility of £11.131m to offset the shortfall in delivery of savings in year;

3.2.5 Net under spend of £0.325m on the health budgets delegated to the IJB after the release of unspent allocations / financial flexibility of £1.779m. This is driven by non delivery of savings (£2.897m) offset by a net underspend of £3.222m on budgets (despite the challenges on the GP prescribing budget and includes release of allocations previously mentioned);

3.2.6 Risk share impact of £6.975m, being the effect of a 72% share of the overall IJB overspend and resultant net transfer of social care costs from Fife Council.

Table 1: Summary Financial Position for the period ended March 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	394,925	395,449	395,449	388,580	-6,869	-1.74%	*-13,446*	*6,577*
Integration Joint Board	332,074	335,510	335,510	342,160	6,650	1.98%	*3,753*	*2,897*
Total	**726,999**	**730,959**	**730,959**	**730,740**	**-219**	**-0.03%**	***-9,693***	***9,474***

	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	186,732	196,282	196,282	204,597	8,315	4.24%	*1,946*	*6,369*
IJB Non-delegated	8,020	7,987	7,987	7,962	-25	-0.31%	*-128*	*103*
Estates & Facilities	69,597	69,646	69,646	68,287	-1,359	-1.95%	*-1,359*	*0*
Board Admin & Other Services	50,821	66,046	66,046	63,762	-2,284	-3.46%	*-2,389*	*105*
Non Fife & Other Healthcare Providers	82,403	82,403	82,403	82,136	-267	-0.32%	*-267*	*0*
Financial Flexibility & Allocations	21,712	10,468	10,468	-663	-11,131	-106.33%	*-11,131*	*0*
Health Board	**419,285**	**432,832**	**432,832**	**426,081**	**-6,751**	**-1.56%**	***-13,328***	***6,577***
Integration Joint Board - Core	357,941	381,823	381,823	383,277	1,454	99.92%	*-1,443*	*2,897*
Integration Fund & Other Allocations	12,646	1,779	1,779	0	-1,779	-100.00%	*-1,779*	*0*
Sub total Integration Joint Board Core	**370,587**	**383,602**	**383,602**	**383,277**	**-325**	**-0.08%**	***-3,222***	***2,897***
IJB Risk Share Arrangement	0	0	0	6,975	6,975	0.00%	*6,975*	*0*
Total Integration Joint Board	**370,587**	**383,602**	**383,602**	**390,252**	**6,650**	**1.73%**	***3,753***	***2,897***
Total Expenditure	**789,872**	**816,434**	**816,434**	**816,333**	**-101**	**-0.01%**	***-9,575***	***9,474***
IJB	-38,513	-48,092	-48,092	-48,092	0	**0.00%**	*0*	*0*
Health Board	-24,360	-37,383	-37,383	-37,501	-118	**0.32%**	*-118*	*0*
Miscellaneous Income	**-62,873**	**-85,475**	**-85,475**	**-85,593**	**-118**	**0.14%**	***-118***	***0***
Net position including income	**726,999**	**730,959**	**730,959**	**730,740**	**-219**	**-0.03%**	***-9,693***	***9,474***

3.3 As reported each month, the earlier 'Financial Performance against Trajectory' graph shows the initial trajectory plan profiling savings delivery towards the latter half of the year; whilst the agreed gross 2018/19 efficiency savings target of £23.985m was removed from opening budgets on a recurring basis on an even spread, hence the flatter line. The removal of savings targets facilitates the further analysis each month of run rate performance as distinct from savings delivery performance. In totality the outturn position is driven by both unmet savings targets and run rate performance, offset by non recurring financial flexibility.

4. Operational Financial Performance for the year

Acute Services

4.1 The Acute Services Division reports a net overspend of £8.315m for the year to date. This reflects an overspend in operational run rate performance of £1.946m, and unmet savings of £6.369m. Within the run rate performance, pay is overspent by £2.366m. The overall position has been driven by a combination of unidentified savings and continued pressure from the use of agency locums, junior doctor banding supplements and incremental progression. Balancing finance and other performance targets across the Acute Services whilst seeking to identify recurring efficiency savings proved challenging.

4.2 Work has already started within the service to identify efficiency savings opportunities for the new financial year and beyond.

Estates & Facilities

4.3 The Estates and Facilities budgets report an underspend of £1.359m for the 12 months as a result of run rate performance. Savings have been delivered in full for this financial year. The run rate net underspend is generally attributable to vacancies, energy and water and property rates, and partially offset by an overspend on property maintenance. The position in March includes the cost of winter maintenance pressures; and QMH refurbishment of residences, mortuary repairs and fire door repairs.

Corporate Services

4.4 Within the Board's corporate services there is an underspend of £2.284m .This comprises an underspend on run rate of £2.389m as offset by unmet savings of £0.105m. Further analysis of Corporate Directorates is detailed per Appendix 3.

Non Fife and Other Healthcare Providers

4.5 The budget for healthcare services provided outwith NHS Fife is underspent by £0.267m. Further detail is attached at Appendix 4.

Financial Plan Reserves & Allocations

4.6 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 were subsequently held in a central budget and have been subject to robust scrutiny and review each month. The detailed review of the financial plan reserves at Appendix 5 allows an assessment of financial flexibility both in year, and forecast for the year end outturn, to be reflected in the position. 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.

4.7 The most significant balances of financial flexibility reported at month 12 continue as reported in previous months and include: slippage on medicines which meet the horizon scanning criteria; the release of major trauma commitments; pay consequential funding which has been agreed nationally; and the release of the prior year underspend. There have been no additional financial flexibility sources identified in month.

Integration Services

4.8 The health budgets delegated to the Integration Joint Board report an underspend of £0.325m for the year. This position comprises an underspend in the run rate performance of £1.433m; release of forecast unspent allocations (financial flexibility) of £1.779m for ADP, Primary Care Improvement Fund, and s15 Mental Health funding; together with unmet savings of £2.897m. The underlying drivers for the run rate underspend are vacancies in community nursing, health visiting, school nursing,

community and general dental services across Fife Wide Division. In addition, spend on Sexual Health & Rheumatology biologic drugs continue to materialise at a lower rate than expected due to some significant price reductions; and a higher than anticipated Hepatitis C drug rebate, The aforementioned underspend is partly offset by cost pressures within GP prescribing (albeit this has again improved); unmet savings targets; complex care packages and bank and agency usage across East Division community hospitals.

4.9 The health component of the Partnership improved in during the second half of the year, however the social care position deterioritated. After management actions the resulting outcome is a total IJB overspend of £9.236m. As detailed in Table 2 below, this total overspend results in a transfer of costs of £6.975m from Fife Council to NHS Fife (being the difference between the underspend on the delegated health budget of £0.325m and the health risk share (72%) of the overall overspend ie £6.650m). It is important to acknowledge that this compares with a total transfer of costs of £2.289m in the opposite direction from NHS Fife to Fife Council across the two previous financial years.

Table 2 : Risk Share Calculation

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NHS Fife	5,114	4,278	3,547	2,795	576	22	-325
Social Care	5,834	6,309	6,903	7,630	8,833	9,747	9,561
Subtotal	10,948	10,587	10,450	10,425	9,409	9,769	9,236
Less Management Actions	-2,760	-2,760	0	0	0	0	0
Total	**8,188**	**7,827**	**10,450**	**10,425**	**9,409**	**9,769**	**9,236**
72% of total	5,895	5,635	7,524	7,506	6,774	7,034	6,650
Risk share adjustment (transfer of cost from Fife Council to NHS Fife)	784	1,357	3,977	4,711	6,198	7,012	6,975

Income

4.10 A small over recovery in income of £0.118m 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. This highlights the key financial challenges as being the risk share impact of the social care overspend and non delivery of efficiency savings.

	Annual Budget	Budget	Actual	Net over/ (under) spend
Pan-Fife Analysis	**£'000**	**£'000**	**£'000**	**£'000**
Pay	342,729	342,729	340,437	-2,292
GP Prescribing	72,293	72,293	74,448	2,155
Drugs	33,414	33,414	31,216	-2,198
Other Non Pay	365,314	365,314	364,013	-1,301
IJB Risk Share	0	0	6,975	6,975
Efficiency Savings	-7,137	-7,137	-93	7,044
Commitments	9,821	9,821	-663	-10,484
Income	-85,475	-85,475	-85,593	-118
Net underspend	**730,959**	**730,959**	**730,740**	**-219**

Pay

5.2 The overall pay budget reflects an underspend of £2.292m. There are underspends 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.

5.3 Against a total funded establishment of 7,726 wte across all staff groups, there were 7,790 wte staff in post in March.

Drugs & Prescribing

5.4 Across the system, there is a net overspend of £0.043m on medicines of which an overspend of £2.155m is attributable to GP Prescribing and an underspend of £2.198m relating to sexual health and rheumatology drugs. The GP prescribing position is based on informed estimates for February and March, and is endorsed by the Director of Pharmacy

Other Non Pay

5.5 Other non pay budgets across NHS Fife are collectively underspent by 1. 301m.The overspends in equipment service contracts and property maintenance are offset by underspends within energy, medical supplies and purchase of healthcare.

6 Financial Sustainability

6.1 The Financial Plan presented to the Board last March highlighted the requirement for £23.985m gross cash efficiency savings to support financial balance in 2018/19 prior to pay consequential funding of £4.426m. Further progress on savings has been made with around 71% of the annual target being identified in year. The extent of the recurring / non recurring delivery for the year is illustrated in Table 4 below. Of the £23.985m gross target, £8.503m has been identified on a recurring basis (including £4.426m pay consequential funding), with a further £8.436m in year only, which will add to the additional savings requirement in the next financial year. A further analysis of the table below can be found in Appendix 6 to this report.

Table 4 : Savings 2018/19

Savings 2018/19	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved to date £'000	*Outstanding £'000*
Health Board	11,732	1,973	5,610	7,583	4,149
Pay Consequentials	2,426	2,426	0	2,426	0
Health Board (Gross)	**14,158**	**4,399**	**5,610**	**10,009**	**4,149**
Integration Joint Board	7,827	2,104	2,733	4,837	2,990
Pay Consequentials	2,000	2,000	0	2,000	0
IJB (Gross)	**9,827**	**4,104**	**2,733**	**6,837**	**2,990**
Sub Total	**23,985**	**8,503**	**8,343**	**16,846**	**7,139**
IJB Additional Benefit	0	0	93	93	-93
Total Savings	**23,985**	**8,503**	**8,436**	**16,939**	**7,046**

7 Key Messages / Risks

7.1 A robust and definitive assessment of the forecast outturn has proved to be extremely challenging this year, even more so than in previous years, given the issues highlighted in the section above. As such the risk assessment on the Financial Sustainability of the Board Assurance Framework has been held as 'High' over the latter part of the year. Whilst a break even position is reported, subject to external audit review, this has only been achievable through robust management of non recurring funding and other financial flexibility.

7.2 The risk share arrangement as set out in the Integration Scheme for the Fife Integration Joint Board presented a specific challenge for financial management and reporting within NHS Fife during the year. In particular, it impacted on the extent to which the Director of Finance could provide Board members with overt and robust assurance on the likely year end forecast throughout the financial year. This is a matter of financial governance and consequently, as we move to the new financial year, consideration should be given to a review of the terms of the Integration Scheme, to remove this clause. The Finance, Performane & Resources Committee agreed at their March meeting to support the Director of Finance and Chief Executive in entering discussion with colleagues on this matter

8 Recommendation

9.1 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 underspend of £0.219m for 2018/19 (subject to external audit review)

Appendix 1 – Core Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non-Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
	Opening Allocations	636,964			636,964	
	April Adjustments		3,973		3,973	
	June Adjustments	1,036	524	4,758	6,318	
	July Adjustments	312	2,114	-720	1,706	
	August Adjustments		-28	6,426	6,398	
	September Adjustments	5,832	1,814	41,014	48,660	
	October Adjustments			406	406	
	November Allocations		667	1,163	1,830	
	December Allocations		34	1,196	1,230	
	January Allocations	-2	-779	-9	-790	
	February Allocations		231	125	356	
	March Allocations					
	Recharges for GJNH SLA			3	3	Sla Adjustment
	Non- Medical Prescribing Training			17	17	Training costs
	Total Core Revenue Allocation	**644,142**	**8,550**	**54,379**	**707,071**	

Appendix 2 – Non Core Revenue Resource Limit Allocations

	£'000
PFI Adjustment	3,099
Donated Asset Depreciation	99
Impairment	4,000
AME Provision	-715
IFRS Adjustment	4,877
Non-core Del	3,200
Depreciation from Core allocation	12,303
Total	**26,863**

Anticipated Non Core Revenue Resource Limit

	March
	£'000
Donated Asset Depreciation	2
Impairment	-2,976
Depreciation	-36
AME Provision	35
Total	**-2,975**

Appendix 3 - Corporate Directorates

Cost Centre	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	11,428	11,428	11,365	-63
Nhs Fife Chief Executive	200	200	235	35
Nhs Fife Finance Director	4,615	4,615	4,317	-298
Nhs Fife Hr Director	3,153	3,153	3,114	-39
Nhs Fife Medical Director	5,708	5,708	5,484	-224
Nhs Fife Nurse Director	3,949	3,949	3,829	-120
Nhs Fife Planning Director	2,165	2,165	1,869	-296
Legal Liabilities	13,780	13,780	13,331	-449
Public Health	2,116	2,116	2,053	-63
Early Retirements & Injury Benefits	16	16	-55	-71
External & Internal Audit	162	162	156	-6
Regional Funding	506	506	464	-42
Annual leave	0		-648	-648
Depreciation	18,248	18,248	18,248	0
Total	**66,046**	**66,046**	**63,762**	**-2,284**

Appendix 4 – Non Fife & Other Healthcare Providers

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	91	91	69	-22
Borders	42	42	46	4
Dumfries & Galloway	23	23	48	25
Forth Valley	2,951	2,951	3,126	175
Grampian	334	334	321	-13
Highland	125	125	218	93
Lanarkshire	107	107	150	43
Scottish Ambulance Service	94	94	100	6
Lothian	28,316	28,316	26,670	-1,646
Greater Glasgow	1,536	1,536	1,551	15
Tayside	38,018	38,018	37,934	-84
	71,637	71,637	70,233	-1,404
UNPACS				
Health Boards	8,289	8,289	9,347	1,058
Private Sector	1,145	1,145	1,611	466
	9,434	9,434	10,958	1,524
OATS	1,267	1,267	882	-385
Grants	65	65	63	-2
Total	**82,403**	**82,403**	**82,136**	**-267**

Appendix 5 – Financial Flexibility and Allocations

	Financial Flexibilty at 31 March £'000
Financial Plan	
Drugs	2,747
Complex Weight Management	50
Adult Healthy Weight	104
Trainee Grow th	70
National Specialist Services	268
Band 1's	310
Low pay	89
Apprenticeship Levy	40
Land Registration	32
Major Trauma	1,318
Unitary Charge	141
Junior Doctor Travel	199
Consultant Increments	293
Discretionary Points	77
NDC	135
Financial Flexibility	1,115
Subtotal Financial Plan	**6,988**
Allocations	
Health Improvement	13
Depreciation	-752
Pay Consequentials	2,426
Distinction Aw ards	3
Neonatal Expenses Fund	3
Carry Forw ard underspend 2017/18	1,494
National Cancer Strategy	46
Qfit	93
DEC Melanoma Funding	18
NSD Risk Share rebate	136
Subtotal Allocations	**3,480**
Total	**10,468**

Appendix 6 - Efficiency Savings

Health Board Efficiency Savings	2018/19 Target	2018/19 Rec	2018/19 Non-Rec	2018/19 Total	2018/19 O/s	2019/20 Rec	2019/20 O/s
Service Redesign	7,479	292	1,258	1,550	5,929	2,177	5,302
Drugs & Prescribing	1,547	490	1,116	1,606	-59	1,260	287
Workforce	2,976	513	2,571	3,084	-108	760	2,216
Procurement	1,368	340	69	409	959	366	1,002
Infrastructure	420	260	263	523	-103	260	160
Other	368	78	333	411	-43	228	140
Workstream Total	14,158	1,973	5,610	7,583	6,575	5,051	9,107
Fin. Mngmnt./Corp. Initiatives	-2,426	0	0	0	-2,426		-2,426
Total Health Board savings	11,732	1,973	5,610	7,583	4,149	5,051	6,681

IJB Efficiency Savings	2018/19 Target	2018/19 Rec	2018/19 Non-Rec	2018/19 Total	2018/19 O/s	2019/20 Rec	2019/20 O/s
Service Redesign	0	120	0	120	-120	120	-120
Drugs & Prescribing	1,250	1,250	0	1,250	0	1,250	0
Workforce	90	154	277	431	-341	154	-64
Procurement	110	110	0	110	0	110	0
Other	8,377	470	2,456	2,926	5,451	470	7,907
Workstream Total	9,827	2,104	2,733	4,837	4,990	2,104	7,723
Fin. Mngmnt./Corp. Initiatives	-2,000	0	0	0	-2,000	0	-2,000
Sub Total	7,827	2,104	2,733	4,837	2,990	2,104	5,723
IJB Additional Benefit	0	0	93	93	-93	0	0
Total IJB savings	7,827	2,104	2,826	4,930	2,897	2,104	5,723

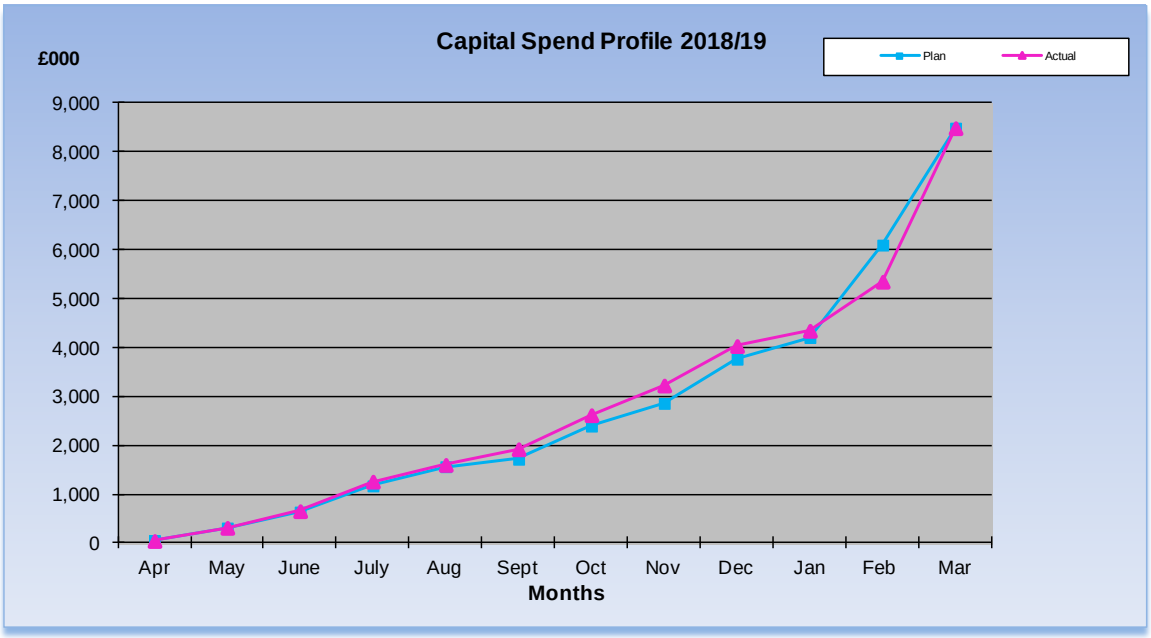
NHS Fife Efficiency Savings	2018/19 Target	2018/19 Rec	2018/19 Non-Rec	2018/19 Total	2018/19 O/s	2019/20 Rec	2019/20 O/s
Service Redesign	7,479	412	1,258	1,670	5,809	2,297	5,182
Drugs & Prescribing	2,797	1,740	1,116	2,856	-59	2,510	287
Workforce	3,066	667	2,848	3,515	-449	914	2,152
Procurement	1,478	450	69	519	959	476	1,002
Infrastructure	420	260	263	523	-103	260	160
Other	8,745	548	2,789	3,337	5,408	698	8,047
Workstream Total	23,985	4,077	8,343	12,420	11,565	7,155	16,830
Fin. Mngmnt./Corp. Initiatives	-4,426	0	0	0	-4,426	0	-4,426
Sub Total	19,559	4,077	8,343	12,420	7,139	7,155	12,404
IJB Additional Benefit	0	0	93	93	-93	0	0
Total NHS Fife savings	19,559	4,077	8,436	12,513	7,046	7,155	12,404

NHS Fife Efficiency Savings Target Reconciliation	
	2018/19 **£,000**
NHS Workstream Total	14,158
IJB Workstream Total	9,827
Gross NHS Fife Efficiency Target	**23,985**
HB Pay Consequentials	(2,426)
IJB Pay Consequentials	(2,000)
Net NHS Fife Efficiency Target	**19,559**

Performance Drill Down – Capital Expenditure

Capital Expenditure

Measure	*Health Boards are required to work within the capital resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD).*
In year position	£8.479m spend at Month 12
Outturn position	£8.481m spend



Previous 3 Months	Jan 2019	Feb 2019	Mar 2019
Capital			
Actual	£4.339m	£5.341m	£8.479m
Plan	£4.562m	£6.547m	£8.481m
Outturn position	£8.400m	£8.459m	£8.481m

Commentary

The total Capital Resource Limit for 2018/19 is £8.459m supplemented by a NBV allowance of £22k giving a total available of £8.481m. The capital position for the 12 months to March shows investment of £8.479m an under spend of £2k, equivalent to 99.98% of the total allocation.

1. INTRODUCTION

This report provides an overview on the capital expenditure position as at the end of March 2019, based on the Capital Plan 2018/19, as approved by the NHS Board on 14 March 2018. For information, changes to the plan since its initial approval in March are reflected in Appendix 1. This report has changed slightly to reflect the meeting schedules of both the Board and FP&R. On 1 June 2018 NHS Fife received confirmation of initial core capital allocation amounts of £7.394m gross. On 3 December 2018 NHS Fife received an additional allocation of £1.466m for the

purchase of the MRI at Victoria Hospital. On 31 December 2018 NHS Fife's Capital Allocation was adjusted for the transfer to revenue schemes actioned during the year (£0.478m). On 1 February the board received a further allocation of £0.027m for Forensic Examinations at QMH. On 1 March the board received an allocation for equipment for the Forensic Examination at QMH £0.058m - an adjustment of (£0.009m) has been made for a National Decontamination Capital contribution.

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 – moving of dental unit access road currently in discussion – Property will not be sold in 2018/19;
- Forth Park Maternity Hospital – Contract concluded – planning application awaited – Property will not be sold in 2018/19
- Fair Isle Clinic – Property back on market – Property will not be sold in 2018/19;
- Hazel Avenue – Sold 2018/19;
- ADC – Currently in process of being marketed;
- Hayfield Clinic – Sold 18/19; and
- 10 Acre Field – Land sold 2018/19

2.2 The property at ADC is currently occupied and therefore not yet valued at open market value – it has been declared surplus and is in the process of being valued.

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 £8.479m or 99.98% 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:

Information Technology	£1.039m
Minor Works	£0.832m
Statutory Compliance	£2.600m
Equipment	£3.696m
Anti-Ligature Works	£0.138m
Forensic Unit	£0.075m
Vehicles	£0.060m

4. CAPITAL EXPENDITURE OUTTURN

4.1 At the end of the financial year the Board has spent the Capital Resource Limit in full albeit a £2k under spend; slippage on the boiler decentralisation project at Queen Margaret Hospital is being utilised to complete Phase 4 of the Medium Temperature Hot Water project at the Victoria Hospital.

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 March 2019 of £8.479m and delivery of the capital resource limit target (subject to external audit review).

Appendix 1: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2018/19	Board Approved 14/03/2018 £'000	Cumulative Adj to Feb £'000	Mar Adj £'000	Mar Total £'000
Routine Expenditure				
Community & Primary Care				
Minor Capital		59		59
Capital Equipment		122		122
Statutory Compliance		655	(316)	339
Condemned Equipment		36		36
Total Community & Primary Care	**0**	**873**	**(316)**	**557**
Acute Services Division				
Capital Equipment		3,385	98	3,482
Minor Capital		716	57	773
Statutory Compliance		2,537	(280)	2,257
Condemned Equipment		55		55
Total Acute Service Division	**0**	**6,693**	**(125)**	**6,567**
Fife Wide				
Minor Work	498	(498)		
Information Technology	1,041		(2)	1,039
Backlog Maintenance/Statutory Compliance	3,586	(3,586)		
Condemned Equipment	90	(90)		
Scheme Development	43		(1)	42
Fife Wide Equipment	2,036	(2,036)		
Fife Wide Contingency Balance	100	50	(12)	138
Fife Wide Vehicles		60		60
Forensic Unit QMH		86	(11)	75
Decontamination Adjustment		(9)	9	
Capital to Revenue Transfers		(478)	478	
Total Fife Wide	**7,394**	**(6,500)**	**462**	**1,355**
Total NHS Fife	**7,394**	**1,065**	**20**	**8,479**

Appendix 2 - Capital Programme Expenditure Report

NHS FIFE - TOTAL REPORT SUMMARY 2018/19

CAPITAL PROGRAMME EXPENDITURE REPORT - MARCH 2019

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2018/19 £'000
COMMUNITY & PRIMARY CARE			
Statutory Compliance	328	339	339
Capital Minor Works	59	59	59
Capital Equipment	122	122	122
Condemned Equipment	36	36	36
Total Community & Primary Care	**546**	**557**	**557**
ACUTE SERVICES DIVISION			
Capital Equipment	3,433	3,482	3,482
Statutory Compliance	2,285	2,257	2,257
Minor Works	773	773	773
Condemned Equipment	55	55	55
Total Acute Services Division	**6,546**	**6,567**	**6,567**
NHS FIFE WIDE SCHEMES			
Information Technology	1,041	1,039	1,039
Scheme Development	41	42	42
Contingency	150	138	138
Vehicles	60	60	60
Forensic Examination Service	74	75	75
Total NHS Fife Wide	**1,366**	**1,355**	**1,355**
TOTAL ALLOCATION FOR 2018/19	**8,459**	**8,479**	**8,479**

Section B:3 Staff Governance

Sickness Absence HEAT Standard: We will achieve and sustain a sickness absence rate of no more than 4%, measured on a rolling 12-month basis

The sickness absence rate for the 12 months ending February was 5.39%, a decrease of 0.01% when compared to the position at the end of January. During the first eleven months of FY 2018/19, sickness absence was 5.39%, a decrease of 0.27% when compared with the equivalent period of FY 2017/18.

Assessment: The NHS Fife sickness absence rate was higher in FY 2017/18 compared to FY 2016/17. However, improvements have been seen in recent months despite an increase in the monthly absence rates from August to January.

iMatter local target: We will achieve a year on year improvement in our Employee Engagement Index (EEI) score by completing at least 80% of team action plans resulting from the iMatter staff survey.

The 2018 iMatter survey involved 800 separate teams of staff across NHS Fife and the H&SCP. Each team was expected to produce an Action Plan, with a completion date of 12th November. By the completion date, 344 Action Plans (43%) had been completed. This has increased slightly to 377 (47%) at the end of March.

The next cycle of iMatter, which will enable a further assessment of performance in this area, will commence in April.

Assessment: The 2018 survey achieved a response rate of 53%, 9% less than the 2017 response rate, and because it is below the 60% threshold for production of a Board report, there is no published EEI score. However, the Board Yearly Components Report which details the answers provided to every question in the questionnaire by the 53% of staff who responded are in every case either improved or the same as 2017.

TURAS local target: At least 80% of staff will complete an annual review with their Line Managers via the TURAS system

Monthly reporting is now available for Turas, and the completion rate is currently 32%.

Assessment: It is recognised that a significant number of reviews occur in the January-March period, so the current performance figure will increase as reviews undertaken in February and March are recorded. This will be addressed with the implementation of a recovery plan for the rolling year going forward. The recovery plan will be agreed at EDG, with milestones for improvement to return to the 80% compliance agreed by directors.

Management Referrals local target: At least 95% of staff referred to the Staff Health & Wellbeing Service by their manager will receive an appointment within 10 working days

During Quarter 3 of 2018/19, 76.8% of the management referrals processed by the Staff Wellbeing & Safety Service were offered an appointment within 10 working days.

Assessment: This is below the agreed target, but represents a significant improvement from the previous quarters, and was achieved after the service cleared additional work relating to Exposure Prone Procedures. The current 95% target will require to be continually monitored should it be the case that resources require to be redirected to other agreed organisational priorities (e.g. annual flu vaccination programme).

Redeployment local target: At least 50% of jobs identified as possible suitable alternatives by the redeployment group will be investigated and an initial decision over their suitability will be made within 2 weeks

During Quarter 3 of 2018/19, 67% of jobs identified were investigated (with an initial decision over suitability made), a reduction of 16% on Quarter 2. Performance in this indicator varies, subject to number of staff of the redeployment register and their particular circumstances, although we continue to exceed the local target.

Supplementary Staffing local target: At least 80% of supplementary staffing requests (Nursing & Midwifery) will be met by the Nurse Bank.

During Quarter 3 of 2018/19, 74.9% of staffing requirements were met via the Nurse Bank, slightly reduced on the performance during Quarter 2.

Pre-Employment Checks local target: At least 80% of all pre-employment checks, as detailed within the Safer Pre & Post Employment Checks NHS Scotland Policy, will be completed within 21 working days from receipt of the preferred candidate details

During Quarter 3 of 2018/19, nearly 350 individuals within various staff groups were offered employment throughout NHS Fife, with 67% of pre-employment checks being completed within 21 working days, a 9% reduction compared to the previous quarter.

Further analysis on pre-employment checks completed within Quarter 3 indentified delays were caused by external factors including applicant's not returning paperwork timeously. On receipt of the required documentation, checks were processed in a timely manner by the service.

There was a higher proportion of instances where pre-employment checks were not completed within 21 working days during December, which may be due to a reduced availability of applicants and referees during the festive period.

Performance Summary

National Standards

Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Staff Governance	RED	Sickness Absence	Clinically Effective	5.00%	12 months to Feb 19	5.39%	12 months to Jan 19	5.40%	↑	5.39%	Only published annually: NHS Fife had the highest sickness absence rate in FY 2017-18 (Fife performance 5.76%, Scotland performance 5.39%)			

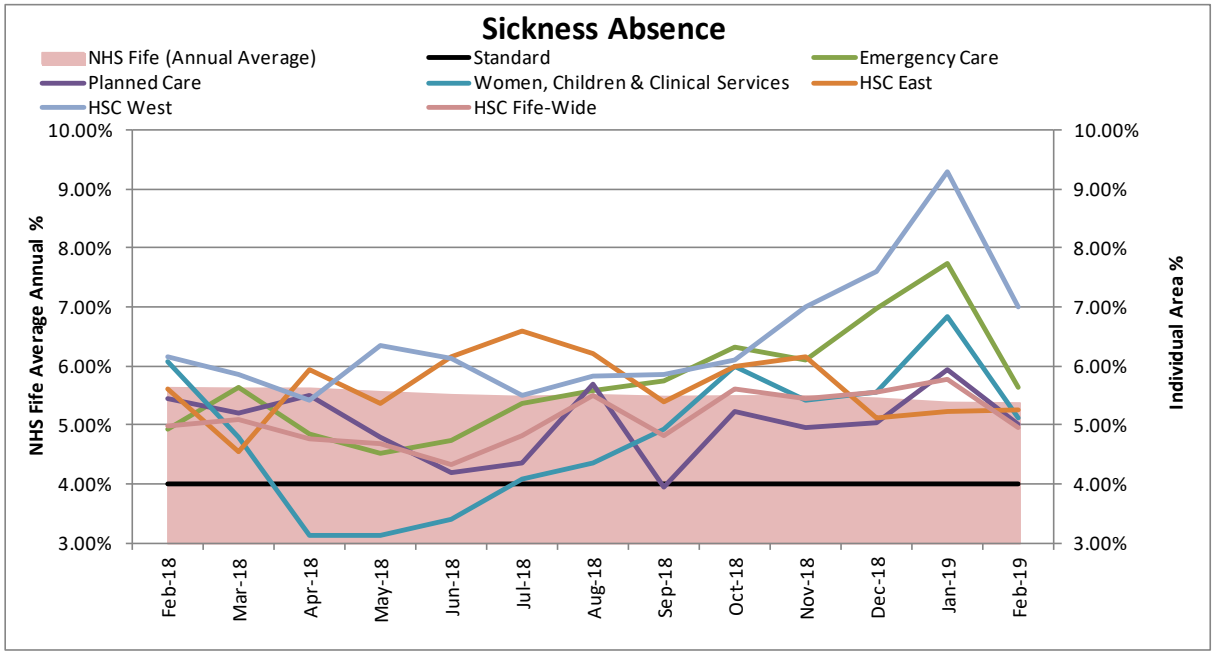
Local Targets

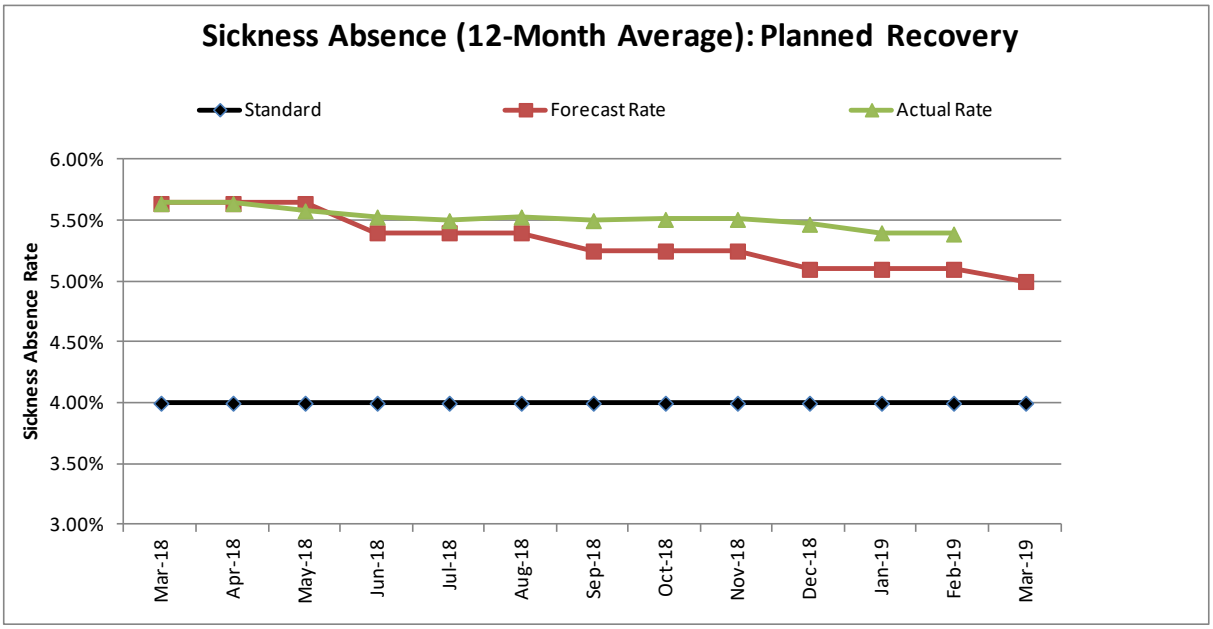
Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the local target	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the local target	↓	Performance worsened from previous
RED	Performance is more than 5% behind the local target	↔	Performance unchanged from previous

Section	RAG	Local Target	Quality Aim	Target for 2018-19	Performance Data				
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel
Staff Governance	GREEN	Redeployment	Clinically Effective	50.0%	Oct to Dec 2018	67.0%	Jul to Sep 2018	83.3%	↓
	RED	Supplementary Staffing	Clinically Effective	80.0%	Oct to Dec 2018	74.9%	Jul to Sep 2018	77.5%	↓
		Pre-Employment Checks	Safe	80.0%	Oct to Dec 2018	67.0%	Jul to Sep 2018	76.1%	↓
		Management Referrals	Safe	95.0%	Oct to Dec 2018	76.8%	Jul to Sep 2018	48.3%	↑
		iMatter	Clinically Effective	80.0%	FY 2018/19	47.0%	FY 2017/18	41.0%	↑
		TURAS	Clinically Effective	80.0%	12 months to Mar 2019	32.0%	12 months to Feb 2019	31.0%	↑

Sickness Absence

Measure	**We will achieve and sustain a sickness absence rate of no more than 4% (measured on a rolling 12-month basis)**
Current Performance	5.39% for 12-month period covering March 2018 to February 2019
Scotland Performance	5.39% for 2017/18 (data published annually)





Staff Governance

Previous 3 Reporting Periods	Dec 2017 to Nov 2018		Jan 2018 to Dec 2018		Feb 2018 to Jan 2019	
	5.51 %	↔	5.47%	↑	5.40 %	↑
Current Issues	The main reasons for sickness absence in 2018/19 were anxiety, stress and depression, other musculoskeletal problems and injury / fracture.					
Context	Sickness absence was higher month-on-month in 2017/18 when compared to 2016/17. However, absence rates have been significantly lower in 8 of the 11 months to date of 2018/19 when compared to 2017/18.					

Key Actions for Improvement	Planned Benefits	Due By	Status
East Division Sickness Absence Review	Improvement in the rates of sickness absence within the East Division in 2017/18	Mar 2019	Complete
Build on success of Well at Work Group, embedding commitment to being a Health Promoting Health Service *(Evidence for this would be from the annual HPHS Assessment evaluation feedback, the HWL annual review feedback, from improvements in absence rates and staff feedback from workplace surveys etc.)*	Adoption of a holistic and multi-disciplinary approach to identify solutions to manage absence and promote staff wellbeing	Mar 2019	Delayed Revised to Apr 2019
Enhanced data analysis of sickness absence trends, aligned to other, related workforce information, combined with bespoke local reporting *(Use of Top 100 Reports, Drill Down reports provided for wards and departments, looking for increased staff and managerial engagement and improvement in absence rates. This will be supplemented via the introduction of Tableau from March 2019.)*	Enable NHS Fife to target Staff Wellbeing & Safety support, and other initiatives, to the most appropriate areas	Mar 2019	Delayed Revised to Apr 2019
Formation of a short life working group to explore challenges and opportunities relating to an ageing workforce *(the group has now met on three occasions and an Action Plan is being implemented)*	Identification of appropriate mechanisms to allow staff aged 50 and over to remain healthy at work, supporting the resilience of the workforce	Mar 2019	Delayed Revised date TBD
Refreshed Management Attendance training with focus on the use of the Attendance Management Resource pack, Return to Work interviews and mental health and wellbeing at work. An additional programme of Mental Health in the Workplace training supported by HWL Fife will also be explored.	Reduction of sickness level, with particular decreases in absence linked to Mental Health	Mar 2019	Delayed Revised date TBD
Launch newsletter to help improve the wellbeing of healthcare staff working in Fife (first edition was in March)	'All About You' will highlight wide range of support available to assist staff to fit healthy, and to support a reduction in sickness absence	Jun 2019	On Track
Development and production of return to work video clip for Line Managers and Supervisors to access via the intranet	Accessibility of example of best practice available to Line Managers and Supervisors to support conducting return to work interviews	Jun 2019	On Track
West Division Sickness Absence Review	Improvement in the rates of	Mar 2020	On Track

	sickness absence within the West Division in 2019/20.		

PAUL HAWKINS
Chief Executive
17th April 2019

Prepared by:
CAROL POTTER
Director of Finance

NHS Fife
Clinical Governance Committee

DATE OF MEETING:	8 May 2019
TITLE OF REPORT:	**NHS Fife Board Assurance Framework (BAF)** Quality & Safety
EXECUTIVE LEAD:	Helen Buchanan
REPORTING OFFICER:	Pauline Cumming

Purpose of the Report (delete as appropriate)		
	For Discussion	

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 6 March 2019.

Background

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

- Identifies and describes the key controls and actions in place to reduce or manage the risk
- Provides assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect
- Links to performance reporting to the Board and associated risks, legislation & standing orders or opportunities
- Provides a brief assessment of current performance. In due course, the BAF will provide detail on the progress of the risk over time - improving, moving towards its target or tram - lining

The Committee is invited to consider the following :

- Does the risk score feel right?
- Do the current controls match the stated risk?
- Will the mitigating actions bring the risk down to its target level?
- If the mitigating actions are fully implemented would the outcome be achieved?

- Does the assurance provided describe how the controls are performing?
- Do the assurances come from more than one source including independent sources?
- Are limited resources being allocated appropriately i.e. on uncontrolled high risks or in otherwise well controlled areas of risk?
- Is there anything missing you would expect to see in the BAF?

Assessment

Key updates to the overarching BAF risk are as follows:

Current Controls:
From Point 7, these have been refined to express more clearly the existing controls.

- Additions:

Points 19-26 added to reflect the current spectrum of controls as follows:

- Implementing Duty of Candour legislation
- Adverse event management process
- Sharing of learning summaries from adverse event reviews
- Implementing Excellence in Care
- Using Patient Opinion feedback
- Acting on recommendations from internal & external agencies
- Revalidation programmes for professional staff
- Electronic dissemination of safety alerts

Gaps in Control:
Updated to express more accurately the nature of the gap; this goes beyond triangulation, to the need for a more comprehensive review of multiple sources of data and activity.

Mitigating Actions:
These are now expressed as action statements and expanded upon on where appropriate e.g. Point 5 stipulates the need to review and develop not just Datix, but all technology & IT systems that support clinical governance and quality and safety.

Additions:

- Point 7 highlights the need to take even more cognisance of the patient experience.

Assurances:
The wording has been modified to provide concrete examples that demonstrate functioning controls e.g. Committees have work plans and all elements are addressed in year.

Sources of Positive Assurance:
- Additions:

Scottish Public Service Ombudsman (SPSO) reports
Patient Opinion

Gaps in Assurance:
Modified to reflect that key performance indicators should be developed which relate to all corporate objectives person centred, clinically excellent, exemplar employer & sustainable.

- Additions:

Additional assurance could be sought through executive commissioning of reviews e.g. internal audit, external peer and 'deep dives

Rationale for Target Score:
The emphasis has shifted to the organisation being able to clearly identify the actions being taken to reduce the risk level.

Linked risks:
No new risks added:

Rationale:
The risk levels of the remaining risks are unchanged.

Details of the risks are provided separately.

Recommendation

The Committee is invited to:

- **note** the changes

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

Further Information:	
Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Executive Directors

Impact: (must be completed)	
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)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	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: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Quality & Safety																												
1416	Person Centred, Clinically Excellent	25.02.2019	20.04.2019	There is a risk that due to failure of clinical governance, performance and management systems (including information & information systems), NHS Fife may be unable to provide safe, effective, person centred care.	4 - Likely - Strong possibility this could occur	5 - Extreme	20	High	3 - Possible	5 - High	15	High	Failure in this area could have a direct impact on patients' health, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme harm can occur daily, the proportion of these in relation to overall patient activity is very small.	Medical Director	Clinical Governance Chair: Dr Les Bisset	*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
1296	Emergency Evacuation - VHK- Phase 2 Tower Block	High 20	A Fairgrieve
1514	Impact of the UK's withdrawal from the EU on the availability and cost of medicines and medical devices	High 20	Evelyn McPhail
43	Vascular access for haematology/Oncology	High 20	Shirley-Anne Savage
521	Capacity Planning	High 16	TBC
529	Information Security	High 16	TBC
637	SAB HEAT TARGET	High 16	Christina Coulombe
1365	Cancer Waiting Times Access Standards	High 15	TBC
356	Clinical Pharmacy Input	High 15	Dr Christopher McKenna
1515	Impact of the UK's withdrawal from the EU on Nuclear Medicine and the ability to provide diagnostic and treatment service(s)	High 15	Jeanette Burdock

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk Owner
1366	T34 syringe drivers in the Acute Division	Closed Risk		
1297	Obsolete Equipment In Use – No Replacement Plan In Place (Graseby 3000 Series)	Closed Risk		
528	Pandemic Flu Planning	No longer a high risk	Moderate 12	Dona Milne

RISK APPETITE

Background

"the board is responsible for determining the nature and extent of the significant risks it is willing to take in achieving its strategic decisions" (UK Corporate Governance Code).

Risk appetite - why is it important? Provides:

- focus on strategic objectives within risk management
- transparency and consistency in relation to critical decisions
- basis for effective monitoring of risks
- basis for questioning if risks are properly identified & managed
- foundations for further discussion as strategies & objectives change
- guidance on level of risk permitted and need for consistency

It should make a difference to how the organisation is run.

Risk appetite - definition

"Amount and type of risk that an organisation is prepared to accept, tolerate or be exposed to at any point in time" (HM Treasury, Orange Book, 2004).

Features of a risk appetite statement

- Easy to understand
- Clarifies the risks the organisation is actively pursuing **and** avoiding
- Links directly to the organisation's objectives
- Varies with context
- Dynamic - changes over time
- Sets acceptable levels of risk
- Incorporates monitoring and assurance to ensure application
- Documented as a formal statement
- Approved by the Board
- Communicated to all staff

Risk Appetite Classification

Averse	Prepared to accept only the very lowest levels of risk, with the preference being for ultra-safe delivery options, while recognising that these will have little or no potential for reward/return.
Cautious	Willing to accept some low risks, while maintaining an overall preference for safe delivery options despite the probability of these having mostly restricted potential for reward/return.
Moderate	Tending always towards exposure to only modest levels of risk in order to achieve acceptable, but possibly unambitious outcomes.
Open	Prepared to consider all delivery options and select those with the highest probability of productive outcomes, even when there are elevated levels of associated risks.
Hungry	Eager to seek original/pioneering delivery options and to accept the associated substantial risk levels in order to secure successful outcomes and meaningful reward/return.

HM Teasury,Orange Book, 2004

DRAFT Risk Appetite against key area of Strategic Framework Objectives April 2019

Infographic in this column	Strategic Value	Strategic Aspiration	Strategic Objectives	Strategic Risks	Risk Appetite	Area of Risk	Risk Appetite
	Compassion	Person Centred	• Listen to what matters to you and treat you as an individual • Design services in partnership with service users, carers and communities	**Quality & Safety** 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		Patient Safety	
						Service user & carer	
						Stakeholder	
						Service redesign	
						Access to treatment	
		Clinically Excellent	• Work with you to ensure you receive the best possible care • Ensure there is no avoidable harm • Achieve and maintain recognised quality standards			Patient safety	
						Service user & carer	
						Compliance with	
						Performance against	
						Reputation	
						Site optimisation/	

Averse	Prepared to accept only the very lowest levels of risk, with the preference being for ultra-safe delivery options, while recognising that these will have little or no potential for reward/ return.
Cautious	Willing to accept some low risks, while maintaining an overall preference for safe delivery options despite the probability of these having mostly restricted potential for reward/ return.
Moderate	Tending always towards exposure to only modest levels of risk in order to achieve acceptable, but possibly unambitious outcomes.
Open	Prepared to consider all delivery options and select those with the highest probability of productive outcomes, even when there are elevated levels of associated risks.
Hungry	Eager to seek original/pioneering delivery options and to accept the associated substantial risk levels in order to secure successful outcomes and meaningful reward/ return.

DRAFT Risk Appetite against key area of Strategic Framework Objectives April 2019

Infographic in this column	Strategic Value	Strategic Aspiration	Strategic Objectives	Strategic Risks	Risk Appetite	Area of Risk	Risk Appetite
	Care & Compassion Excellence	Sustainable	• Ensure the maximum impact of our resources in • Increase efficiency and reduce waste • Ensure that our activities are cost effective and • Ensure that all service redesign and development makes the most effective use of • Develop, in collaboration with our partners, our property and assets to meet the changing needs	**Strategic Planning** 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		Service sustainability Cost reduction Board overspend IJB overspend Non recurring financial flexibility Value for money	

Averse	Prepared to accept only the very lowest levels of risk, with the preference being for ultra-safe delivery options, while recognising that these will have little or no potential for reward/return.
Cautious	Willing to accept some low risks, while maintaining an overall preference for safe delivery options despite the probability of these having mostly restricted potential for reward/return.
Moderate	Tending always towards exposure to only modest levels of risk in order to achieve acceptable, but possibly unambitious outcomes.
Open	Prepared to consider all delivery options and select those with the highest probability of productive outcomes, even when there are elevated levels of associated risks.
Hungry	Eager to seek original/pioneering delivery options and to accept the associated substantial risk levels in order to secure successful outcomes and meaningful reward/return.

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Inital)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	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: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Strategic Planning																												
1417	Person Centred, Clinically Excellent, Exemplar Employer, Sustainable	15.01.2019	06.03.2019	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. There is a challenge in alignment of strategic plans of partner boards with those of the Regional lead. 4. Development and recommendations of the East Region Health and Social Care Delivery Plan may impact on the focus and priority of local service redesign and the pace of its delivery.	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	The transformation programmes have been agreed and reports to the Joint Strategic Transformation Group. Organisational challenges have impacted on the meeting schedule. Meeting have been paused from February 2019 until a full review has been undertaken. The workplans is at varying stages of development with some programmes more advanced than others. Reporting of progress of transformation programmes has improved with written updates to JSTG for two of the programmes. Papers to IJB produced about the other two programmes.	Medical Director	Clinical Governance	*Ongoing actions designed to mitigate the risk including:* 1. Establishment of IMPACT in 2016 - a small internal business unit which provides focussed, co-ordinated, client tailored support to accelerate delivery of NHS Fife's strategic objectives. Provides a programme management framework to ensure the programme is delivered. 2. Establishment of the Joint Strategic Transformation Group (JSTG) to drive the delivery of the H&SC Strategic Plan and the Clinical Strategy. 3. 3 of the 4 key strategic priorities are being taken forward by the H&SCP/IJB. The remaining priority is being taken forward by Acute services and progress shared through regular highlight reports. Programme Boards provide oversight and strategic guidance to the programme. Collaborative oversight is provided by the JSTG. 4. NHS Fife is a member of SEAT with executive attendance at Regional Planning meetings. Progress is being made in some areas. 5. NHS Fife is a member of the East Region Programme Board established to develop the East Region Health and Social Care Delivery Plan and is represented by directors on all workstreams. 6. Establishment of the Executive Board to provide strategic and operational oversight of the health boards services including the transformation programmes. 7. The Service Planning Reviews have taken place for 2019/20 -21/22 which will inform actions to deliver Clinical Strategy and prioiritise transformation programmes.	JSTG not performing role adequately but tranformation 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. JSTG being refocused with Chief Executive chairing group. Workshop planned to produce workplan with deliverables and milestones. 1. The NHS Fife CEO chairs the Acute Services workstream of the East Region Health and Social Care Delivery Plan. Plan has not bee 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 Assessment Framework is in place and assures committees on acute services division performance and winter planning monitoring.	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. Site Optimisation Programme is being closed off with a refreshed Acute Transformation Programme being developed. JSTG workshop being arranged to produce an agreed workplan and TOR.	3 - Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate	Once governance and monitoring is in place and transformation programmes are being realised, the risk level should reduce.

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 REPORT:	08/05/2019
TITLE OF REPORT:	**NHS Fife Board Assurance Framework (BAF)** Strategic Planning
EXECUTIVE LEAD:	Dr Chris McKenna, Medical Director
REPORTING OFFICER:	Dr Chris McKenna, Medical Director

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).

The role and purpose of the JSTG is being refocused with the first meeting of the group chaired by the Chief Executive took place in April 2019. A forthcoming workshop in June 2019 will enable a refresh of the workplan and aims of the group.

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
ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE CLINICAL GOVERNANCE COMMITTEE FOR 2018/19

1. PURPOSE

1.1 To provide the Board with the assurance that clinical governance mechanisms are in place and effective throughout the whole of Fife NHS Board's responsibilities, including health improvement activities.

2. MEMBERSHIP

2.1 During the financial year to 31 March 2019 membership of the committee comprised: -

• Chair	Dr L Bisset	Non-Executive Committee Member
	Martin Black	Non Executive Committee Member
	Mrs W Brown	Area Partnership Forum Representative
	Dr Frances Elliot	The Board Medical Director
	David Graham	Non Executive Committee Member
	Ms Margaret Hannah	The Board Director of Public Health
	Mr Paul Hawkins	Chief Executive of the Board
	Ms R Laing	Non Executive Committee Member
	Mr S Little	Non Executive Committee Member
	Dr C McKenna	The Board Medical Director
	Ms Dona Milne	The Board Director of Public Health
	Ms J Owens	Area Clinical Forum Representative
	Mr J Stobbs	Patient Representative
	Mrs Margaret Wells	Non Executive Committee Member
	Ms H Wright	The Board Nurse Director

2.2 The Committee may invite individuals to attend the Committee meetings but normally in attendance would be:

- NHS Fife Executive Lead for Clinical Governance
- NHS Fife Executive Lead for Risk Management
- NHS Fife Executive Lead for e-Health
- NHS Fife Executive Lead for Organisational Development*
- NHS Fife Executive Lead for Staff Governance*
- NHS Fife Executive Lead for Involving People
- NHS Fife Executive Lead for Healthcare Acquired Infection (HAI)
- Associate Medical Director, Acute Services Division
- Associate Medical Director, Fife Health & Social Care Partnership
- Three Community Services General Managers*
- Three Community Services Clinical Directors*
- Director of Acute Services Division
- NHS Fife Lead for Public Health Governance
- NHS Fife Caldicott Guardian
- NHS Fife Lead for Complaints
- NHS Fife Head of Quality & Clinical Governance
- NHS Fife Clinical Effectiveness Coordinator

(*Attend when appropriate)

3. MEETINGS

3.1 The Committee met on six occasions during the year (1 April 2018 to 31 March 2019) on the undernoted dates:

9 May 2018
4 July 2018
5 September 2018
7 November 2018
16 January 2019
6 March 2019

3.2 The attendance schedule is attached at Appendix 1.

4. BUSINESS

4.1 Details of the substantive business items considered are attached as Appendix 2.

4.2 Minutes of the meetings of the Clinical Governance Committee have been timeously submitted to the Board for its information.

4.3 The range of business covered at the meetings and the additional papers submitted to the Committee demonstrates that the full range of matters identified in the Clinical Governance Committee's remit is being addressed.

4.4 In line with its Constitution and Terms of Reference, the Committee has produced an Annual Work Plan for the Board.

4.5 The process for managing non-presentation of reports to the committee is well managed. Reports are presented at each committee which detail the reports not presented and the action taken to carry these over to the next meeting. This is managed on a meeting by meeting basis. If there was any significant impact of a report not being presented this would be discussed at the Committee during the exception report.

4.6 In providing this assurance to the Board, assurance reports have been received from:

NHS Fife Health & Social Care Partnership Care and Clinical Governance Committee
NHS Fife Information Governance Group
NHS Fife eHealth Board and
NHS Fife Health and Safety Committee

4.7 Adequate and effective Clinical and Information Governance arrangements were in place throughout year 2018 -2019.

5. BEST VALUE

5.1 Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 3 provides evidence of where and when the Committee considered the relevant characteristics during 2018/19

6. RISK MANAGEMENT

In line with the Board's agreed risk management arrangements, NHS Fife Governance Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail, and introduction, of the Board Assurance Framework. Progress and appropriate actions were noted.

7. SELF ASSESSMENT

7.1 The Committee has undertaken a self assessment of its effectiveness, utilising a revised Self Assessment Checklist which was approved by NHS Fife Clinical Governance Committee in November 2018.

8. Conclusion

8.1 As Chair of the Clinical Governance Committee during financial year 2018/19, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place throughout NHS Fife during the year.

8.2 I can confirm that that there were no significant control weaknesses or issues at the yearend which the Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.

8.3 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee.

_____ (signed) _____ (date)

Dr L Bisset
CHAIRPERSON 2018/19
On behalf of NHS Fife Clinical Governance Committee

NHS Fife Clinical Governance Committee Attendance Record
1st April 2018 to 31st March 2019

POSITION	NAME	9 May 2018	4 July 2018	5 September 2018	7 November 2018	16 January 2019	6 March 2019
Members							
Chair NHSFCGC	Les Bisset	√	√	√	√	√	√
Non-Executive Committee Member	Simon Little	√	√	√			
Non Executive Committee Member	Rona Laing	√	√	√	√	√	√
Non Executive Committee Member	Martin Black	√	√	√	√	√	√
Non Executive Committee Member	David Graham	√	x	x	√	x	√
Non Executive Committee Member	Margaret Wells	√	√	√	√	√	√
Patient Representative	John Stobbs	√	√	√	x	√	√
Area Partnership Forum	Wilma Brown	√	√	√	x	√	√
Area Clinical Forum Representative	Janette Owens	√	√	x	√	√	x
Chief Executive	Paul Hawkins	x	√	√	x	x	x
Medical Director, NHS Fife	Frances Elliot	√	√	√	√	√	√
Medical Director, NHS Fife	Christopher McKenna						√
Nurse Director NHS Fife	Helen Wright	x	x	√	x	√	x
Director of Public Health	Margaret Hannah	x	√	x	Retired		
Director of Public Health	Dona Milne			√	√	√	√

In Attendance		**9 May 2018**	**4 July 2018**	**5 September 2018**	**7 November 2018**	**16 January 2019**	**6 March 2019**
Associate Medical Director	Rob Cargill	√	√	√	x	√	√
PA to Medical Director – NHS Fife	Catriona Dziech	√	√	√	√	√	√
Director of Planning and Strategic Partnership & Interim Chief Operating Officer	Jann Gardner	√	√	√	√		
Associate Medical Director H&SCP	Dr S McCallum	√	√	√	√	√	x
Head of Corporate Planning and Performance	Gillian MacIntosh			√	√	√	x
Clinical Effectiveness Co-ordinator - NHS Fife	Elizabeth Muir	√	√	√	√	√	√
Director of Health & Social Care	Michael Kellet	√	x	√	x	x	x
Head of Quality & Clinical Governance Lead	Helen Woodburn	x	√	√	√	√	√
In Attendance – to present Reports / Observer/ Representative		**9 May 2018**	**4 July 2018**	**5 September 2018**	**7 November 2018**	**16 January 2019**	**6 March 2019**
Divisional General Manager, West Division, H&SCP (Item 7B)	Claire Dobson	√					
Change and Improvement Manager H&SCP (Item 7B)	Roz Barclay	√					
Clinical Nurse Specialist H&SCP (Item 7B)	Karen Gibb	√					
Associate Director of Nursing, Acute Services Division (for Helen Wright on 4 July)	Lynn Campbell		√			√	

Lead Pharmacist Medicines Governance & Education Training (as Observer)	Geraldine Smith,		√				
In Attendance – to present Reports / Observer/ Representative		**9 May 2018**	**4 July 2018**	**5 September**	**7 November**	**16 January 2019**	**6 March 2019**
Director of Workforce	Barbara Anne Nelson			√		√	√
GMC Employee Liaison Representative	Willie Paxton			√			
Non Executive Committee Member	Sinead Braden			√			
Divisional General Manager, Fife Wide Division, H&SCP (Item 7.1)	Julie Paterson				√		
Consultant Psychologist (Item 7.1)	Katherine Cheshire				√		
Consultant Psychiatrist (Item 7.1)	Marie Boilson				√		
Register Shadowing NHS Fife Medical Director	Jennifer Allison				√		
Clinical Director, Emergency Care Directorate	Dr C McKenna					√	
Director of Pharmacy	Evelyn McPhail					√	
Associate Director of Nursing, Health & Social Care Partnership	Nicky Connor for Michael Kellet & Helen Wright						√

NHS FIFE CLINICAL GOVERNANCE COMMITTEE
SCHEDULE OF BUSINESS CONSIDERED 2017/2018

9 May 2018:

Action List

Medical / Nurse Directors Reports:

- Quality Report
- Integrated Performance Report
- Health & Social Care Standards
- Healthcare Improvement Scotland Quality Framework
- Board Assurance Framework for Quality and Safety
- Board Assurance Framework for Strategic Planning
- GMC Update

Clinical Strategy

- Acute Services Review workplan
- Community Transformation Programme

Governance Items:

- Final Draft Terms of Reference for Clinical Governance Steering Group
- Cyber Resilience Update Report
- Internal Audit Report on Clinical & Care Governance Strategy: Action Plan
- C Section Surgical Site Infection
- SIRO Report
- Nursing, Midwifery Allied Health Professionals – Professional Assurance Framework

Governance Items Statements of Assurance

- Annual Statement of Assurance for Information Governance & Security Group
- Annual Statement of Assurance for eHealth Board 2017-2018
- Annual Statement of Assurance for Health & Safety Sub Committee 2017-2018
- Annual Statement of Assurance PFPI 2017-2018
- Annual Statement of Assurance for NHS Fife Research Governance Group 2017-2018
- Final Clinical Governance Statement of Assurance & Best Value Framework 2017 - 2018

Annual Reports

- Radiation Protection Annual Report

Executive Lead Reports and Minutes from Linked Committees:

- Fife Area Drugs & Therapeutics Committee - 7 February 2018
- NHS Fife Health & Social Care Partnership Care & Clinical Governance Committee - 13 March 2018 & Extraordinary Meetings - 4 & 18 April 2018
- eHealth Board - 20 February 2018
- Fife Research Governance Group – 29 March 2018
- Health & Safety Sub Committee - 9 March 2018
- NHS Fife Health & Social Care Partnership Integration Joint Board – 20 March 2018
- NHS Fife Infection Control Committee (including HAIRT reports) - 7 February 2018
- Information Governance & Security Group - 7 February 2018
- Joint Strategic Transformation Group - 4 April 2018
- Public Health Assurance Committee - 29 March 2018
- NHS Fife Quality Safety & Governance Group - 9 March 2018
- Resilience Forum - 15 March 2018

Items for Noting:

- NHS Fife Activity Tracker
- NHS Fife Clinical Governance Committee Workplan 2018 - 2019

4 July 2018:

Action List

Medical / Nurse Directors Reports:

- Quality Report (including HAIRT report)
- Integrated Performance Report
- Board Assurance Framework for Quality and Safety
- Board Assurance Framework for Strategic Planning
- Excellence in Care Framework

Clinical Strategy:

- Update on Clinical Strategy:- Site Optimisation
- Update on Clinical Strategy:- Medicines Efficiency
- Transformation Programme Update
- Mental Health Strategy Update

Governance Items:

- Update Report on Caesarean Section Surgical Site Infection
- Improvement Work on Complaint Responses
- Winter Review Plan
- GMC Review of the Scottish Deanery for Medical Education
- Internal Audit Report on Clinical & Care Governance Strategy
- Healthcare Improvement Scotland Quality Framework
- GMS Update
    - Report on individual responsibilities
    - Improvement Plan
- eHealth Report
- Medical Education Report
- Area Drugs & Therapeutics Committee Terms of Reference Review
- Insulin Pumps & CGMs Data as at 31 March 2018

Annual Reports:

- Clinical Advisory Panel Annual Report

Executive Lead Reports and Minutes from Linked Committees:

- Acute Services Division Clinical Governance Committee - 18 April 2018
- Fife Area Drugs & Therapeutics Committee – 18 April 2018
- NHS Fife Health & Social Care Partnership Care & Clinical Governance Committee – 9 May 2018
- NHS Fife Clinical Governance Steering Group – 2 May 2018
- eHealth Board – 26 April 2018
- NHS Fife Health & Safety Sub Committee – 1 June 2018
- NHS Fife Health & Social Care Partnership Integration Joint Board – 26 April 2018
- NHS Fife Information Governance & Security Group – 27 April 2018

- NHS Fife Joint Strategic Transformation Group – 30 May 2018

Items for Noting:

- NHS Fife Activity Tracker
- NHS Fife Clinical Governance Committee Workplan 2018 - 2019

5 September 2018:

Action List

Medical / Nurse Directors Reports:

- Quality Report
- Integrated Performance Report
- Board Assurance Framework for Quality and Safety
- Board Assurance Framework for Strategic Planning

Clinical Strategy:

- Mental Health Strategy Update
- Ravenscraig Ward Model of Care for In-patients
- Update on Clinical Strategy
- Review of Role of Joint Strategic Transformation Group

Governance Items:

- Implementation of Duty of Candour Update
- Clinical & Staff Governance for General Practice
- Update Report on Caesarean Section Surgical Site Infection
- GMS
- Feedback on Improvement Work on Complaint Responses
- Winter Plan 2018 – 2019
- Revised Area Drugs & Therapeutics Committee – Terms of Reference
- ehealth Quarterly Report April – June 2018
- NHS Organisational Resilience Standards
- NHS Fife Annual Immunisation Report
- Freestyle Libra

Annual reports:

- SCAN Annual Report

Executive Lead Reports and Minutes from Linked Committees:

- Acute Services Division Clinical Governance Committee - 18 July 2018
- NHS Fife Area Drugs & Therapeutics Committee – 6 June 2018
- NHs Fife Clinical Governance Steering Group – 18 July 2018
- NHs Fife Research Governance – 14 June 2018
- NHS Fife Health & Social Care Partnership Integration Joint Board – 21 June 2018
- NHS Fife Infection Control Committee (including HAIRT report) – 6 June 2018
- Joint Strategic Transformation Group – 4 July 2018
- Patient Focus Public Involvement – 20 June 2018
- Public Health Assurance Committee – 26 July 2018
- Resilience Forum – 15 June 2018
- eHealth Board – 14 August 2018

Items for Noting:

- NHS Fife Activity Tracker
- NHS Fife Clinical Governance Committee Workplan 2018 – 2019

7 November 2018:

Action List

Medical / Nurse Directors Reports:

- Quality Report
- Integrated Performance Report
- Board Assurance Framework for Quality & Safety
- Board Assurance Framework for Strategic Planning

Clinical Strategy

- Update on Clinical Strategy:- Site Optimisation
- Update on Clinical Strategy:- Medicines Efficiency

Mental Health Strategy

- Mental Health Redesign Update

Review of role of Joint Transformation Group

- Joint Transformation Group Terms of Reference

Governance Items:

- Nursing , Midwifery Allied Health Professional – Professional Assurance Framework
- Medical Education Report (included GMC visit report on NHS Fife)
- Alcohol Licensing
- Child Protection – Action List item 103
- Winter review 2018 – 2019 update
- Medical Revalidation 2017- 2018
- eHealth Quarterly Report July – September 2018
- Research & Development Strategy Review 2018 – 2019
- Unicef UK Baby Friendly Initiative Re-assessment
- Adverse Event Report
- Transvaginal Mesh Issue
- Update on Clinical Policies
- Primary Medical Services Sub-Committee – Constitution & Terms of Reference
- Healthcare Improvement Scotland Quality Framework
- Primary Care Improvement Plan
- Orthopaedic Reprovision Position Paper
- Board Committee Self Assessment Exercise

Annual Reports:

- Scottish Patient Safety Programme – Primary Care Report

Executive Lead Reports and Minutes from Linked Committees:

- NHS Fife Area Drugs & Therapeutics Committee – 1 August 2018
- NHS Fife Health & Social Care Partnership Clinical & Care Governance Committee – 10 August 2018 and 11 September 2018
- NHS Fife Clinical Governance Steering Group 12 September 2018
- NHS Fife Research Committee – 21 September 2018
- NHS Fife Health & Safety Committee – 21 September 2018
- NHS Fife Health & Social Care Partnership Integration Joint Board – 27 September 2018
- Information Governance & Security Group – 16 August 2018
- Joint Transformation Group - 29 August 2018
- NHS Fife Patient Focus Public Involvement – 12 September 2018
- Public Health Assurance Committee – 15 November 2018
- Fife Resilience Forum – 20 September 2018
- Unconfirmed note Infection Control Committee - 5 December 2018

Items for Noting:

- NHS Fife Activity Tracker
- NHS Fife Clinical Governance Committee Workplan 2018 - 2019

16 January 2019:

Action List

Medical / Nurse Directors Reports:

- Quality Report and SAB's presentation from Dr Keith Morris
- Integrated Performance Report
- Board Assurance Framework for Quality & Safety
- Board Assurance Framework for Strategic Planning

Clinical Strategy

- Community Development
- Mental Health Redesign
- Update on Site Optimisation
- Update on Medicines Efficiency Programme

Governance Items:

- Healthcare Improvement Scotland Quality Framework Update
- Winter Plan 2018 – 2019 including Escalation Plan
- Child Protection Inspection Report
- Report from Information & Governance Security Group on compliance with General Data Protection Regulations
- Safe Use of Medicines

Annual Reports:

- Director of Public Health Annual Report
- Fife Child Protection Committee Annual Report 2017 - 2018

Executive Lead Reports and Minutes from Linked Committees:

- NHS Fife Area Drugs & Therapeutics Committee - 17 October 2018
- Acute Services Division Clinical Governance Committee - 17 October 2018
- NHS Fife Health & Social Care Partnership Clinical and Care Governance Committee - 9 November 2018
- NHS Fife Clinical Governance Steering Group - 14 November 2018
- eHealth Board - 16 November 2018
- Health & Safety Sub Committee – 14 December 2018
- NHS Fife Health & Social Care Partnership Integration Joint Board – 24 October 2018
- NHS Fife Infection Control – 3 October 2018 & December 2018
- Information Governance & Security Group – 23 November 2018
- Joint Strategic Transformation Group – 31 October 2018 & 5 December 2018
- Public Health Assurance Committee – 29 November 2018
- Resilience Forum - 6 December 2018

Items for Noting:

- NHS Fife Activity Tracker
- NHS Fife Clinical Governance Committee Workplan 2018 – 2019
- Draft Fife Clinical Governance Committee Workplan 2019 – 2020
- Vaping Report submitted to Scottish Government Health Department

6 March 2019

Action List

Medical / Nurse Directors Reports:

- Quality Report and SAB's presentation from Dr Keith Morris
- Integrated Performance Report
- Board Assurance Framework for Quality & Safety
- Board Assurance Framework for Strategic Planning

Clinical Strategy

- Update report on Site Optimisation
- Update report on Medicines Efficiency Group and Low Clinical Value Medicines
- Update report on Mental Health Redesign
- Update report on all strands of Clinical Strategy

Governance Items:

- Winter Plan monthly Update Report
- Nursing, Midwifery Allied Health – Professional Framework
- NHS Fife Equality Outcome Progress Report 2019
- Draft Clinical Governance Committee Annual Statement of Assurance & Best Value
- Committee Self Assessment Report
- Excellence in Care
- Healthcare Improvement Scotland Framework
- Update Report on General Data Protection Regulations

Annual Reports:

- Director of Public Health Annual Report
- Brexit Update
- Update on Vaping Report submitted to Scottish Government Health Department

Executive Lead Reports and Minutes from Linked Committees:

- Area Clinical Forum – 6 December 2018
- Acute Services Division Clinical Governance Committee – 13 February 2019
- NHS Fife Area Drugs & Therapeutics Committee - 18 December 2018 (Unconfirmed)
- NHS Fife Health & Social Care Partnership Clinical and Care Governance Committee - 25 January 2019 (Unconfirmed)
- NHS Fife Clinical Governance Steering Group – 24 January 2019
- NHS Fife Research Committee – 13 December 2018 (Unconfirmed)
- NHS Fife Health & Social Care Partnership Integration Joint Board – 20 December 2018 (Unconfirmed)
- NHS Fife Infection Control – 6 February 2019
- Joint Strategic Transformation Group – 9 January 2019
- Resilience Forum – 31 January 2019 (Unconfirmed)

- Radiation protection Committee – 19 December 2019 (Unconfirmed)

Items for Noting:

- NHS Fife Activity Tracker
- NHS Fife Clinical Governance Committee Workplan 2018 – 2019
- Draft Fife Clinical Governance Committee Workplan 2019 – 2020

NHS Fife
Best Value Framework

Vision and Leadership

A Best Value organisation will have in place a clear vision and strategic direction for what it will do to contribute to the delivery of improved outcomes for Scotland's people, making Scotland a better place to live and a more prosperous and successful country. The strategy will display a clear sense of purpose and place and be effectively communicated to all staff and stakeholders. The strategy will show a clear direction of travel and will be led by Senior Staff in an open and inclusive leadership approach, underpinned by clear plans and strategies (aligned to resources) which reflect a commitment to continuous improvement.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The strategic plan is translated into annual operational plans with meaningful, achievable actions and outcomes and clear responsibility for action.	Winter Plan Capacity Plan	**FINANCE, PERFORMANCE & RESOURCES COMMITTEE** **CLINICAL GOVERNANCE COMMITTEE** **BOARD**	Annual Bi-monthly Bi-monthly	Winter Review Plan considered at 4 July 2018, 5 September 2018, 7 November 2018, 16 January 2019 and6 March 2019 including escalation plan NHS Fife Clinical Governance Workplan is discussed at every meeting. Minutes from Linked Committees e.g. • NHS Fife Area Drugs & Therapeutics Committee • Acute Services Division, Clinical Governance Committee • NHS Fife Infection Control Committee • NHS Fife Health & Social Care Partnership Care & Clinical Governance Committee NHS Fife Integrated Performance Report is considered at every meeting NHS Fife Quality Report is discussed at every meeting.

GOVERNANCE AND ACCOUNTABILITY

The “Governance and Accountability” theme focuses on how a Best Value organisation achieves effective governance arrangements, which help support Executive and Non-Executive leadership decision-making, provide suitable assurances to stakeholders on how all available resources are being used in delivering outcomes and give accessible explanation of the activities of the organisation and the outcomes delivered.

OVERVIEW

A Best Value organisation will be able to demonstrate structures, policies and leadership behaviours which support the application of good standards of governance and accountability in how the organisation is improving efficiency, focusing on priorities and achieving value for money in delivering its outcomes. These good standards will be reflected in clear roles, responsibilities and relationships within the organisation. Good governance arrangements will provide the supporting framework for the overall delivery of Best Value and will ensure openness and transparency. Public reporting should show the impact of the organisations activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Out with the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publically available. Committee papers and minutes are publically available	**BOARD** **COMMITTEES**	On going	Clinical Strategy updates considered at every meeting: • Acute Services review • Community Transformation Programme • Site Optimisation • Medicines Efficiency Example of minutes e.g. • NHS Fife Area Drugs & Therapeutics Committee • Acute Services Division, Clinical Governance Committee • Information Governance & Security Group • NHS Fife Health & Social Care Partnership Care & Clinical Governance Committee Internal Audit Report on Clinical & Care Governance Strategy action plan considered at 9 May 2018

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	**BOARD** **COMMITTEES**	Ongoing	Reports • GMC Review of the Scottish Deanery for Medical Education considered at 4 July 2018 • Immunisation Report – considered at 5 September 2018 • Adverse Events Report considered at 7 November 2018 • Fife Child Protection Annual report considered at 16 January 2019 • Cyber Resilience Update Report 9 May 2018 • Director of Public Health Annual Report considered at 6 March 2019

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife has developed and implemented an effective and accessible complaints system in line with Scottish Public Services Ombudsman guidance.	Complaints system in place and regular complaints monitoring.	**CLINICAL GOVERNANCE COMMTTEE**	Ongoing Bi-monthly	Single complaints process across Fife health & social care system. NHS Fife Quality Report is discussed at every meeting. Complaints are monitored through the quality report Integrated Performance Report considered at every meeting
NHS Fife can demonstrate that it has clear mechanisms for receiving feedback from service users and responds positively to issues raised.	Annual feedback Individual feedback	**CLINICAL GOVERNANCE COMMITTEE**	Annual Ongoing Quarterly Bi-monthly	PFPI Annual Statement of Assurance considered at 9 May 2018 NHS Fife Quality Report is discussed at every meeting within the report it captures patient experience. Integrated Performance Report considered every meeting

USE OF RESOURCES

The “Use of Resources” theme focuses on how a Best Value organisation ensures that it makes effective, risk-aware and evidence-based decisions on the use of all of its resources.

OVERVIEW
A Best Value organisation will show that it is conscious of being publicly funded in everything it does. The organisation will be able to show how its effective management of all resources (including staff, assets, information and communications technology (ICT), procurement and knowledge) is contributing to delivery of specific outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
There is a robust information governance framework in place that ensures proper recording and transparency of all NHS Fife’s activities.	Information Governance Group Annual Report.	**CLINICAL GOVERNANCE COMMITTEE**	Annual	Information Governance Annual Report, Framework and Workplan – Statement of Assurance considered at 9 May 2019 Minutes of Information Governance Group considered at 9 May, 4 July, 7 November 2018 and 16 January 2019 Report from Information Governance & Security Group on compliance with General data Protection Regulations considered at 16 January 2019 eHealth SIRO report considered at 9 May 2018 and 16 January 2019

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife understands and exploits the value of the data and information it holds.	Local Delivery Plan Integrated Performance Report	**BOARD** **COMMITTEES**	Annual Bi-monthly	NHS Fife Quality Report is discussed at every meeting. Integrated Performance Report considered at every meeting. Caesarean Section Surgical Site Infection considered at 9 May and 4 July 2018

PERFORMANCE MANAGEMENT

The “Performance Management” theme focuses on how a Best Value organisation embeds a culture and supporting processes which ensures that it has a clear and accurate understanding of how all parts of the organisation are performing and that, based on this knowledge, it takes action that leads to demonstrable continuous improvement in performance and outcomes.

OVERVIEW

A Best Value organisation will ensure that robust arrangements are in place to monitor the achievement of outcomes (possibly delivered across multiple partnerships) as well as reporting on specific activities and projects. It will use intelligence to make open and transparent decisions within a culture which is action and improvement oriented and manages risk. The organisation will provide a clear line of sight from individual actions through to the National Outcomes and the National Performance Framework. The measures used to manage and report on performance will also enable the organisation to provide assurances on quality and link this to continuous improvement and the delivery of efficient and effective outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Performance is systematically measured across all key areas of activity and associated reporting provides an understanding of whether the organisation is on track to achieve its short and long-term strategic, operational and quality objectives	Integrated Performance Report encompassing all aspects of operational performance, LDP targets / measures, and financial, clinical and staff governance metrics. The Board delegates to Committees the scrutiny of performance Board receives full Integrated Performance Report and notification of any issues for escalation from Committees.	**COMMITTEES** **BOARD**	Every meeting	NHS Fife Quality Report is discussed at every meeting. Integrated Performance Report considered at every meeting. Minutes from Linked Committees e.g. • NHS Fife Area Drugs & Therapeutics Committee • Acute Services Division, Clinical Governance Committee • eHealth Board – • NHS Fife Infection Control Committee • Information Governance & Security Group

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board and its Committees approve the format and content of the performance reports they receive	The Board / Committees review the Integrated Performance Report and agree the measures.	**COMMITTEES** **BOARD**	Annual	NHS Fife Quality Report is discussed at every meeting. Integrated Performance Report considered at every meetings
Reports are honest and balanced and subject to proportionate and appropriate scrutiny and challenge from the Board and its Committees.	Committee Minutes show scrutiny and challenge when performance is poor as well as good; with escalation of issues to the Board as required	**COMMITTEES** **BOARD**	Every meeting	NHS Fife Quality Report is discussed at every meeting. Integrated Performance Report considered at every meetings Minutes of Committees are considered at every meeting.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board has received assurance on the accuracy of data used for performance monitoring.	Performance reporting information uses validated data.	**COMMITTEES** **BOARD**	Every meeting Annual	NHS Fife Quality Report is discussed at every meeting. Integrated Performance Report considered at every meeting.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife's performance management system is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation.	Encompassed within the Integrated Performance Report	**COMMITTEES** **BOARD**	Every meeting	NHS Fife Quality Report is discussed at every meeting. Integrated Performance Report considered at every meeting. Minutes of Committees • Area Clinical Forum • Acute Services Division, Clinical Governance Committee • NHS Fife Area Drugs & Therapeutics Committee • Fife Resilience Forum

CROSS-CUTTING THEME – EQUALITY

The “Equality” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded an equalities focus which will secure continuous improvement in delivering equality.

OVERVIEW
Equality is integral to all our work as demonstrated by its positioning as a cross-cutting theme. Public Bodies have a range of legal duties and responsibilities with regard to equality. A Best Value organisation will demonstrate that consideration of equality issues is embedded in its vision and strategic direction and throughout all of its work.

The equality impact of policies and practices delivered through partnerships should always be considered. A focus on setting equality outcomes at the individual Public Body level will also encourage equality to be considered at the partnership level.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.		**BOARD** **COMMITTEES**	Ongoing	Clinical Strategy updates considered at every meeting: • Acute Services review • Community Transformation Programme • Site Optimisation • Medicines Efficiency Mental Health Strategy considered at 4 July meeting All strategies have a completed EQIA

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	**BOARD** **COMMITTEES**	Ongoing	Clinical Strategy updates considered at every meeting: • Acute Services review • Community Transformation Programme • Site Optimisation • Medicines Efficiency All have supporting EQIAs Mental Health Strategy considered at 4 July meeting All have a completed supporting EQIA.
NHS Fife's policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.	**BOARD** **COMMITTEES**	Ongoing	All NHS Fife policies have a EQIA completed and approved. The EQIA goes alongside the policy when uploaded onto the intranet. The quality report captures clinical policies and procedures compliance.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.	**BOARD** **COMMITTEES**	Ongoing	

NHS Fife
Hayfield House
Hayfield Road
Kirkcaldy
Fife KY2 5AH
Telephone: 01592 643355
www.nhsfife.org

Mrs C Potter
Director of Finance
NHS Fife
Hayfield House
Hayfield Road
KIRKCALDY
Fife, KY2 5AH

Date	1 April 2019
Your Ref	
Our Ref	ER/GMcK
Enquiries to	Mrs G McKinnon
Extension	28126
Direct Line	01592 648126
Email	gillian.mckinnon@nhs.net

Dear Carol

GOVERNANCE STATEMENT 2018/19

I am writing to confirm that, to the best of my knowledge and since taking up the post of Chief Operating Officer on 28 January 2019, that for those areas within my control for the year ended 31 March 2019:

- All significant projects have followed Project Management guidelines;
- There were no known failures or weaknesses in the systems of internal control during the year;
- There were no known breaches of the Code of Corporate Governance during the year;
- There was no known non-compliance with relevant legislation or guidance, including the SPFM during the year.

In addition to these assurances and in respect of my role as Senior Information Risk Owner (SIRO), I can also confirm that to the best of my knowledge:

- Neither the Senior Information Risk Owner (SIRO) nor the Data Protection officer (DPO) has fulfilled other roles/tasks that may result in a conflict of interests with regards to their other duties;
- Key decisions made as SIRO during the year – none;
- Work to support the Data Protection Officer in their role to fulfil their duties as outlined in GDPR Article 39 – none;
- Information assets that have been risk assessed during the year – none;
- Work with the IJB and Council and other partners form part of the SIRO remit.

Yours sincerely

Ellen Ryabov
Chief Operating Officer
NHS Fife

Chair Tricia Marwick
Chief Executive Paul Hawkins
Fife NHS Board is the common name of Fife Health Board

NHS FIFE

Report to the Clinical Governance Committee

ANNUAL STATEMENT OF ASSURANCE OF THE eHEALTH BOARD FOR FOR 2018-2019

1. PURPOSE

1.1 The purpose of the eHealth Board is to develop and monitor eHealth annual and long term plans in line with the National eHealth Strategy and to support the delivery of the NHS Fife Local Delivery Plan and clinical strategies and policies.

2. MEMBERSHIP

2.1 During the financial year to 31 March 2019, membership of the eHealth Board comprised:

• **Chair**	-	Dr Frances Elliot, Medical Director Co-Chair, Mrs Jann Gardner, Deputy Chief Exec (to Jan 2019)
• **Members**	-	Mrs Lesly Donovan, General Manager – eHealth & IMT
	-	Dr Philip Duthie, General Practitioner
	-	Dr Grant Forrest, eHealth Clinical Lead
	-	Mr Scott Garden, Chief Pharmacist
	-	Ms Val Hatch, General Manager – Emergency Care
	-	Mrs Carolyn McDonald, Associate Director of AHP's
	-	Dr Seonaid McCallum, Associate Medical Director, Fife H&SC Partnership
	-	Dr Gordon McLaren, Consultant in Public Health
	-	Ms Janette Owens, Associate Director of Nursing
	-	Ms Margaret Pirie, A/General Manager, Mental Health & Disability Service

3. MEETINGS

3.1 The eHealth Board were scheduled to meet on four occasions during the year to 31 March 2019, on the undernoted dates:

- 26th April 2018
- 14th August 2018
- 16th November 2018
- 26th February 2019

3.2 The attendance schedule is attached at Appendix 1.

4. BUSINESS

4.1 Details of the substantive business items considered are attached at Appendix 2.

4.2 Minutes of the meetings of the eHealth Board have been timeously submitted to the Clinical Governance Committee for its information.

4.3 The range of business covered at the meeting demonstrates that the full range of matters identified in the eHealth Board's remit is being addressed.

4.4 In line with its Terms of Reference, the eHealth Board has considered issues concerned with the undernoted aspects:

- Progress with implementing new systems;
- Support available to develop new initiatives; and
- Compliance with National eHealth Strategy

4.5 A refresh of eHealth Governance arrangements was reviewed in 2018/19 to account for:

- The development of the Digital Health & Social Care Strategy 2017 – 2022
- Health & Social Care (IJB) inclusion
- Tighter financial constraints
- The wider digital transformation agenda

1. RISK MANAGEMENT

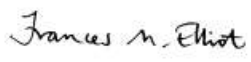
5.1 The eHealth Board has considered all relevant risks identified as eHealth within the eHealth Risk Register, at every meeting.

5.2 Progress and appropriate action were noted. No new matters required to be raised to the Corporate Risk Register.

6. CONCLUSION

6.1 As Chair of the eHealth Board during 2018/19, I am satisfied that the breadth of the business undertaken and the range of attendees at meetings of the eHealth Board has allowed us to fulfil our remit. As a result of the work undertaken during this year, we can confirm that an adequate and effective system of eHealth Governance was in place throughout NHS Fife during the year.

6.2 I would like to pay tribute to the dedication and commitment of fellow members of the eHealth Board and to all attendees. We would thank all those members of staff who have prepared reports and attended meetings of the eHealth Board.

Signed: 

Name: **Dr Frances Elliot**

Chair of NHS Fife eHealth Board

APPENDIX 1

eHEALTH BOARD
ATTENDANCE RECORD 2018/19

Name	Position	26/04/18	14/08/18	16/11/18	26/02/19
Members					
Ms Jann Gardner	**Director of Planning & Strategic Partnerships**	x	x	√	Left
Mrs Lesly Donovan	General Manager – eHealth & IMT	√	√	√	√
Dr Philip Duthie	General Practitioner	√	√	x	√
Dr Frances Elliot	Medical Director	x	√	x	√
Dr Grant Forrest	eHealth Clinical Lead	√	√	x	√
E McPhail / S Garden	Director of Pharmacy / Chief Pharmacist	√	x	x	√
Dr Seonaid McCallum	Associate Medical Director, H&SC Partnership	x	x	x	x
Mrs Carolyn McDonald	Associate Director of AHP's	x	x	√	√
Mr Gordon McLaren	Consultant in Public Health	√	x	x	x
Ms Janette Owens	Associate Director of Nursing	x	x	x	x
Ms Margaret Pirie	A/General Manager, MH & Learning Disability Service	x	√	√	√
Ms Val Hatch	General Manager, Emergency Care	x	x	x	Left
Ms Nicky Connor	Associate Nurse Director			√	

In attendance

Mr Andy Brown	Principal Auditor	√	√	x	√
Ms J Burdock	A/GM – Clinical Support & Access	-	-	-	x
Ms Michelle Campbell	PA to GM – eHealth & IMT (Minute)	√	√	x	Left
Ms Claire Neal	PA to GM – eHealth & IMT (Minute)				√
Mrs Marianne Campbell	eHealth Senior Programme Manager	√	x	Left	Left
Ms Eileen Duncan	Social Care Directorate Solutions Manager, Fife Council	x	x	-	x
Mr Rod Wallace	Technical Specialist, Fife Council	-	-	-	x
Mr David Christie	eHealth Admin / Procurement Assistant (Minute)			√	
Mr Allan Young	eHealth Head of ICT Operations	√	√	√	√
Ms Marie Richmond	Head of Strategy & Programmes			√	√

- Mean they are asked to attend but not essential

NHS FIFE eHEALTH BOARD **Appendix 2**
SCHEDULE OF BUSINESS CONSIDERED 2018/2019

Meeting held 26th April 2018

Jann Gardner
Chair

1.	**CHAIRPERSON'S WELCOME AND OPENING REMARKS**	Chair	Verbal
2.	**APOLOGIES FOR ABSENCE**	For Note	-
3.	**MINUTES / ACTION LIST FROM MEETING 20/02/18**	Chair	Papers
4.	**OPERATIONS**		
	4.1 – eHealth Performance	A Young	Paper
	4.2 – eHealth Risk and Summary Report	L Donovan	Papers
	4.3 – Cyber Resilience update	A Young	Paper
	4.4 – Unplanned Downtime SLA	A Young	Paper
5.	**PROGRAMMES / PROJECTS**		
	5.1 – Primary Care Digital Transformation	L Donovan	Paper
	5.2 - General Project updates	L Donovan	Paper
	5.3 – Common Progress Measures 2017-2018	L Donovan	Paper
	5.4 – Digital Health & Care Strategy	L Donovan	Paper
6.	**PROPOSALS / BUSINESS CASES**		
	6.1 – Replacement Staff Bank System	L Donovan	Paper
	6.2 – SBAR RFID	L Donovan	Paper
7.	**FINANCE**	For Note / Comment	Paper
8.	**UPDATE FROM OTHER COMMITTEES / GROUPS**		
	8.1 - eHealth Project Board(s) Decision Logs – For Note	For Note	Paper
9.	**AOCB**		
	9.1 – eHealth Board Statement of Assurance to CGC – For Approval	Chair	Paper
	9.2 – eHealth Board Work Plan 2018-2019 – For Approval	Chair	Paper
10.	**DATE OF NEXT MEETING:**		
	The next meetings will be	For Note	-

Tuesday 14th August 2018, 2pm, Conf Room 3, Lynebank
Friday 16th November 2018, 2pm, HH1, Hayfield House, VHK

Meeting held 14th August 2018

Jann Gardner
Chair

1.	**CHAIRPERSON'S WELCOME AND OPENING REMARKS**	Chair	Verbal
2.	**APOLOGIES FOR ABSENCE**		
3.	**MINUTES / ACTION LIST FROM MEETING 26/04/18**	Chair	Papers
4.	**TERMS OF REFERENCE**	Chair	Paper
5.	**OPERATIONS**		
	5.1 – eHealth Performance	A Young	Paper
	5.2 – eHealth Risk and Summary Report	L Donovan	Papers
	5.3 – SBAR - SWAN Roaming	A Young	Paper
	5.4 – eHealth ICT Operational Group TOR	A Young	Paper
	5.5 – Microsoft update	L Donovan	Paper
6.	**PROGRAMMES / PROJECTS**		
	6.1 – Trak Order Comms update	L Donovan	Paper
	6.2 – General Project updates	L Donovan	Paper
	6.3 – Technology Enabled Care (TEC) Group – ToR	F McLaren	Paper
	6.4 – Primary Care Digital Transformation Programme - Highlight Report	L Donovan	Paper
7.	**PROPOSALS / BUSINESS CASES**		
	7.1 – Network Access Control Business Case	A Young	Paper
	7.2 – SBAR - TrakCare 2018 Upgrade	A Young	Paper
8	**FINANCE**	For Note / Comment	Paper
9.	**UPDATE FROM OTHER COMMITTEES / GROUPS**		
	9.1 - eHealth Project Board(s) Decision Logs – For Note	For Note	Paper
10.	**AOCB**	All	
11.	**DATE OF NEXT MEETING:**		
	The next meeting will be	For Note	-
	Friday 16th November 2018, 2pm, HH1, Hayfield House, VHK February 2019 – TBC		

Meeting held on 16th November 2018

Jann Gardner
Interim Chair

1.	**CHAIRPERSON'S WELCOME AND OPENING REMARKS**	Chair	Verbal
2.	**APOLOGIES FOR ABSENCE**		
3.	**MINUTES / ACTION LIST FROM MEETING 14/08/18**	Chair	Papers
4.	**OPERATIONS**		
	4.1 – eHealth Performance	A Young	Paper
	4.2 – eHealth Risk and Summary Report	L Donovan	Papers
	4.3 – Cyber Security Roadmap	A Young	Paper
5.	**PROGRAMMES / PROJECTS**		
	5.1 – General Project updates	M Richmond	Paper
6.	**PROPOSALS / BUSINESS CASES**		
	6.1 – HEPMA SBAR	M Richmond	Paper
	6.2 – Mobile Device Management (MDM) SBAR	A Young	Paper
	6.3 – NaSH SBAR	L Donovan	Paper
	6.4 - Review of Follow up Appointments Process	G Watt	Paper
	6.5 - Exclusion of Ophthalmology from Paperlite	G Watt	Paper
	6.6 – TEC Papers x 7	F McLaren	Papers
7.	**FINANCE**	For Note / Comment	Paper
8.	**UPDATE FROM OTHER COMMITTEES / GROUPS**		
	8.1 - eHealth Project Board(s) Decision Logs – For Note	For Note	Paper
9.	**AOCB**	All	
10.	**DATE OF NEXT MEETING:**		
	The next meeting will be 2pm, Tuesday 26th February 2018, Training Room 1, VHK	For Note	-

NHS FIFE

HEALTH & SAFETY SUB COMMITTEE

Annual Workplan 2018-2019

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

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

14 December 2018 Meeting	
Business	**Lead**
Governance Structures Update	H&S Manager
Health & Safety Champions Project Update	H&S Manager
Risk Register	Director of Estates
POLICY GP/H1 NHS Fife Health & Safety Policy	H&S Manager
POLICY GP/H5 Health Assessment & Surveillance	H&S Manager
POLICY GP/M1 Manual Handling	H&S Manager
PROCEDURE GP/W2 Work at Height	H&S Manager
PROCEDURE GP/N1 Noise at Work	H&S Manager
PROCEDURE GP/E8-9 Work Environment	H&S Manager
PROCEDURE GP/G1-1 Glove Selection	H&S Manager

PROCEDURE GP/L6 Lone Worker	H&S Manager
PROCEDURE GP/ M3-3 Liquid Nitrogen	H&S Manager
Health & Social Care Partnership Manual Handling Training Update	H&S Manager
H&S Clinics Update	H&S Manager

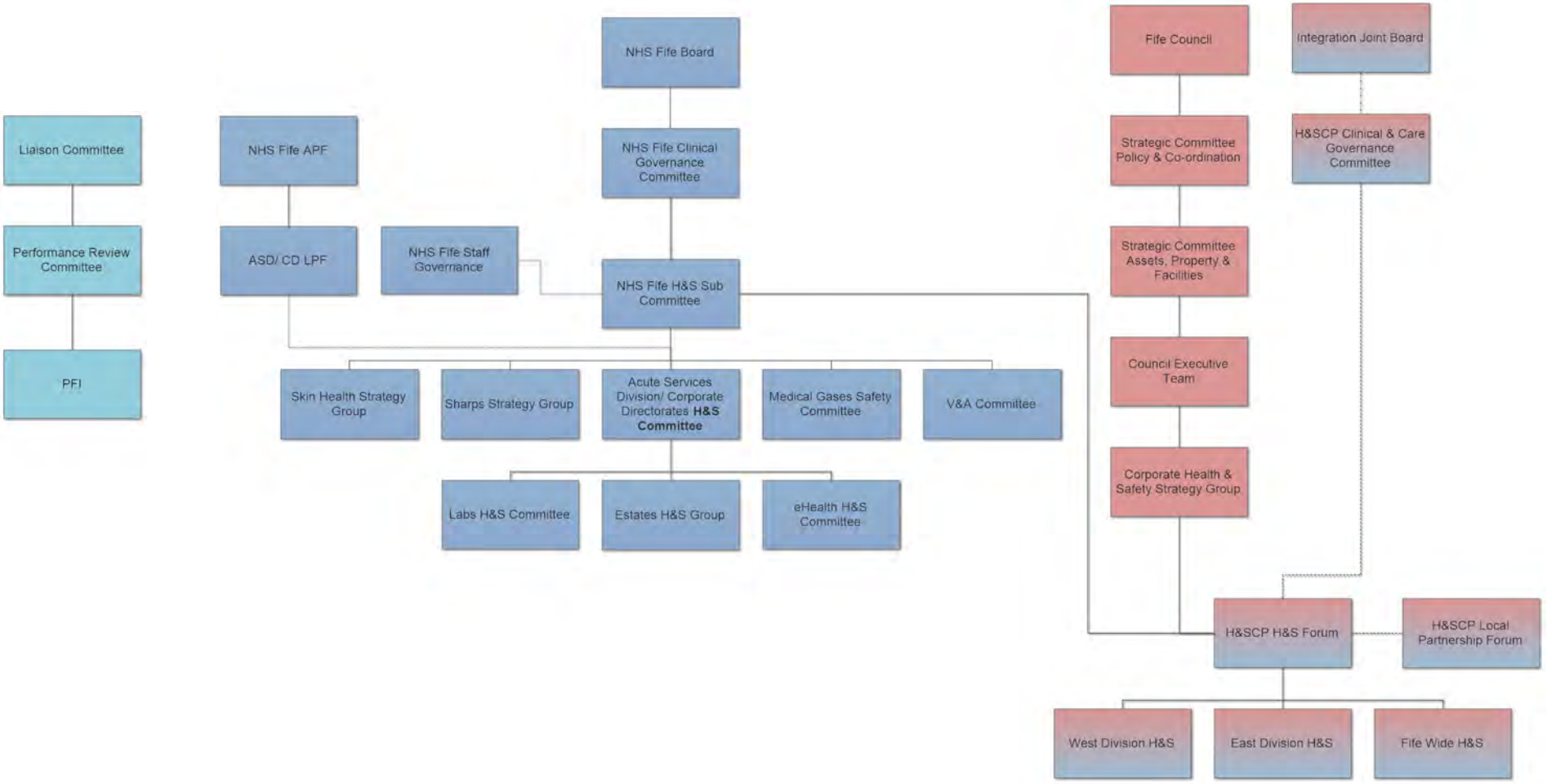
29 March 2019 Meeting	
Business	**Lead**
Review & Approval Terms of Reference	Committee
Annual Statement of Assurance	Committee
Review and Approval 2019 – 2020 Sub Committee Workplan	Director of Estates
Review and Approval 2019 – 2021 H&S Services Workplan	Director of Estates
Health & Safety Policies and Procedures Workplan Review	H&S Manager
PROCEDURE GP/D1-1 Display Screen Equipment Risk Assessment	H&S Manager
Draft Governance/ Management Arrangements Policy	H&S Manager
Manual Handling Team Process review update	H&S Manager
Manual Handling Competency Based Assessor Programme Update	H&S Manager
Violence and Aggression Audit Update	H&S Manager
Health & Safety Training Courses Update	H&S Manager

28 June 2019 Meeting	
Business	**Lead**
PROCEDURE GP/C3 Control of Substances Hazardous to Health	H&S Manager
Manual Handling Training Review Update	H&S Manager
Violence and Aggression Risk Assessment Update	H&S Manager
Violence and Aggression Training Update	H&S Manager
Respiratory Protection Audit Update	H&S Manager

27 September 2019 Meeting	
Business	**Lead**
Management Systems Workbook Update	H&S Manager
Health & Safety Training Courses Update	H&S Manager
Hand Arm Vibration Project Update	H&S Manager
Patient Falls and RIDDOR Reporting Project update	H&S Manager
Window Management Project Update	H&S Manager
H&S LearnPro Training Modules Update	H&S Manager

13 December 2019 Meeting	
Business	**Lead**
PROCEDURE GP/V1 Control of Vibration at Work	H&S Manager
Ligature Assessment Review Update	H&S Manager
Health & Safety Audit Process Update	H&S Manager

Workplan Approved:
Review Date: March 2019


Liaison Committee
Performance Review Committee
PFI
NHS Fife APF
ASD/ CD LPF
NHS Fife Staff Governance
NHS Fife Board
NHS Fife Clinical Governance Committee
NHS Fife H&S Sub Committee
Skin Health Strategy Group
Sharps Strategy Group
Acute Services Division/ Corporate Directorates H&S Committee
Medical Gases Safety Committee
V&A Committee
Labs H&S Committee
Estates H&S Group
eHealth H&S Committee
Fife Council
Strategic Committee Policy & Co-ordination
Strategic Committee Assets, Property & Facilities
Council Executive Team
Corporate Health & Safety Strategy Group
Integration Joint Board
H&SCP Clinical & Care Governance Committee
H&SCP H&S Forum
H&SCP Local Partnership Forum
West Division H&S
East Division H&S
Fife Wide H&S

NHS FIFE
H&S sub committee

DATE OF MEETING:	8 May 2019
TITLE OF REPORT:	NHS Fife H&S Sub-Committee Annual Report
EXECUTIVE LEAD:	Andy Fairgrieve, Director of Estates, Facilities and Capital Services
REPORTING OFFICER:	Andy Fairgrieve, Director of Estates, Facilities and Capital Services

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

SBAR REPORT

Situation

Annual report for the NHS Fife H&S Sub-Committee for period 01 April 2018 – 31 March 2019.

Background

The H&S Sub-Committee is the main Governance Committee for Health and Safety matters and arrangements within NHS Fife. The attached annual report gives an overview of the Sub-Committee Activity for the past financial year.

Assessment

The H&S Sub-Committee has gone through a number of membership changes in 2018 – 2019 and continues to develop its work activity and workplans relating to the development of H&S Management Structures for NHS Fife.

Recommendation

- **For Information**

Objectives: (must be completed)	
Healthcare Standard(s):	N/A
HB Strategic Objectives:	Safe Working Environment

Further Information:	
Evidence Base:	Legislation, Health & Safety Executive Guidance Documents
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	N/A

Impact: (must be completed)	
Financial / Value For Money	No specific financial issues, but generally, failure to adequately address H&S issues within the organisation can result in enforcement action and prosecution by HSE and civil claims from affected parties which carry financial penalties.
Risk / Legal:	No specific risk/ legal issues, but generally, failure to adequately address H&S issues within the organisation can result in enforcement action and prosecution by HSE and civil claims from affected parties.
Quality / Patient Care:	No specific quality/ patient care issues, but appropriate governance and management of H&S can bring about improvements in working environment and addressing of H&S concerns. This will indirectly improve quality of patient care and improve safety for patients and visitors.
Workforce:	Again, appropriate governance and management of H&S can bring about improvements in working environment and addressing of H&S concerns. This can improve quality of work activity and environment and can positively impact on sickness absence and injury rates.
Equality:	There are no EQIA issues related to the concerns in this SBAR.

NHS
Fife

ANNUAL STATEMENT OF ASSURANCE FOR THE NHS FIFE HEALTH & SAFETY SUB-COMMITTEE

ANNUAL REPORT OF NHS FIFE HEALTH & SAFETY SUB-COMMITTEE FOR 2018/19

PURPOSE

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

MEMBERSHIP

The membership of the Sub-Committee as constituted for the year ending 31 March 2019 comprised:

Ms Barbara Anne Nelson, Director of Workforce
Mr Andrew Fairgrieve, Director of Estates, Facilities and Capital Services
Dr Frances Elliot, Medical Director
Dr Chris McKenna, Medical Director
Mr Conn Gillespie, Staff Side Representative

Other attendees and guests are recorded in the minutes of the Committee meetings.
Mr Craig Webster, H&S Manager serves as Lead Officer to the Committee
The Chair of the committee changed from Ms Nelson to Mr Fairgrieve in December 2018 when the Health & Safety function moved from Workforce to Estates and Facilities.
Similarly, Dr Elliot retired from NHS Fife and her last meeting was also December 2018. Dr McKenna joined the committee at the March 2019 meeting.
Mr Gillespie also joined the committee in December following discussions and agreement with the Local Partnership Forum.

MEETINGS

The H&S Sub Committee met 4 times during the period 01 April 2018 to 31 March 2019.

The Constitution and Terms of Reference were amended in December to reflect membership changes and were subject to their annual review at the March Meeting. They are attached as appendix 1. This is the first full year of operation for the revised Sub-Committee.

BUSINESS

Business of the Sub- Committee was dominated during the reporting period by work associated with two Improvement Notices relating to management and use of medical sharps devices. The notices were rescinded in April 2019.
Other business of the Sub-Committee is noted in the Workplan attached as Appendix 2.
The H&S Management Structures for NHS Fife also continued to evolve during the reporting period. Current arrangements are attached as Appendix 3.

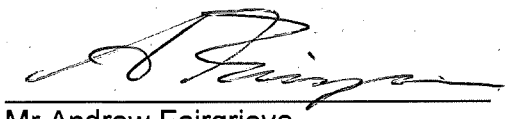
RISK MANAGEMENT

The Sub-Committee continues to evolve and refine its working arrangements and membership. Focus for the period reported has rightly been on the two Sharps Improvement Notices as noted above as well as on a third notice relating to management of ligature points in acute mental health facilities which was rescinded in August 2018. Work for the Sub-Committee for 2019 – 2020 will be focused on reviewing, updating and improving arrangements for the Management of Health and Safety within NHS Fife.

CONCLUSION

As Chair of the Health & Safety Sub-Committee during financial year 2018/19, I am satisfied that that adequate and effective Health & Safety Governance planning and monitoring arrangements were in place throughout NHS Fife during the year.

I would thank all those who have continued to ensure that health and safety matters have been appropriately dealt with within 2018/19 and have also committed to the future arrangements.



Mr Andrew Fairgrieve
Chair, H&S Governance Committee
NHS Fife

Appendix 1 - H&S Sub-Committee ToR
Appendix 2 - Sub Committee Workplan
Appendix 3 - H&S Committee Structure

HEALTH AND SAFETY SUB-COMMITTEE

CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval:

1. PURPOSE

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

2. COMPOSITION

2.1 The membership of the Health and Safety sub-Committee will be:

- Medical Director
- Director of Estates**,** Facilities and Capital Services (Chair)
- Director of Workforce (Vice- Chair)
- Staff Side H&S Representative

2.2 Occupational Health and Health & Safety Advice will be provided by the appropriate Health & Safety or Occupational Health Professional.

2.3 Officers of the Board will be expected to attend meetings of the sub-Committee when issues within their responsibility are being considered by the sub-Committee. In addition, the sub-Committee Chairperson will agree with the Lead Officer to the Committee which Directors and other Senior Staff should attend meetings, routinely or otherwise.

2.4 The Health & Safety Manager shall serve as Lead Officer to the Committee.

3. QUORUM

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

4. MEETINGS

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

4.2 In the absence of the Chairperson, another member will chair the meeting.

4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.

5. REMIT

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

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

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

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

6. AUTHORITY

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

6.2 In order to fulfil its remit, the Health and Safety sub-Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

6.3 Delegated authority as detailed in the Board's Standing Orders is set out in the Purpose and Remit of the sub-Committee.

7. REPORTING ARRANGEMENTS

7.1 The Health and Safety sub-Committee reports directly to NHS Fife Clinical Governance Committee on its work. Minutes of the sub-Committee are presented to the Clinical Governance Committee by the sub-Committee Chairperson, who provides a report, on an exception basis, on any particular issues which the sub-Committee wishes to draw to the Board's attention.

7.2 The Health and Safety sub Committee will also bring to the attention of the Staff Governance Committee any issues that are considered to be of relevance to that Committee in terms of the workforce.

7.3 The Corporate Risk Register will be scrutinised by the relevant Committees of the Board with a bi-annual update on all changes to the Corporate Risk Register being submitted to the Audit and Risk Committee.

NHS FIFE
CLINICAL GOVERNANCE COMMITTEE

DATE OF MEETING:	8 May 2019
TITLE OF REPORT:	Patient Focus Public Involvement 2018/19
EXECUTIVE LEAD:	Helen Buchanan
REPORTING OFFICER:	Donna Hughes

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

SBAR REPORT

Situation

This report is to provide an update to the Clinical Governance Committee on the situation regarding Participation and Engagement within NHS Fife and highlights the current review that is being undertaken.

Background

In 2018 NHS Fife gave a commitment to fully review both the role and remit of Patient Focus Public Involvement (PFPI) and the Participation & Engagement Network (PEN). The review was commissioned as a result of gaps identified in terms of the model of participation required for NHS Fife & HSCP to meet its legal obligations around national legislative and policy context for participation and engagement.

The initial review highlighted that within both groups there was duplication across the agenda and lack of a consistent approach to public involvement across NHS Fife. This was reiterated by the public members involved in both groups.

Members of the PEN and PFPI highlighted the need for support to help them meet expectations around public participation and engagement. It was highlighted that the groups had no agreed outcomes or action plan in place to help provide assurance of its engagement and participation activity.

A decision was made to pause the PFPI group until the review was complete. However, the Participation and Engagement Leads across NHS Fife continue to support the delivery of the Participation and Engagement agenda.

Assessment

To inform the review a benchmarking exercise of participation was carried out with other Health Boards and organisations.

Following the benchmarking exercise 4 models of participation and engagement have been identified. All models incorporate Acute, HSCP and Corporate Services. Each model recognises the need to provide assurance to NHS Fife Board and the Integrated Joint Board.

The option appraisal is in draft and will be submitted to EDG and Clinical Governance for discussion by July 2019.
Recommendation Clinical Governance Committee members are asked to: note the current position of the review. note the timescale for the completion of option appraisal by July 2019.

Objectives: (must be completed)	
Healthcare Standard(s):	Person Centred
HB Strategic Objectives:	Person Centred Clinically Excellent

Further Information:	
Evidence Base:	Benchmarking exercise with other Health Boards
Glossary of Terms:	n/a
Parties / Committees consulted prior to Health Board Meeting:	PFPI Leads and PEN Leads Scottish Health Council

Impact: (must be completed)	
Financial / Value For Money	No financial impact or capital requirements
Risk / Legal:	Risks have been identified particularly around the Participation and Engagement Standard for Scotland and the Participation and Engagement Act.
Quality / Patient Care:	This is to ensure the views and needs of the public, patients and families are taken into account and there is equity of provision.
Workforce:	No impact
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
CLINICAL GOVERNANCE COMMITTEE

DATE OF MEETING:	8 May 2019
TITLE OF REPORT:	Annual statement of Assurance for Fife HSCP clinical and care governance committee
EXECUTIVE LEAD:	Michael Kellet
REPORTING OFFICER:	Dr Seonaid McCallum

Purpose of the Report (delete as appropriate)		
	For Discussion	

SBAR REPORT
Situation The attached statement of assurance for the IJB is to provide assurance to the NHS Fife Clinical governance committee that clinical governance mechanisms and systems exist to make them effective throughout the whole of the Fife Health and Social Care Partnership.
Background The Fife HSCP Clinical and Care Governance Committee reports to the IJB and provides assurance to the NHS Fife clinical governance committee
Assessment The Committee met regularly but also had 4 extraordinary meetings over the last year. There were changes to the membership during the year and one member only attended on one occasion (now replaced). From June 2018, it was agreed that NHS Fife Medical Director and Director of Nursing would attend
Recommendation • **Discussion** - Examine and consider the annual statement of assurance

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

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

Impact: (must be completed)	
Financial / Value For Money	e.g. - Financial impact or capital requirements
Risk / Legal:	e.g. - Completion of a risk assessment with plans in place to mitigate any risks identified - Likelihood of legal challenge
Quality / Patient Care:	e.g. - Inequity of provision (postcode lottery/commissioning) - Consequences of delaying/denying treatment - Consideration of exceptional circumstances
Workforce:	e.g. - Impact on existing staff - Potential for clinical/staff opposition - Consideration of Organisational Change Policy (HR15) - Identification of training requirements
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)

Fife Health & Social Care Partnership

Supporting the people of Fife together

ANNUAL STATEMENT OF ASSURANCE FOR FIFE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL & CARE GOVERNANCE COMMITTEE 2018 - 2019

1. PURPOSE

1.1 To provide the Integration Joint Board (IJB), and through the IJB, the NHS Fife Governance Committees and the Fife Council Scrutiny Committee with the assurance that Clinical & Care Governance mechanisms are in place within all Divisions of the Fife Health & Social Care Partnership (FHSCP) and systems exist to make these effective throughout the whole of the areas responsibilities, including health improvement activities.

2. MEMBERSHIP

2.1 During the financial year to 31st March 2019 membership of the group comprised:-

Tim Brett [Chairperson]	Councillor from Fife Council
Mary Lockhart (Up to January 2019)	Councillor from Fife Council
David J Ross	Councillor from Fife Council
Jan Wincott (from January 2019)	Councillor from Fife Council
Wilma Brown	Non Executive Director from NHS Fife
Christina Cooper (Up to December 2018)	Non Executive Director from NHS Fife
Simon Little (Up to September 2018)	Non Executive Director from NHS Fife
Martin Black (from November 2018)	Non Executive Director from NHS Fife

2.2 The Committee may invite individuals to attend the Committee meetings but normally in attendance would be:

Nicky Connor	Associate Nurse Director
Pauline Cumming	Risk Manager
Dougie Dunlop	Chief Social Work Officer
Claire Dobson	Divisional General Manager – West
Louise Ewing	Patient Relations Manager
Simon Fevre	Staff Side Representative
Cathy Gilvear	Partnership Quality Clinical & Care Governance Lead
David Heaney	Divisional General Manager – East
Carolyn MacDonald	Associate Director of AHPs /IPAG
Seonaid McCallum	Associate Medical Director
Brenda McFall	Head of Quality Improvement
Fiona McKay	Head of Strategic Planning, Performance and Commissioning
Julie Paterson	Divisional General Manager – Fife Wide
Andrea Smith	Lead Pharmacist
Helen Woodburn	Head of Quality & Clinical Governance

2.2 The Integration Joint Board Chairman and the Director of Fife Health & Social Care Partnership have the right to attend the Fife Health & Social Care Partnership Clinical & Care Governance Committee.

3. MEETINGS

3.1 The Committee meets bi monthly (between IJB meetings) to fulfil its remit but not less than four times per year. The Committee may meet more frequently if deemed necessary by the Chair. The Group met on 12 occasions during the year (1st April 2018 to 31st March 2019) on the undernoted dates:-

3.2 The attendance schedule is attached at Appendix 1.

4. BUSINESS

4.1 Details of the substantive business items considered are attached as Appendix 2.

4.2 Minutes of the meetings of the FHSCP Clinical & Care Governance Committee have been timeously submitted to the FHSCP Integration Joint Board for its information.

4.3 The range of business covered at the meetings and the additional papers submitted to the Board demonstrates that the full range of matters identified in FHSCP Clinical & Care Governance Committee's remit is being addressed.

4.4 Adequate and effective Clinical & Care Governance arrangements were in place throughout year 2018 - 2019.

5 BEST VALUE

5.1 Reliance is placed on the value for money arrangements within the partner organisations. The IJB has issued directions to the partnership organisations with regard to finance. The IJB Audit & Risk Committee approved the Governance Framework Action Plan on 6 July 2018 and work continues to progress this.

6. RISK MANAGEMENT

6.1 The Risk Management Strategy was approved by the IJB on 7 April 2016. This includes the reporting structure; types of risks to be reported; risk management framework and process; roles and responsibilities and monitoring risk management activity and performance. The Committee has considered risk through a range of reports and scrutiny. Progress and appropriate actions were noted.

7. CONCLUSION

7.1 As Chair of FHSCP Clinical & Care Governance Committee during financial year 2018 - 2019, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at the meetings has allowed us to fulfill our remit. As a result of the work undertaken during the year I can confirm that adequate and effective Clinical & Care Governance arrangements were in place across all Divisions of the Fife Health & Social Care Partnership during the year.

7.2 I would thank all those members of staff who have prepared reports and attended meetings of the Committee and express my sincere thanks to all staff for their excellent support of the Committee.

_____ (signed) 23rd April 2019 (date)

Councillor Tim Brett
CHAIRPERSON 2018 – 2019
On behalf of Fife Health & Social Care Partnership Clinical & Care Governance Committee

FIFE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL & CARE GOVERNANCE COMMITTEE ATTENDANCE 1ST APRIL 2018 TO 31ST MARCH 2019

Key: Y = in attendance, A = apologies, NA = not applicable as wasn't a member of group
** extraordinary meeting

NAME	POSITION	4/4/18 **	18/4 /18	9/5/18	27/6/18 **	10/8/18	10/8/18 **	11/9/18	9/11/18
Core Member									
Tim Brett (Chairperson)	Councillor	Y	Y	Y	Y	Y	Y	Y	Y
Mary Lockhart (Up to January 2019)	Councillor		Y			A		A	
David J Ross	Councillor	Y	Y	A	A	Y	Y	Y	Y
Jan Wincott (from January 2019)	Councillor								
Wilma Brown	Non Executive Director	A	A	Y	Y	Y	Y	Y	
Christina Cooper	Non Executive Director			Y	Y	Y	Y	Y	
Simon Little (Up to September 2018)	Non Executive Director	Y	Y	Y	Y	Y	Y	Y	
Martin Black (from November 2018)	Non Executive Director								Y

NAME	POSITION	4/4/18 **	18/4/18 **	9/5/18	27/6/18 **	10/8/18	10/8/18 **	11/9/18	9/11/18
Attendee or Representative									
Seonaid McCallum	Associate Medical Director	A	Y	Y	Y	Y	Y	Y	Y
Nicky Connor	Associate Nurse Director	Y	Y	Y	A	Y	Y	Y	Y
Dougie Dunlop	Chief Social Work Officer	A	Y	A	A	a		A	Y
Claire Dobson	Divisional General Manager (West)	Y	Y	Y	Y	A		Y	Y
Louise Ewing	Patient Relations Manager								
David Heaney	Divisional General Manager (East)	A	Y	Y	A	Y		A	
Brenda McFall	Acting Head of Quality Improvement								
Fiona McKay	Head of Strategic Planning, Performance & Commissioning	A	Y	Y	A	A		Y	Y
Julie Paterson	Divisional General Manager (Fife–wide)	A	Y	Y	A	Y	Y	Y	Y
Andrea Smith	Lead Pharmacist	A	A	A	Y	A			
Helen Woodburn	Head of Quality and Clinical Governance	A	A	A	A	A		A	
Elizabeth Muir	Clinical Effectiveness Co-ordinator					A			

NAME	POSITION	4/4/18 **	18/4/18 **	9/5/18	27/6/18 **	10/8/18	10/8/18 **	11/9/18	9/11/18
Attendee or Representative									
Simon Fevre	Staff Side Rep			Y	A	Y	Y	A	Y
Pauline Cumming	Risk Manager NHS Fife	A	A	A	A	A		A	
Carolyn McDonald	Associate Director AHPs / IPAG	A	A	Y	A	Y		A	
Cathy Gilvear	Partnership Quality Clinical and Care Governance Lead	Y	Y	A	Y	Y	Y	A	
Elaine Dodds	Administrator	Y	Y	Y	Y		Y		
Margaret Wells	NHS Board Member	A	A						
Dr Frances Elliot (from June 2018)	Medical Director NHS Fife				Y	Y		A	
Helen Wright (from June 2018)	Nurse Director NHS Fife					Y		Y	
Ex Officio									
Micheal Kellet	Director of Fife Health & Social Care Partnership	Y	Y	Y	Y	Y	Y	A	Y
In Attendance									
David Graham	Councillor								
Craig Morris	Team Manager, Quality Assurance								
William John									

NAME	POSITION	4/4/18 **	18/4/18 **	9/5/18	27/6/18 **	10/8/18	10/8/18 **	11/9/18	9/11/18
Attendee or Representative									
Paul Madill	Consultant in Public Health	Y	Y	Y	A	Y		A	
Evelyn McPhail		A	A	Y	A	Y		Y	Y
Lesley Gauld	Manager – Information Compliance					Y			
Avril Sweeney	Manager – Risk Compliance			Y					Y
April Adam	Chief of ADPs & Drugs Partnerships								
John Mills	Head of Housing Services					Y			
Paul Short	Service Manager, Housing					Y			
Roz Barclay	Change & Improvement Manager		Y						
Karen Gibb	Change & Improvement Manager		Y						
Jim Kerr	Transformational Change Manager		Y						
Norma Aitken	Head of Corporate Services			Y					
Elaine Law	Service Manager, Adults East			Y					
Lynne Garvey	Children's Services Manager			Y					
Nicola Harkins	GIRFEC/Child Health Change Manager			Y					
Alan Adamson	Service Manager, Quality Assurance					Y			

NAME	POSITION	4/4/18 **	18/4/18 **	9/5/18	27/6/18 **	10/8/18	10/8/18 **	11/9/18	9/11/18
Attendee or Representative									
Belinda Morgan	Clinical Services Manager, Integrated Discharge					Y			
Trish Anderson	Acting Community Services Manager, East Division							Y	
Geraldine Smith	Lead Pharmacist							Y	
Marie Boilson	Clinical Lead in Adult Psychiatry							Y	Y
Katherine Cheshire	Head of Psychology							Y	Y
Susan Stewart	PA, West Division								Y
Alan Small	Chair of the Adult Support & Protection Committee								Y
Bill Kinnear	Service Manager, Education & Children's Services								Y
Mark Steven	ADP Co-ordinator								Y
Louise Bell	Services Manager, Residential & Day Services								Y
Scott Fissenden	Change & Improvement Manager								Y

Key: Y = in attendance, A = apologies, NA = not applicable as wasn't a member of group
** extraordinary meeting

NAME	POSITION	6/12/18	25/1/19	19/2/19 **	29/3/19				
Core Member									
Tim Brett (Chairperson)	Councillor	Y	Y	Y	Y				
Mary Lockhart (Up to January 2019)	Councillor								
David J Ross	Councillor	Y	Y	Y	Y				
Jan Wincott (from January 2019)	Councillor		Y	Y	Y				
Wilma Brown	Non Executive Director	A	Y	A	Y				
Christina Cooper	Non Executive Director	Y		A	A				
Simon Little (Up to September 2018)	Non Executive Director								
Martin Black (from November 2018)	Non Executive Director	Y	Y	Y	Y				

NAME	POSITION	6/12/18	25/1/19	19/2/19 **	29/3/19				
Attendee or Representative									
Seonaid McCallum	Associate Medical Director	Y	Y	Y	Y				
Nicky Connor	Associate Nurse Director	Y	A	A	Y				
Dougie Dunlop	Chief Social Work Officer	Y	Y	A	Y				
Claire Dobson	Divisional General Manager (West)	Y	Y	Y	Y				
Louise Ewing	Patient Relations Manager		Y						
David Heaney	Divisional General Manager (East)	Y	A	A	Y				
Brenda McFall	Acting Head of Quality Improvement								
Fiona McKay	Head of Strategic Planning, Performance & Commissioning	A	A	A	Y				
Julie Paterson	Divisional General Manager (Fife–wide)	Y	Y	A	Y				
Andrea Smith	Lead Pharmacist				A				
Helen Woodburn	Head of Quality and Clinical Governance								
Elizabeth Muir	Clinical Effectiveness Co-ordinator								
Simon Fevre	Staff Side Rep	Y	Y	A	Y				

NAME	POSITION	6/12/18	25/1/19	19/2/19 **	29/3/19				
Attendee or Representative									
Pauline Cumming	Risk Manager NHS Fife								
Carolyn McDonald	Associate Director AHPs / IPAG	A	Y	A					
Cathy Gilvear	Partnership Quality Clinical and Care Governance Lead	Y	Y	Y	Y				
Elaine Dodds	Administrator	Y	Y	Y	Y				
Margaret Wells	NHS Board Member								
Dr Frances Elliot (from June 2018 to 9 April 2019)	Medical Director NHS Fife	Y	A	A					
Dr Chris McKenna (from March 2019)	Medical Director & Responsible Officer, NHS Fife		Y	A	A				
Helen Wright (from June 2018)	Nurse Director NHS Fife	Y	A	A	Y				
Ex Officio									
Micheal Kellet	Director of Fife Health & Social Care Partnership	Y	Y	Y	Y				
In Attendance									
David Graham	Councillor								
Craig Morris	Team Manager, Quality Assurance								

William John									
Paul Madill	Consultant in Public Health	A	Y	A					
Evelyn McPhail		Y	Y	A	Y				
Lesley Gauld	Manager – Information Compliance				Y				
Avril Sweeney	Manager – Risk Compliance		Y		Y				
April Adam	Chief of ADPs & Drugs Partnerships								
John Mills	Head of Housing Services								
Paul Short	Service Manager, Housing								
Roz Barclay	Change & Improvement Manager	Y							
Karen Gibb	Change & Improvement Manager	Y							
Jim Kerr	Transformational Change Manager								
Norma Aitken	Head of Corporate Services								
Elaine Law	Service Manager, Adults East								
Lynne Garvey	Children's Services Manager								
Nicola Harkins	GIRFEC/Child Health Change Manager								
Alan Adamson	Service Manager, Quality Assurance								
Belinda Morgan	Clinical Services Manager, Integrated Discharge								
Trish Anderson	Acting Community Services Manager, East Division								
Geraldine Smith	Lead Pharmacist								

NAME	POSITION	6/12/18	25/1/19	19/2/19 **	29/3/19				
Attendee or Representative									
Marie Boilson	Clinical Lead in Adult Psychiatry								
Katherine Cheshire	Head of Psychology								
Susan Stewart	PA, West Division								
Alan Small	Chair of the Adult Support & Protection Committee		Y						
Bill Kinnear	Service Manager, Education & Children's Services								
Mark Steven	ADP Co-ordinator								
Louise Bell	Services Manager, Residential & Day Services								
Scott Fissenden	Change & Improvement Manager								
David Graham	Councillor	Y							
Tony Miklinski	Councillor	Y							
Chris McKenna	Clinical Director		Y						
Gavin Smith	Service Manager – Housing		Y						

Appendix 2

FIFE HEALTH & SOCIAL CARE PARTNERSHIP
CLINICAL & CARE GOVERNANCE COMMITTEE
SCHEDULE OF BUSINESS CONSIDERED 2018 - 2019

4 April 2018 - Extraordinary meeting

PCES Interim Overnight Contingency Proposal

18 April 2018 – Extraordinary meeting

Community Transformation Programme – Draft Consultation Programme

9 May 2018

Governance:
Quality Report
Performance Report
Medicines Governance – Safe & Secure Use of Medicines
Risk Register
GP Cluster Update
Professional Medical Revalidation
Public Health Governance
Duty of Candour/Adverse Events Policy
CAMHS Update
Paediatric Redesign
Mental Health (Health & Safety)
Scotland's Health & Social Care Standards

Thematic Analysis:
Fife MacMillan Improving the Cancer Journey

Executive Lead Reports & Minutes from Linked Committees:
East Division Clinical & Care Governance Group – 17/1/18
West Division Clinical & Care Governance Group – 20/3/18
Fife Wide Division Clinical & care Governance Group – 22/2/18
NHS Fife Quality Safety Governance Group – 7/2/18

For Noting:
Clinical & Care Governance Workplan
Infection Control Committee Minutes
GMS Contract – Memorandum of Understanding

Annual Reports:
Care Inspectorate Report
Pharmaceutical Care Services Report (PCSR) 2018/19

27 June 2018 – Extraordinary meeting

PCES Interim Overnight Contingency – extension of 6 months

10 August 2018

Governance:
Clinical Quality Report
Care Quality Report
Performance Report
Risk Register
Complaints
Supported Accommodation – Specific Needs Housing
Advanced Practice Strategy
Professional Assurance Framework
The Role of Health Social Care Partnerships in reducing health inequalities, NHS Health Scotland
Review of Winter 2017/18
Clinical & Care Engagement: Developing a Strategic Framework
Gosport

Transformation:
Primary Care Improvement Plan

Executive Lead Reports & Minutes from Linked Committees:
East Division Clinical & Care Governance Group – 30/5/18
West Division Clinical & Care Governance Group – 15/5/18
Fife Wide Division Clinical & care Governance Group – 22/2/18
NHS Fife Quality Safety Governance Group – 9/3/18
Integrated Professional Advisory Group – 8/8/18

For noting:
Clinical & Care Governance Workplan
Infection Control Committee minutes
Activity Tracker
Health Improvement Standard – Partnership Standard National Overview 2016-17
Advocacy Strategy
Carer's Strategy
Health Improvement Scotland – Quality Management System: A 90-day innovative cycle
Area Drug & Therapeutic Committee TOR

10 August 2018 – Private meeting

11 September 2018

Governance:
Clinical Quality – Focus on medicines Report
Risk Register
CAMHS Update
Medicines Governance – Freestyle Libre
Community Occupational Therapy Update Report
Ethical Charter
Health & Safety Report
CCGC Terms of Reference Update
Fife Falls Strategy 2018-2019
Independent Contractors Governance & Revalidation

Transformation:
Mental Health Review Update

Thematic Analysis:

Draft Fife Winter Plan

Executive Lead Reports & Minutes from Linked Committees:
Clinical Governance Steering Group – 18/7/18

For noting:
Clinical & Care Governance Workplan
Activity Tracker

Annual Reports:
Annual Performance Report for Governance

9 November 2018

Governance:
Clinical Quality Report
Psychological therapies
National Mental Health Strategy: Action 15 Update
Winter Plan
Macmillan Fife Specialist Palliative Care Service Review
Redesign of Day Services, Older People
Short Breaks Service Statement for Carers
Risk Register
GP Clusters Update
Health and Social Care Experience Survey
Improved Cancer Journey

Annual Reports:
Adult Protection Bi-ennial Report
Alcohol and Drug Partnership (ADP) Update
HSCP Resilience Report

Executive Lead Reports & Minutes from Linked Committees:
East Division Clinical & Care Governance Group – 30/5/18 & 1/8/18
West Division Clinical & Care Governance Group – 31/7/18
Fife Wide Division Clinical & care Governance Group – 14/8/18
NHS Fife Quality Safety Governance Group – 12/9/18
Integrated Professional Advisory Group – 6/11/18

For noting:
Clinical & Care Governance Workplan & Activity Tracker
Health Promotion Workplace Team Annual Report

6 December 2018 – Extraordinary meeting

Joining up care

25 January 2019

Governance:
Clinical Quality Report
Quality of Care Framework/Approach
Primary Care Improvement Plan Review
CAMHS Update
Workforce Strategy Action Plan

Dementia Strategy Implementation
Risk Register
Homelessness: Rapid Rehousing Transitional Plan
Proposed transfer of Services from Forward Centre to St Clair Centre

Annual Reports:
Chief Social Work Officer Report
Child Protection Annual Report
Mental Welfare Commission Annual Monitoring Visit 2018

Executive Lead Reports & Minutes from Linked Committees:
East Division Clinical & Care Governance Group – 1/8/18 & 26/9/18
West Division Clinical & Care Governance Group – 24/9/18
Fife Wide Division Clinical & care Governance Group – 3/10/18
NHS Fife Quality Safety Governance Group – Cancelled
Area Drug & Therapeutic Committee – 17/10/18

For noting:
Clinical & Care Governance Workplan & Activity Tracker

19 February 2019 – Extraordinary meeting

PCES Interim Overnight Contingency – extension of 6 months

29 March 2019 – Development session

Mental Health Strategy.

29 March 2019

Governance:
Clinical Quality Report
Care Quality Report
Complaints Update
Violence & Aggression Update
Annual Review of Clinical and Care Governance Workplan
Medicines Efficiency – Low Value Clinical Medicines
Risk Register
Annual Statement of Assurance for CCGC

Transformation:
Mental Health Review Update

Annual Reports:
Care Inspection Report
Update of the NHS Fife Pharmaceutical Care Services (PCS) Report

Executive Lead Reports & Minutes from Linked Committees:
East Division Clinical & Care Governance Group – 16/1/19
West Division Clinical & Care Governance Group – 22/1/19
Fife Wide Division Clinical & Care Governance Group – 3/1/18
Area Drugs & Therapeutic Committee

For noting:
Clinical & Care Governance Workplan

Equality Mainstreaming Interim Progress Report up-to April 2019

March 2019

NHS Fife's Corporate Equality and Human Rights Statement

NHS Fife is committed to making health and care accessible by eliminating discrimination, promoting inclusion and ensuring a Human Rights based approach underpins all our functions and services.

Aithris Chorporra NHS Fhìobha air Cò-ionannachd agus Còraichean Daonna
Is e rùn NHS Fhìobha cothroman cùram-slàinte fhosgladh le bhith a' cur às do leth-bhreith, a' brosnachadh in-ghabhail agus a' dèanamh cinnteach gu bheil còraichean daonna mar bhun-stèidh nar n-uile gnìomh agus seirbheis.

NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who require Easy Read versions, who speak BSL, read Braille or use Audio formats.

NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:
fife-UHB.EqualityandHumanRights@nhs.net
or phone 01592 729130

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Foreword...

by Helen Wright, Director of Nursing
Executive Lead for Equality and Human Rights

As the Executive Lead for Equality and Human Rights, I am pleased to present NHS Fife's Equality Mainstreaming Plan (2017-2021) Interim Progress Report. NHS Fife as a public authority must ensure that The General Equality Duty 2011 and the Specific Duties (Scotland) Regulations 2012 of the Equality Act 2010 are met and published as required.

This report aims to provide an update on progress towards delivering our corporate Equality Mainstreaming Plan (2017-2021), highlighting what difference the plan is making to our patients and service users and, to provide examples of how equality is being embedded through-out our organisation.

Co-production is used to drive that work to help shape and inform the future of health and care across Fife by listening and acting upon the voices of those representative of protected characteristics.

Using Human Rights - PANEL Principles (Participation, Accountability, Non-discrimination, Empowerment and Legality (reference only) we ensure that our work is person-centred, safe and effective. Our equality work is underpinned by the outcomes set-out in NHS Fife's Clinical Strategy (2015- 2021) as NHS Fife's key organisational driver.

We have taken steps to incorporate the Fairer Scotland Duty 2018 into our Equality Impact Assessments (EQIA) and reviewed our EQIA Toolkit for the organisation. In addition to this we developed a new EQIA training programme for staff and in 2018, we offered EQIA training to those members of the public who work with us on our Equality and Human Rights Strategy group to raise awareness of the importance of EQIA for our organisation.

Our workforce is an integral part of how we deliver health and care services across Fife and there has been a great deal of work carried out to promote career opportunities to our next generation of health and care workers in different settings.

Our workforce training continues to emphasise the importance of Equality and Human Rights, there has been revision to training topics such as Gypsy Travellers and Equality and Diversity e-learning modules. New training is being piloted too: Living with Hearing Loss, Deaf Communication, LGBTi+ to create more learning opportunities for staff. This new training utilises lived experience of communities and service users and is part of a new pilot equality and diversity programme called 'Equality Matters'.

If you would like to know more about our work on Equality Mainstreaming, please email **Fife-UHB.EqualityAndHumanRights@nhs.net**

H. Wright

1. Introduction

NHS Fife is delivering its Equality Mainstreaming Plan 2017-2021 in partnership with a wide range of stakeholders using the lived experience of patients and service users who are representative of protected characteristics.

This two year interim report highlights the work we have carried out so far in the delivery of the five high level equality outcomes that were set in 2017. To help inform this interim report we have:

- Carried out a revision of our current mainstreaming plan created in 2017
- What progress has been made with the plan up-to April 2019
- Reported on what differences the plan is making
- Who has been involved (patients/service users/staff) in the co-delivery of the plan
- Highlighted how we have used lived patient/service user experience to influence and inform improvement outcomes to the existing plan and to pilot new equality and participation work.
- Reported on our tackling health inequalities work

Our work also includes reporting on how we gather and use employee information; publishing gender pay gap information and the publication of a statement on equal pay.

We have also provided an update on our Board membership composition. This has also changed over the past two years (see page 8) this information is gathered and submitted to the Scottish Government for monitoring.

NHS Fife Equality and Mainstreaming Plan (2017-2021)

2. Providing Health and Care across Fife

NHS Fife has a population of 368,080 (approx) with a diverse mix of communities of interest and socio-economic groups.

There is one Health Board and one Local Authority, Fife Council. Fife's Health and Social Care Partnership (including Primary Care) sits between the two parent organisations.

2.1 Fife's Health and Social Care Partnership-Joining Up Care Programme

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

The Partnership is currently delivering a major transformational change programme called 'Joining Up Care', the programme concentrates on work to improve the use of Community Hospitals, development of Community Wells in locality settings and improvements to out-of-hours urgent care access for Fife's population. Addressing health inequality is an integral part of the transformational work being carried out.

Full EQIA's have been carried out on each of the three projects.

2.2 Major Change Programme – Acute Division

At the heart of Site Optimisation Programme are five key workstreams which will undertake specific projects, with multiple pieces of work running across the programme at any one time, with short-term, medium-term and longer-term deadlines.

The aim of the Site Utilisation workstream is to effectively utilise the facilities with an initial focus on bed modelling and bed reconfiguration followed by theatres. This is a two year programme and will be delivered in phases.

The four projects that make up the 'Site Optimisation' Programme:

- Site Management
- Front Door Flow
- Women and Children
- Cancer Services, all four projects were EQIA'd to maximise the positive impact on those most affected by the change from protected characteristics.

3. Co-production is fundamental to the delivery of the current equality mainstreaming plan. The outcomes gained from a co-productive relationship between staff and service users/ patients have considerable benefits for NHS Fife.

We recognise the value and contribution that our service users, patients (either representing them or others in their communities) and staff bring in helping to shape and inform our services, functions and policies.

This collaborative working between service users and professionals is key to the delivery of the current mainstreaming plan i.e. Fife BSL Plan, NHS Fife LGBti+ Action Plan, Fife's Health and Social Care Partnership's Gypsy Traveller Steering Group–Action Plan.

A new pilot 'Equality Matters' involves new ways of working with group's representative of equalities in Fife. As a result of this new work we have already seen improvements across the organisation in areas such as Volunteering and Advocacy.

We have also had three new co-produced equality projects developed for:

- Young Carers
- People with sensory impairments (Paging Coasters)
- Community Language and BSL users (Interpreter on Wheels Pilot)

The pilot also involves bringing together a number of national NHS initiatives such as: What Matters to You Day, You Said, We Did and Care Opinion.

Using co-production to shape and develop staff training

We have started to pilot new approach to staff training under the 'Equality Matters' pilot. This is to complement the existing range of Equality and Human Rights training currently available (see page 13).

4. Mainstreaming Equality

The NHS is founded in equality, it involves every staff member, patient, contractor, visitor, volunteer ,etc and applies to every area of NHS Fife's day-to-day activities; shaping its policies, delivering its services and implementing its employee practices and, assists in developing its workforce.

The Public Sector General Duty 2011 (PSED) of the Equality Act 2010 requires NHS Fife to:

1. **Eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited under this Act.**

2. **Advance equality of opportunity between people who share a protected characteristic and those who do not.**

3. **Foster good relations between people who share a relevant protected characteristic and those who do not share it.**

The core areas of The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 requires NHS Fife to:

- **Report on progress on mainstreaming the equality duty**
- **Publish equality outcomes and report on progress**
- **Gather and use employee information**
- **Publish gender pay gap information**
- **Publish statements on equal pay including occupational segregation information**

We have taken steps to ensure that the **Fairer Scotland Duty 2018** is now an integral part of the Equality Impact Assessment process (EQIA) that we carry out as an organisation by reviewing and updating our EQIA Toolkit to include the new Duty. Staff can access an EQIA training programme which also covers the new Duty.

The Commission for Equality and Human Rights regularly monitors authorities' compliance with the Equality Act 2010, et al and have produced a series of 'Measuring up?' Reports, which highlights areas for improvements across all the public sector authorities in Scotland.

NHS Fife has taken into account all the recommendations and good practice areas mentioned by the Commission within the 'Improving Equality Outcomes Project' Report that they produced in March 2015.

5. NHS Fife Board Composition (update)

NHS Fife Board has seen several changes take place from March 2017 to March 2018.

Board Sex Equality ratio:

- Two female Non-Executive Members left the Board in 2017 along with one female Director in 2018
- Two male Non-Executive members left in 2018 and one Stakeholder member in 2017

The Board membership in March 2019 is composite of:

- Chair – Female
- Chief Executive – Male
- Non-Executive Members – four female , three male (one vacancy)
- Stakeholder Members – two female, one male
- Executive Members- four female

6. Workforce Update

(NHS Fife Human Resources Department)

6.1 Employment & Employee Information

NHS Fife greatly values the contribution of its employees in the delivery of health services to local communities. As an employer we are committed to equality and treating our staff with the dignity, respect and consideration, helping staff reach their full potential at work.

6.2 Employment Monitoring

In line with the Equality, Diversity and Human Rights Policy, the range of equalities monitoring and reporting systems has been implemented within NHS Fife. Gaps persist however in respect to specific characteristics and NHS Fife will be looking to progress the recommendations from a short life working group, established by the NHS HR Directors Group and the NHS Equality and Diversity Lead Network, which was tasked to access current practice in order to recommend improvements which would increase the quality and consistency of staff equality data collection, use and reporting across NHS Scotland. Key to the success of these recommendations is the roll out of the electronic Employee Support System, to be introduced throughout 2019.

6.3 Equal Pay

NHS Fife is committed to the principles of equality of opportunity in employment, and in line with the Equal Pay Statement, believes staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their protected characteristic. To achieve this pay systems require to be transparent, based on objective criteria and free from unlawful bias. Information relating to the Equal

Pay Audit, Occupational Segregation and the Equal Pay Statement can be found on our website.

6.4 Workforce Data

NHS Fife publishes an annual workforce plan formatted in accordance with the Scottish Governments "Revised Workforce Planning Guidance", CEL 32 (Scottish Government, 2011). Equalities monitoring workforce data will be published along with the Workforce Plan in July 2019.

7. Role of the Equality and Human Rights Strategy Group

The Equality and Human Rights Strategy Group is made-up of staff, staff-side representation and members of the public representative of shared protected characteristics.

This group supports the organisation to meet the legal requirements of the Equality Act 2010 and has a key role in ensuring that our mainstreaming plan is delivered.

This group oversees progress towards the five high level health Equality Outcomes which are delivered in partnership and involves key stakeholders that are either representative of people from protected characteristics or individuals representative of equality community groups in Fife.

The Equality and Human Rights Strategy Group's remit is to:

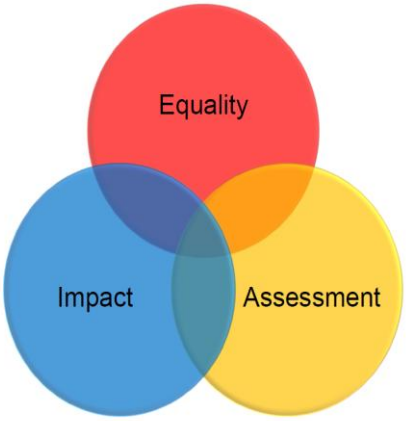
- Ensure that lived experience of service users/patients and staff is utilised to inform and guide the equality work of the organisation.
- Supports mainstreaming developments and initiatives i.e. equality training, sharing of examples of practice across the organisation, equality blogs, using case studies to drive improvements around equality and diversity.
- Monitors and reviews any of the Equality Outcome Action Plans in relation to the delivery of the Equality and Mainstreaming Plan 2017-2021.
- Consults and discusses equality data monitoring and any advises on any subsequent actions that maybe required to improve outcomes for those with protected characteristics.
- Ensures that partnership working and learning is integral to how the organisation embeds Equality and Human Rights.
- Discusses areas of inequality and what approaches can be taken to address gaps.
- Discusses any workforce issues in relation to equality: recruitment, retention, pay, etc.

As a group, we have created new monitoring processes to ensure that the mainstreaming of NHS Fife's plan is embedded firmly within the culture of the organisation.

The group also has a dedicated staff side representative who is proactive in working in partnership with the members of the group and reports directly in to the Staff Side – Area Partnership Forum which enables a flow of dialogue to take place between the groups.

The group is due to be reviewed in 2020 in line with the development of the next Equality and Mainstreaming Plan.

8. Equality Impact Assessments



What did we set out to do?

NHS Fife carries out Equality Impact Assessments (EQIA) and is one of the main ways that equality is mainstreamed across the organisation.

Over 2017 -18 NHS Fife's Equality Impact Assessment Toolkit was reviewed, updated and re-launched for January 2018 with a new EQIA training programme set-up (training took place every month throughout 2018, new programme will be in place for 2019). The Equality and Participation Team maintains a register of EQIA lead assessors for the organisation, this allows updates and publications about EQIA's to be disseminated to help inform learning and the completion of EQIA's.

In June 2018, the EQIA Toolkit was updated to reflect the Fairer Scotland Duty 2018 and new sections were added into the EQIA Standard Impact Assessment in response to the launch of the new Public Sector Duty.

The EQIA Toolkit is published and regularly promoted via the Equality Blog and Despatches on the staff intranet.

An audit has been completed of all EQIA's that have been undertaken out during 2017 and in 2018.

EQIA's are published regularly on our website NHS Fife - Equality and Human Rights

What difference is it making?

The number of completed EQIA's has steadily increased within the organisation. This is based on audit that the Equality and Human Rights Team carried out comparing data EQIA from 2017 – 2018. We have involved people from protected characteristics by offering the same EQIA training that we ask staff to undertake and by consulting on any EQIA's being carried out. This has helped inform and drive key equality considerations and improvements for work around change and redesign.

Our EQIA training is open to all staff and our staff side, in 2018 members of the public who work with us across our various functions were also invited to take part in the training. Two members of the public have taken-up the opportunity so far.

- The number of trained EQIA assessors has increased significantly for the organisation based on information gathered from the same time period as above.
- A performance indicator is in place to ensure that mainstreaming of EQIA's can be compared on a year by year basis. An audit of completed EQIA's has been carried out

comparing 2017 and 2018 data, this will allow the organisation to monitor the wide range of EQIA's that NHS Fife caries out and identify improvements to the process.
- Some of Fife's GP Practices are also engaging and undertaking NHS Fife training to better understand what the EQIA process is and how it can be used to develop better communication supports for their patients in their practices.

Next steps

We will continue to monitor and audit our EQIA process and seek to make changes and improvements when they are identified. Contained within the toolkit is a feedback form that staff can submit should any improvement be identified.

9. Equality Monitoring and Governance

What did we set out to do?

The Equality and Human Rights Strategy Group have established equality monitoring processes which involve:

- The setting up of an Equality Programme Tracker and outcome reporting mechanisms to help monitor progress with the delivery of the plan and celebrate milestones achieved.
- Creation of an Equality Dashboard to help gather and present information from our various systems capturing Complaints, Concerns, Compliments, Risks and Incidents that relate directly to Equality and Diversity.

What difference is it making?

- The Dashboard creates transparency about what key themes are emerging for NHS Fife and its ongoing equality work.
- Some of the key themes identified are already being tackled through the five health improvement outcomes of the current mainstreaming plan. The Dashboard can be used to review and discuss any further potential improvements and actions that need to be to addressed by the Equality and Human Rights Strategy Group. These actions / improvements are then recorded and are monitored via the Equality and Mainstreaming Plan Programme Tracker.
- ISD reported that for March 2018 that NHS Fife is now one of the top performing Boards in Scotland for Ethnicity reporting.

Improvement in recording of Race Incidents

Specific provision has been made within the DATIX recording system, through a range of drop down options, which enable Staff to highlight their perception that the incident is motivated by hatred. These incidents are flagged for Lead Officer for Community Safety and the Equality and Participation Co-ordinator who can advise staff and managers and where necessary signpost the victim to Occupational Health services or referral to external support agencies or staff listening service. This information is then fed back to the Violence and Aggression Group and Equality and Human Rights Strategy Group for discussion and recommendations if required .

Community Safety Lead Officer, NHS Fife

10. Public Procurement-Review

NHS Fife is '**treating suppliers equally and without discrimination'** Equality is considered throughout its tendering processes and complies with all legislative aspects of procurement as required under The Procurement Reform Act and two pieces of legislation that came into force in 2016:

- The Public Contracts (Scotland) Regulations 2015 and
- The Procurement (Scotland) Regulations 2016

During 2018, NHS Fife Procurement reviewed its existing policies and procedures and, carried out an EQIA on the reviewed documentation.

Procurement has reviewed its Procurement statement and has re-published it on the NHS Fife Website.

11. Equality Matters (Pilot)- Co-production examples

What have we done so far?

Equality Matters (pilot) Pop-up Awareness Sessions

NHS Fife has been working with service users, patients and community groups to pilot a new equality public awareness programme called 'Equality Matters'. We have supported groups and individuals who wish to raise awareness of a wide range of equality issues to develop materials and resources to deliver pop-up sessions.

To date the pilot has been centred around the Acute Division , however, the next stage for the pilot is to enable the pop-ups to take place in Community Hospitals settings in 2019 and then potentially into the new Community Wells.

Examples of the pop-sessions that have been piloted are:

- Living with Hearing Loss (pop-up stand)
- Hearing Link Training sessions
- Being Deaf awareness (pop-up stand)
- Deaf Awareness Training
- LGBTi+ Health Grand Round
- LGBTi+ 'get involved' (pop-up stand)
- Scottish Stammering (Fife) Group (pop-up stand)
- Living with a Stoma and Internal Pouch (pop-up stand)
- Young Carers – Grand Round

Using Lived Experience - Staff Training Sessions

We have also delivered Deaf Awareness and Living with Hearing loss training sessions to staff, with a view to offering more formal BSL training during 2019/2020.

The evaluation and feedback from the pilot sessions that have been delivered so far indicates that the learning has been significant for participants. Using lived experience at the core of the sessions has been at the foremost of the comments made by staff as this has helped to inform and illustrate challenges faced by services and patients.

Improvement Projects

We have co-developed three improvement projects with local equality support groups in Fife.

Paging Coasters Project – for people with sensory impairments: this project is about trialling two sets of paging coasters (one in A&E and the other in a Speech and Language Therapy Clinic) to help address an ongoing issue that people are having about not hearing their name being called in patient waiting areas. The paging coasters can vibrate, flash or make a low noise, depending on the patients needs.

Interpreter on Wheels - This is a large scale project is aimed at BSL and Community Language users. This is an electronic device that can provide instant face-to-face or telephone interpreting using the patient WIFI, depending on the patients and staff members needs. Currently being trialled in the Acute Division, the device is evaluating very highly from the feedback provided by patients and staff.

Not all disabilities are visible

A major improvement is to be implemented as a result of a piece of work on hidden disabilities. For 'What Matters to You Day' in 2018, NHS Fife worked with the Fife Branch of the National Ileostomy and Internal Pouch Association to help raise awareness of the condition.

The awareness work centred on an experience that the Chair of the Fife group shared at a public participation network meeting. The Chair talked about someone with a hidden disability being challenged after using a 'disabled toilet' (the toilet had a wheelchair symbol on it). The person using the disabled toilet had been verbally abused and felt very distressed after the experience.

The Fife IA support group and the Equality and Human Rights team worked together and in conjunction with Grace Warnock (Scots Young Person of the Year 2018) to promote 'Grace's Sign', the sign promotes accessible toilet signage in public areas. We linked the planning and activity for this work to 'What Matters to You Day' for 2018. Fife IA designed a questionnaire and a poster for their pop-up session, NHS Fife helped with the design

and the content of the various communications. Fife IA and the Equality and Human Rights team also co-produced the evaluation report, which was published on the NHS Fife website.

The work for this has resulted in NHS Fife committing to replacing old 'disabled toilet signage' to 'accessible toilet signage' across our all of our hospital sites. The replacement signage is due to take place in 2019. The preferred new signage is currently still out for consultation.

What difference is it making?

Equality Matters (Pilot)

All the work for the pilot has evaluated highly with the public and staff, our evaluation reports are published on the NHS Fife website. The groups that are working with us are being supported to design questionnaires to help gather information on their topic, this is helping us as an organisation to identify equality improvements.

Other areas where we have utilised lived experience is patient stories and experiences, groups we have been working with have delivered sessions during the 'Grand Round' sessions to help inform and illustrate the challenges faced by patients and service users from protected characteristics.

More recently we have been working with a patient, using their experience to highlight the challenges around disabled parking at hospitals. We have created a communication piece that highlights the impact that this has on various hospital appointments that the patient needs to attend.

By working together with the people and groups who represent their communities or areas of shared experience in Fife, we have been able to develop a fairly robust pilot programme using existing resources.

What are the next steps?

The next step is to continue developing the Equality Matters (pilot) Programme working in partnership with local community groups and people who feel under-represented from an equality perspective.

We have already started this work but have identified that we have a gap in terms of our Young People's work (Race) and this is currently being worked up into a new piece of work.

New pop-up sessions are being introduced in 2019: Advocacy and the theme for What Matters to You Day 2019 chosen is 'values and beliefs that matter to me'. We will be working with various Equality groups across Fife to gather information on the theme and have a larger scale event in June 2019.

The Equality and Human Rights team is currently working on developing a dataset that will start to measure staff, public awareness and impact of the Equality Matters programme once the pilot is been evaluated.

There is a great deal of potential to further develop the Equality Matters programme into sustainable, long term commitment to mainstreaming of Equality across the organisation and will be something that will be considered when developing the next Mainstreaming plan.

12. Development of the Equality and Human Rights Blog

What have we done so far?

We have developed a communication platform to promote and raise awareness of Equality and Diversity areas for NHS Fife.

The Equality and Human Rights team created a blog page to help share information around good practice, highlight topical Equality and Human Rights issues, share patient experiences focused on our equality improvement work and highlight work towards delivering the mainstreaming plan. Some of the topics covered in the Blog have been; refugee crisis (Amnesty International), Interpreter on Wheels Pilot, Living with Hearing Loss (Hard of Hearing Groups in Fife) and recruitment to NHS Fife's LGBTi+ Working Group and other hidden disabilities topics.

What difference is it making?

The Equality and Human Rights Blog is highly popular and the number of hits on each topic remains consistently high. This often generates enquires from staff and members of the public. Ideas for other topics are suggested by staff and public members and we have used the Blog to share patient experiences where there has been an Equality aspect to the patient story. This often resonates with other people and as a result there is better understanding of how Equality and Diversity issues impact on our patients and service users.

This work often shared across NHS Fife's social media accounts : Website, Twitter and Facebook pages.

What are the next steps?

We will continue to gather the views and suggestions of members of the public and staff generated through the Blogs to help inform and drive our Equality Matters pop-up programme.

NHS Fife is installing a new website platform. The Equality and Human Rights section will be improved and redesigned with service user/ patient involvement.

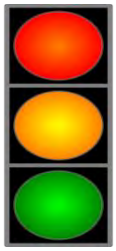
New improvement outcomes for our equality work as a result of this pilot work will continue to be developed and co-produced with the people most affected.

13. Delivering existing Equality Mainstreaming Outcomes (2017-2021)

NHS Fife published five high level Equality Outcomes in 2016 in consultation with key stakeholders from local equality and diversity groups as well as the third sector groups and staff.

We have set-out below some examples of the work we have carried out–to-date aligned to the current Equality and Mainstreaming Plan 2017-2021

13.1 Equality Outcome 1 – patients with a disability are supported to effectively manage their own health



Re-launch of 'My Hospital Passport'

What have we done so far?

NHS Fife launched a revised support document for patients or service users called '**My Hospital Passport'**. The resource was refreshed during 2018 by Fife's Health and Social Care Partnership and the Acute Division of NHS Fife. The passport which originated from a piece of work around Learning Disability Services (LD) has been adapted to create a generic document that has the potential to help support people with a wide range of communication supports needs.

What difference is it making?

The Hospital Passport is a patient -held record that enables patients/ service users to identify their care and support needs in advance of any scheduled or unplanned care stay, planned appointments or A&E visits. The passport is providing a clear means for patients and service users to communicate their individual needs to staff. Improvements to the design and content of the Hospital Passport has been made based on feedback.

What are our next steps?

Patients/service users who use the Hospital Passport are to have 'alerts' added to their electronic patient records to further ensure that patients support needs are flagged up to staff.

Promoting Mental Health and Well-being

What have we done so far?

Improving access Psychological Services Resources – NHS Fife's Moodcafe' website is in the process of developing a range of psychological resources in different formats for BSL users and people with other types of sensory impairments. These resources will be available on-line and supporting materials will also be available in different formats i.e. Braille, etc.

What difference is it making?

The development of the new BSL resources will help to improve the accessibility for the Deaf community in Fife people to psychological resources to help improve personal mental health and well-being.

The development work has been supported by funding from Fife's Health and Social Care Partnership, See Hear Strategy Group. In March 2019, the group's work was nominated for a national sensory impairment award for supporting a range of new innovative projects across Fife.

What are our next steps?

Complete the production of BSL psychology resources (and in other formats) by 2020.

Monitor the number of requests for resources /information materials during 2019-2020.

BSL Drop-Ins for Health Complaints/ Concerns / Compliments

What have we done so far?

In September 2018, as part of NHS Fife's BSL plan, the Equality and Human Rights Team worked in partnership with Fife's Health and Social Care Partnership to set-up a series of BSL Health drop-in's to specifically collect health service complaints or concerns from the local Deaf community.

The sessions are held the first Monday every month and patients/ service users are texted out in advance of the sessions. The Equality and Participation Co-ordinator meets with anyone seeking support and helps facilitate the person to make a complaint or raise a

concern. In turn, NHS Fife has seen it number of compliments and enquiries rise from the changes.

What difference is it making?

We have been working very closely with the Deaf Community in Fife to identify and review our complaints procedure to ensure that there is easy access and facilitate opportunities to make a complaint, raise a concern or to highlight where NHS Fife are getting it right for the Deaf Community.

As a result of this work the Equality and Human Rights team has worked very closely with the Fife Deaf Community to co-create a sensory impairment technology project. This work is aligned to the BSL Action Plan for Fife.

The improvement work is impacting on service change and how we work with the Deaf Community around including people with sensory impairments within our wider public participation work.

During 2018 we worked with the Fife Deaf Community to ensure that:

- Participation and inclusion in EQIA work being carried - out by NHS Fife and Fife's Health and Social Care Partnership
- Participation in NHS Fife Annual Board Review
- Consultation on transformational work
- Consultation group for Interpreter on Wheels pilot (for BSL)
- Consultation re work to improving 'patient calling systems' (paging coasters pilot)

What are our next steps?

The BSL complaints procedure for NHS Fife is to be reviewed and updated to reflect the accessibility to the health drop-ins for complaints/ concerns and compliments. This will then be shared and publicised on the National BSL Act Facebook page as well as NHS Fife's own website pages and across our social networking sites.

We will also look to review our public participation group involvement with the Deaf community and seek to make changes and offer more opportunities to Deaf people of all ages to be involved with our groups.

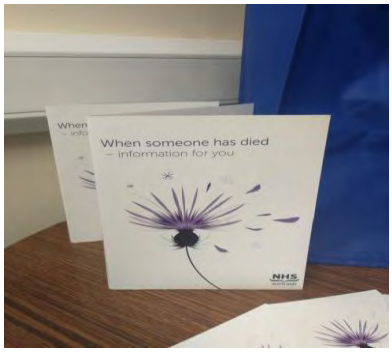
13.2 Equality Outcome 2 – Spiritual needs of patients are met

[Mark Evans, Head of Spiritual Care and Bereavement Lead for NHS Fife]

What did we set out to do?

The Department of Spiritual Care set out to complete two major developments in 2018. One was the completion and launch of NHS Fife's first Fife-wide Spiritual Care Policy.

The policy promotes person-centred Spiritual Care that is safe, accessible, caring and compassionate. The policy also affirms the importance of spiritual care and outlines the responsibilities of all staff.



This ensures that staff has awareness of: the religious and cultural needs of patients should be adhered to; personal beliefs and faith of the patient are respected; and highlights the importance of spiritual care as a core dimension of Person Centred Care; integral to a patient's journey and quality experience.

The second major development was the launch of a set of bereavement resources, including the provision of the national information pack for people who experience bereavement. The pack contains a booklet highlighting the practical steps the bereaved are required to undertake following a death, as well as information about support groups and other useful resources.

Respect Cards have been created as a visual indicator to 'visiting staff' that a death has occurred on the ward.

Respect Bags for the deceased's possessions range from a small pocket sized bag for personal items such as jewellery, to larger bags for items such as clothing.

What difference is it making?

The Spiritual Care Policy raises awareness to all NHS Fife staff of the importance of Spiritual Care for patients, service users and staff. Spirituality is an important part of a person's journey and can impact a person's wellbeing. As such the policy and procedures explains why Spiritual Care is essential, and why staff should recognise and support appropriate care.

The Bereavement resources support the delivery of sensitive care of the deceased, the bereaved and staff. The Respect Resources can help those who are bereaved to start that process of grieving, and as a resource to help focus and open up a conversation about bereavement and loss which is part of the grieving process.

What are our next steps?

The Fife-wide policy on Spiritual Care will be regularly promoted to remind staff of how important a subject this is for many patients and service users.

The Bereavement resources will continue to be rolled-out through the organisation.

13.3 Outcome 3 - Health of Gypsy Traveller Community is improved

[Dianne Williamson, Senior Health Promotion Officer, Fife Health and Social Care Partnership, Health Improvement Team]

What have we done so far?

The Gypsy Traveller Steering Group has continued its work in developing a comprehensive local action plan for the delivery of this high level outcome. To help with this work the membership of the local steering group has widened to encompass key services.

Led by Dianne Williamson, the steering group hosted a national meeting to discuss a test of change with the community in Fife.

The steering group has also been involved in supporting the drafting of national key priorities recently presented to the Minister for Health, wellbeing and sport.

The work has also included an increased in range of resources in Health Promotion resources department and on line.

There has also been an update, refresh and draft three on line learning modules for staff- increasing the on-line learning by three times.

What difference is it making?

- Increased access to resources for Gypsy Travellers
- More partnership and integration of agendas for the Gypsy Traveller community
- Increased knowledge and awareness of health issues
- Networked other national boards across Scotland and third sector organisations

What are our next steps?

- Add to the development of the local on site facility
- Increase staff awareness of online training including staff working out with NHS Fife.

13.4 Outcome 4 – LGBTi+ people experience improved services

Work with Transgender Fife Group

What have we done so far?

In 2018, Transgender Fife Group became key representatives on NHS Fife's LGBti+ Working Group and are involved in providing advice and support in reviewing and identifying key actions for the organisation aligned to work around improving the patient experience of patients who identify as being LGBTi+.

The group so far have reviewed NHS Fife's transgender information (Sexual Health Service) have formed links with NSS Transgender Group, as the Fife healthcare representatives (service users). The reps have also contributed to the planning for events and the development of a LGBT+ leaflet for staff and members of the public.

What difference is it making?

The Transgender Fife Group's confidence in working with NHS Fife working groups has increased significantly over 2018. The group are keen to help inform and guide NHS Fife's equality work around Transgender issues , particularly around Primary Care Transgender referrals. As a result of this joint working , there has been some significant improvements identified to help improve knowledge and information for anyone seeking Gender reassignment.

What are our next steps?

- Increase the number of engagement and consultation opportunities taken up by Transgender Fife Group.
- Continue to review information available on Transgender referrals on NHS Fife website and make the necessary changes

Development of NHS Fife LGBTi+ Working Group

What did we set out to do?

In 2018, NHS Fife set-up its first LGBTi+ Working Group. The group is made up of local support groups, staff members, members of the public and volunteers most of whom identify as being LGBTi+.

The group is responsible for the delivery of this high level outcome of NHS Fife's Equality and Mainstreaming Plan to 'Improve the patient experience of people who are LGBTi+'. The group has developed an action plan that addresses areas of:

- Staff training and development (promotion of existing e-learning modules and new training and awareness session using lived experience)
- Resource Development
- Supporting local LGBTi+ events (Fife Pride, Fife Centre of Equalities, etc)
- Development of NHS Fife LGBTi+ Research projects
- Reduce health inequality across Fife

What difference is it making?

An action plan that is in place addresses a number of health inequality issues related to LGBTi+ patient experiences. This is being used to help identify a number of improvements for LGBTi+ communities:

- Staff training and awareness for 'important discussions' around gender identify and terminology.
- Review of LGBTi+ website information and signposting to support services
- LGBTi+ older people support needs for those that are in care
- Young people who are LGBTi+ and identify also as having disabilities
- Health Promotion targeted towards women who are Lesbian
- New SLA in place with the Terrance Higgins Trust

A key action of the group is to develop an information LGBTi+ leaflet for staff and members of the public, this has been a cross generational piece of work with the award winning KAHOOT (Kirkcaldy High School LGBTi+ youth group) and NHS Fife's LGBTi+ Group.

The leaflet that is in development has had input from Stonewall Scotland as well as Fife Centre for Equalities and Fife's Health and Social Care Partnership – Health Promotion Service. The leaflet aims to explain LGBTI+ terms and definitions, signposting to support services and other key information.

The stakeholders involved in the work have reported that the action plan is very much working towards achieving the improvement outcomes set by the group. The impact of the improvements cannot be assessed as the moment as this is a new working group.

What are our next steps?

The working group are developing a piece of research around the care experience of LGBTi+ older people in care homes (local authority and private). The work will be delivered in partnership with Scottish Care, University of Dundee and Fife's Health and Social Care Partnership.

- Completion of LGBTi+ leaflet by end of March 2019
- Completion of research project and report produced by March 2021
- Delivery of LGBTi+ awareness (x 4) pilot training sessions from groups with lived experience by March 2020.

13.5 Outcome 5 – the Workforce reflects the diversity of the local population

[Mig Braid, Allied Health Professional Practice Education Lead]

Improving Youth Employment Opportunities

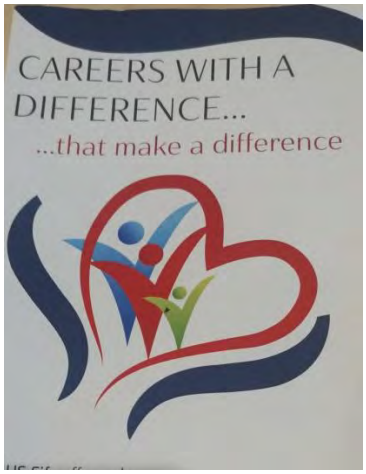
What have we done so far?

An important part of Allied Health Professionals (AHP) recruitment and retention is to ensure that the up and coming workforce are aware of the AHPs as a future career option for both sexes. The AHP Practice Education Lead (AHP PEL) was tasked with exploring a model to recruit/market the AHP services to school age children. It was felt appropriate to target pupils prior to them choosing their subjects at the end of their second year (S2) as by fifth and sixth year they have picked their subjects and applying for their chosen university course. S5 and S6 pupils can approach the health board to arrange a visit to the appropriate department as it is an expectation from the universities that prospective students would have visited appropriate areas.

The AHP PEL organised 3 events to be held within 3 different hospitals in Fife to ensure all high schools had an opportunity to attend. A process was established to promote the opportunity to all the schools:

- AHP PEL sent all high schools information on the opportunity along with a video link, developed by NHS Fife, outlining the different Allied Health Professions.
- The schools were requested to show the video at a second year assembly. Interested pupils were asked to complete a questionnaire and from this the schools selected appropriate pupils.

What difference is it making?



In total 198 second year pupils attended the events. Victoria hospital had representation from Dietitian, Podiatry Physiotherapy Paramedics Orthoptist Orthotist and prosthetist Speech and Language Therapy, radiography and occupational therapy. Queen Margaret Hospital had The AHPs attending are orthoptist, dietitian, orthotist and prosthetist, radiography, podiatry, physiotherapist, occupational therapist and speech and language therapist. Stratheden Hospital had orthoptist, dietitian, physiotherapist, radiography, music therapy and paramedics.

An evaluation form was completed by all pupils attending and feedback has been very positive as the quotes below verify:-

“Try and become a physiotherapist”

“You have to be good at talking to people for all the jobs”

“Show information to my parents”

Go online and tell people what AHPs do”

“I learned about people with speech disorders and why they have them”

“Learn, study hard and achieve my goal to help others”.

Next Steps

NHS Fife actively seeks to recruit younger people to its workforce many of whom are directly employed or start with Volunteering within the organisation.

Centre of Inclusive Living - NHS Fife Graduate Placements

What have we done so far?

Since 2016, NHS Fife has hosted graduate trainee placements from the Centre of Inclusive Living (GCIL) within IMPACT. The GCIL is a third sector organisation that is run by disabled people for disabled people and offers a broad range of support in areas such as; training, housing advice, pay, etc and has an innovative professional careers programme which offers up to two years work experience with full salary in Boards across Scotland.

What difference is it making?

NHS Fife is committed to taking part in national initiatives that actively promotes inclusion and diversity within the workforce. The graduate trainee placement helps to develop the graduate’s confidence and skills in a work setting.

One of our placements joined the Medicines Efficiencies Project in 2017 , an area which the gradate was familiar with due to their Degree in Pharmacy. This person made the transition into full time employment during the placement period.

What are our next steps?

NHS Fife will continue to offer Graduate placements into 2019 and beyond.

NHS Fife will continue to seek to promote career and training opportunities to people 16-24 years to help improve its young people workforce numbers.

Shirley Ballingall
Equality and Participation Coordinator

Appendix 1 - Mainstreaming Plan - Programme Tracker Overview

Outcome 1: Patients living with a disability are supported to effectively manage their own health

What did we set out to do?	What we have done so far?	Progress made towards Mainstreaming
Provide accessible communication training for staff	Provide 10 x accessible communication training sessions to staff by 2021	Delivery of 4 x Communication Training sessions for staff up-to March 2019 on Deaf Awareness and Hearing Link (living with hearing loss) Training sessions are being delivered as part of a new 'Equality Matters' pilot model. A potential funding stream has been identified to help deliver more training sessions to staff during 2019-2021, the training sessions will continue to co-delivered using professional staff and patients/ service users with lived experience 62 people trained - Easy Read training workshops to staff (SLT)
What did we set out to do?	**What we have done so far?**	**Progress made towards Mainstreaming**
Write an accessible communication policy and produce guidance for staff by 2020	In August 2018 the current policy and guidance documents were revised and initial changes/ improvements were identified , the document is due to go out for consultation in 2019.	NHS Fife are in process of setting up of an 'Information development and management' public group, this group's role and remit will feature in the revised policy and procedures
Provide health literacy training for staff by 2021	In August 2018 a Health Literacy Group was set-up by Public Health to oversee the development of Health Literature including materials and training to staff	This new group has been established to oversee a number of new initiatives that involves the role out health literacy training to staff. A new strategic governance group called ' Accessible Communication' has a Terms of Reference and Project Brief agreed and ready for launch in March 2019. The Health Literacy Group will report into this strategic group

What did we set out to do?	What we have done so far?	Progress made towards Mainstreaming
Improve awareness and preparation for the needs of disabled patients prior to their attendance	Review of Hospital Admission documentation to revise section on the disabilities with an emphasis on communication supports by May 2019.	This work is still being progressed however, initial consultation has taken place with regard to changes in documentation
	Development of multi sensory Psychological resources for Moodcafe website by March 2019.	The website page is being monitored for hits and first data report is due May 2019.
	Development of BSL Local Action Plan – review and creation of new BSL resources for service users by October 2018.	The BSL plan is published in October 2018. Delivery of the plan monitored by a partnership / multi agency group.
	Local disability groups engaged with to help design and create awareness raising materials of disabilities (particularly hidden disabilities) as part of a new pilot participation programme called 'Equality Matters' as well as deliver active participation pop-up sessions in hospital settings –pilot ends June 2019 Community groups have been assisted to develop and deliver pop-up sessions in community settings (Community Hubs) via HSCP (Jan 2018 onwards – pilot due to conclude April 2020)	This pilot work is evaluating well and full evaluation report will be completed in July/ August 2019. Sessions delivered **2018**: • Living with Hearing loss • Deaf / Deaf Blind Communication Support • Youth LGBTi+ Grand Round • Hidden Disabilities – 'not all disabilities are visible' • Young Carer's – Grand Round • Scottish Stammering Network • Hearing Link Scotland **2019** • Advocacy awareness • Beliefs and • Hearing Loss • Deaf Awareness • Hidden Disability
Improve awareness and preparation for the needs of disabled	Delivery of Phase 1 & 2 of Interpreter on Wheels electronic devices: to provide staff and patients with face to face and	Phase 1 of this pilot project evaluated very highly amongst service users and staff . Phase 2 started in December 2018 and will run up-till May 2019

patients prior to their attendance	telephone interpreting supports 24/7 hour emergency cover by August (2018) and May 2019 respectively Phase 1 – July 2018 – August 2018 Phase 2 – December 2018 – April 2019	Phase 1 evaluation report completed and published by September 2018
	Creation of easy read ' Contact Scotland' guidance for Deaf Community in Fife by December 2018	In May 2018, new guide for Deaf Patients was designed and created by Equality and Human Rights Team
	Roll out of NHS Scotland Communication Support Cards	Awaiting date for roll out from HIS
What did we set out to do?	**What we have done so far?**	**Progress made towards Mainstreaming**
To Improve accessibility to facilities for people with a disability	Dementia service users and their carers to assist in completing an assessment of readability and accessibility of signage across all Hospital sites using the 'Innovations in Dementia' access audit toolkit	Hospital Signage Assessments started in 2018 • 2017- Glenrothes Hospital • 2018 – Adamson Hospital • 2019 – Victoria Hospital • 2019 – Queen Margaret Hospital • 2020 – Other Community Hospitals (as part of Joining –Up Care Programme) Final report of suggested improvements to be submitted to the E&HR Strategy group in September 2019
	A Disabled toilet signage audit has been completed across all hospital sites	Audit completed –results published Improvements agreed by NHS Fife Board
	Audit the accessibility and functionality of loop systems and maintenance of these	Audit Completed by Equality and Human Rights Team / action publish locations and improvements
	Promote Deaf Awareness Week 2018, 2019 and 2020 to improve staff knowledge and public awareness on an	• See Hear Strategy Group and Deaf Communication Service along with NHS Fife Audiology Department awarded funding to roll-out this work. • Heard of Hearing Groups to roll-out pop up sessions as per agreed NHS

	annual basis	Fife action plan for Sensory Impairments.
	Estates and facilities refurbishment work – Loop Systems by December 2018	• Estates and Facilities made significant improvements to Loop Systems during refurbishment work being carried out at VHK . 3 new meeting rooms with new equipment. Tested and positive feedback received from patients/ sensory impairments. • Two annual audits plus evaluation report completed (2017 and 2018) repairs and replacement loop systems completed.
	Change disabled toilet signage to 'accessible toilet' signage by September 2019	Improvement work well underway to change old 'disabled' signage to new toilet accessible toilet signage. New signage is out for consultation to members of the public .

Outcome 2- Spiritual needs of patients are met

What did we set out to do?	What we have done so far?	Progress made towards Mainstreaming
Ensure that spiritual needs are identified	Review of Religion and Belief monitoring on Datix by 2020	Discussion has taken place about what will be required in terms of changes and data recording.
	Develop and launch of new Bereavement Resources by December 2018	New bereavement resources aimed at staff and public launched and promoted in October 2018.
	Development of Spiritual Care Policy and Procedures by September 2018	Completed and approved in September 2018, policy published same month
	Review and assessment of accommodation in Community Hospitals to provide prayer rooms by 2021	This work has been factored the Estates review of Community Hospitals is due to be completed by 2020

Outcome 3- Health of Gypsy Traveller is improved

What did we set out to do?	What we have done so far?	Progress made towards Mainstreaming
To Improve access to services by 2021 **Coordinate approach**	E-Learning Gypsy Traveller Module training – refresh	• Training model being refreshed over 2018/ 19 by multi agency group. • 62 NHS Fife staff completed the existing training in 2018
	Work to improve community involvement and engagement	• Ongoing work with site residents • Work with services to ensure that they consider involvement in service evaluations and redesign, etc • 7th May 2018 , host 'what matters to you' with partners, promoting health and various services
	Continue to create partnerships with other public sector and third sector agencies	• Evaluate the effectiveness of the Gypsy Travellers Steering Group Partnership – Sept 2018 • Conduct an Equality Impact Assessment- the EQIA was conducted in 2017 and led to the revision of the current G/T action plan
	Coordinate services	Consultation with one site will be supported during the 'what matters to you?' day on 7th June 2018
Improving Health Outcomes	Understanding Spiritual needs and care	Link with local belief or spiritual care organisations and NHS Fife chaplaincy service to provide access to belief /faith services for those in hospital settings – 2018 -2021
	Access to health and health promotion	• Assess current levels of registration at local GP's 2018 -2021 • Increase awareness of how to register at local GP's, providing accessible formats and information • Immunisation teas have been contacted re providing on site immunisations
	Establish partnerships with Adult Basic education	As part of the community hub development we will scope out the ABE needs and build on the opportunity to incorporate health into any program 2017- 2021
	Access to carers support	Regular visiting on sites made by Carers Centre, with caseloads – 2021
	Improving access and provision of general dentist services	• Flyers sent to site and distributed to promote my attendance before each visit. • Engaging with both new and existing residents to facilitate dental

	Improve knowledge of and access to general dental services and oral health improvement	registration and improved oral health outcomes. • Supply of toothpaste and toothbrushes facilitated and replenished at site office as required- 2017 onwards
Improving Health Outcomes	Improving access and provision of general dental services. To improve knowledge of & access to general dental services and oral health improvement	• Flyers sent to site and distributed to promote my attendance before each visit. • Engaging with both new and existing residents to facilitate dental registration and improved oral health outcomes. • Supply of toothpaste and toothbrushes facilitated and replenished at site office as required. • Will contact 'GATE TEAM' in the New Year to explore possible partnership working.
	Improving access and provision of general dental services. To improve knowledge of & access to general dental services and oral health improvement.	Contact maintained with Lesley Corio on approx quarterly basis – visits to site on an ADHOC basis 2017- 2021
	Improving access and provision of general dental services. To improve knowledge of & access to general dental services and oral health improvement.	Work underway to establish links
Ensure that Gypsy Travellers have access to / increased uptake of health promotion and preventative services	Ensure screening services accessible for Gypsy/Travellers (e.g. breast screening, cervical screening, etc).	Potential health concerns picked up and addressed at earlier stage. • Promotion of bowel screening on sites • Targeted promotion of screening campaigns • Raise issue of follow up care with national screening group 2017- 2021
	Ensure Gypsy/Travellers children have access to immunisation.	• Increased immunisation of Gypsy/Travellers children • Promote health protection messages about immunisations and screening

	Ensure Gypsy & Traveller have access to stop smoking services	• Promote stop smoking services • Provide a face to face session raising awareness of stop smoking services • Ensure stop smoking services are recording ethnicity and address any inequitable access via promotion and provision
	Ensure Gypsy & Traveller men have improved access to Well Man type services.	• Scope out services which are aimed at improving mens health
	Ensure Gypsy & Traveller women have improved access to ante-natal care.	• Contact maternity services and children's services explore improvements to access to anti natal and post natal care • Promote use of the maternal website • Share contact details of community midwifery team to ensure improved relations and access to midwifery
	Ensure Gypsy/Travellers access to health promotion materials, advice and support.	• HPS IRC dept to scope out the range of available accessible materials and information which can be used on the site.
	Promoting mental health and wellbeing	• Mental health nurses continue to visit on site assessing and supporting patients.
Communication		• Develop an information pack with Gypsy/Travellers about the services. • Guidance for Services to support them to provide information to Gypsy / Travellers. • Evidence of more accessible means of communication
	Advocacy	• Awareness of citizen and independent advocacy • Support for advocacy providers to understand and address advocacy needs
Staff	Staff training and awareness	• Promote module via linking it to additional e learning, staff induction and other methods of learning for staff to increase uptake. • Review E learning module • Uptake of module by other agencies and services
	Set a cultural competency framework	• Embed into HPS training program as a supplementary learning program

	Review ways of promoting cultural awareness to staff	• To develop or ascertain a useable framework which will support staff knowledge and skills
	Improve awareness of appropriate terminology and appropriate language	• Plan and promote a campaign to promote Gypsy Traveller health to staff and visitors throughout NHS Fife.
	Ensure staff safety and governance	• Embed an element of terminology into ongoing training and learning opportunities.
	Use data more effectively both NHS Fife and Fife Council	• Establish direct links with housing to ensure all communications are received • Promote routes of communication as part of all GT learning and training for staff • Include reference to the established information sharing arrangements at training opportunities • Support staff awareness of policy and support available for staff safety and governance
	Develop positive and proactive links to embed actions in other services work plans	• Collate and Analyse Gypsy Travellers access to health via E health systems with a view to understanding Gypsy Travellers locally used routes into health. • Promote disclosure of ethnicity
	Work with partners to identify Gypsy Travellers in Fife currently not living on sites or known in housing, including those arriving here from other European countries.	• Conduct a Roma health needs assessment • Share findings with EQHR strategy group, housing, local community planning and other forums etc
		• Develop work with community planning partners and housing to ensure we reach those not living on sites

Outcome 4 – LGBTi people experience improved services

What did we set out to do?	What we have done so far?	Progress made towards Mainstreaming
LGBTi+ people experience improved services	Project team identified and project plan created by December 2017	• Project Plan completed and recruitment for the working group completed by February 2018. This included staff recruitment to working group as well as service users , particularly hard to reach LGBTi groups. • Stonewall representation on group • Links with National LGBT group established • Outcomes and set of measure agreed
	New LGBTi resources being designed BY 2020	• Award winning youth group KAHOOT (Kirkcaldy High School) and Transgender Fife are working with NHS Fife to help designing new resources for staff and public on LGBTI+ terms and definitions • Measures agreed • Consultation stakeholders identified
	Older People LBGTi Care Home Research BY 2021	• Discussions underway with University of Dundee and Scottish Care • Project brief created • Funding source identified
	Increased LGBTi+ participation in consultation and development opportunities by July 2019	• Recruitment to P&EN • Review of P&EN taking place by June 2019 • Recruitment by June 2019
	Development of LGBTi Staff Training and Awareness –Equality Matters pilot by April 2020	Staff Awareness training being delivered by KAHOOT (X 3 sessions) using lived experience
	Grand Round LGBTi presentation in 2018, 2019, 2020	Delivery of 3 x Grand Round presentations in 2018, 2019, 2020
	Sexual Health Service- development	SLA developed between Terrence Higgins Trust and Fife's Health and Social Care Partnership to, outcomes agreed.

	of improved BBV Services	

Outcome 4 – The workforce reflects the diversity of the local population

What did we set out to do?	What we have done so far?	Progress made towards Mainstreaming
To improve access to work for those members of the local population who are distant from the labour market as a consequence of factors including age or health status	Delivery of High School AHP careers recruitment sessions by end of September 2018	Sessions delivered to High Schools across Fife and evaluation completed
	Interpreter on Wheels pilot – device used to help support recruitment and retention of staff who use BSL during 2018 / 2019	Interpreter on Wheels utilised with current and new staff members as part of the pilot to help support staff enter employment and to maintain communications supports between staff members.
	Continue to offer placements under the Glasgow Centre for Inclusive Learning	Placements are evaluated after each placement for learning

TITLE OF MEETING	NHS Fife Clinical Governance Committee
DATE OF MEETING:	8 May 2019
TITLE OF REPORT:	Equality and Mainstreaming Plan 2017-2021 Interim Progress Report March 2019
EXECUTIVE LEAD:	Helen Buchanan, Director of Nursing
REPORTING OFFICER:	Shirley Ballingall, Equality and Participation Co-ordinator

Purpose of the Report (delete as appropriate)		
		For Information

SBAR REPORT

Situation

NHS Fife is a Public Authority and must legally ensure that The Equality Act (UK) 2010,the Public Sector Equality Duty 2011(PSED) is being met across functions, services and policies of the organisation. The 3 actions of the PSED are:

- **To Eliminate Discrimination, Harassment and Victimisation**
- **To Advance Equality of Opportunity between different groups: and**
- **To Foster Good Relations between different groups**.

The Equality Act 2010 (Specific Duties)(Scotland) Regulations 2012 stipulates that all public sector organisations must :

- Report on mainstreaming the equality duty
- Publish equality outcomes and report on progress
- Assess and review policies and practices
- Gather and use employee information
- Use information on members or board members gathered by Scottish Ministers
- Publish gender pay gap information
- Publish statements on equal pay
- Consider award criteria and conditions in relation to public procurement
- Publish in a manner that is accessible

In March 2017, NHS Fife Board agreed and published its Equality and Mainstreaming Strategic Plan 2017-2021.

Since the Board's Plan was launched in 2017 some significant new Equality legislation is now in place across Scotland, the Plan has been adapted to incorporate these changes so that it now includes the mainstreaming of these new areas for e.g. BSL (Scotland) Act 2017, Fairer Scotland Duty 2018.

Background

The Equality and Human Rights Team is required to submit to NHS Fife and the Area Partnership Forum, a progress report detailing the work that has been carried out- to- date to deliver the strategic plan, this is to provide assurance that the health outcomes of the plan are being achieved within the agreed timescales.

Equality and Mainstreaming Plan 2017- 2021

NHS Fife created an Equality Mainstreaming Plan that aims to reduce health inequality across five outcome areas.

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

In addition to this, the plan also includes examples of new co-production work using lived patient experience of people from the nine Protected Characteristics. This work is currently being piloted to help identify and advise on improvements for it healthcare services, this activity meets the requirements of CEL 4 –public participation standards and the Community Empowerment (Scotland) Act 2015.

Mainstreaming these improvements has been a key objective of the various working groups involved in the delivery of the plan.

Assessment

Progress towards the delivery of the Equality and Mainstreaming Plan is well underway (see report).

Outcome 1: Patients living with disability are supported to effectively manage their own health- Health Promotion/ Improvement are carrying out further scoping of all the delivery partners involved in this outcome. The deliverables for this high level outcome are quite wide ranging and involve a much larger cross section of partners than first anticipated. The revised list of delivery partners has been requested and will be submitted to the Equality and Human Rights Strategy Group at the end of January 2019.

Outcome 2: Spiritual needs of patients are met- the deliverables for this outcome have mainly been completed with only one task left which is to discuss ways to ensure that the recording of patients religion and beliefs in Trakcare and Datix with the relevant services is routinely happening.

Outcome 3: Health of Gypsy Traveller Community is improved- there has been significant work being carried out in his area. NHS Fife (Health Promotion/ Improvement) is part of a national working group looking health inequalities and the Gypsy Traveller Community , at present there is a focus on the Roma community and plans to carry out a Health Needs Assessment in Fife to better understand this community's health needs.

Outcome 4: LGBTi+ people experience improved services- A working group composite of the public , third sector ,NHS staff and University of Dundee have formed to help create deliverables and implement actions for this high level outcome. There is an action plan in place and this group has led the way in two areas: research and participation of local support groups, both areas gaining national recognition.

Outcome 5: The workforce reflects the diversity of the local population –Human Resources work continues in this area. From a staff support and recruitment perspective we have been piloting the Interpreter on Wheels in the Acute Division to help provide immediate communication staff support to those who might need it.

More information please see the Equality and Mainstreaming Plan 2017-2018 –Interim Progress Report March 2019.

Recommendation

That Clinical Governance is aware of the work and progress towards meeting the Public Sector Duty.

- **For Information**

Objectives: (must be completed)	
Healthcare Standard(s):	To promote equality of access.
HB Strategic Objectives:	Person centred approach

Further Information:	
Evidence Base:	Equality Act 2010 Declaration Of Human Rights 1948 European Convention of Human Rights 1952 Public Sector Duty (UK) 2011 Specific Duties (Scotland) Regulation 2012 British Sign Language (Scotland) Act 2015 See Hear (COSLA) Framework 2014 Patients Right Act 2011 Children and Young People's Act 2012 Fairer Scotland Act 2018 Community Empowerment Act 2015 (Part 3 – 2018)
Glossary of Terms:	British Sign Language (BSL)
Parties / Committees consulted prior to Health Board Meeting:	Equality and Human Rights Strategy Group (January 2019)

Impact: (must be completed)	
Financial / Value For Money	Nil
Risk / Legal:	Not meeting the legislative requirements under the Equality Act (2010),the Public Sector Duty 2011 and the Specific Duties (Scotland) Regulation 2012.
Quality / Patient Care:	To help minimise any adverse impact on a protected characteristic group/ individual . Help improve access to healthcare services Help patients manage their own health. Reduce health inequalities across Fife.
Workforce:	Nil
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)

Clinical Governance Committee:

Date of meeting: **8 May 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;	Monitoring of the supply chain has not shown any impact in relation to Brexit at this time, similarly no evidence in likely increases in cost. Both aspects are continually monitored.
Nuclear Medicine, Diagnostic and Treatment	The ^{99m}Tc generators may be delayed by 6-8 hours, this reduces the number of doses dispensed by Radiopharmacy. Fife does not use other Radiopharmaceuticals that may be affected. Lothian now have the generator delivered on a Saturday so a delay will not affect production. The increase in costs due to transport/customs Tariffs is unknown but indications are that they will not increase immediately. The current delivery contract expires in 2020. Any impact on purchasing of Radiology equipment or parts is being monitored by NSS. Many companies have increased the UK stock levels.
Patient Access to Medicines and Medical Technologies;	A Medicines Serious Shortage Response group has been established at SG and the outputs from this work have been considered locally. Management of Serious Shortages protocols are now in place for secondary care and for community pharmacy/general practice and the final piece of work is to pull this work together into one overarching protocol. A virtual clinical decision making group in the event of clinically significant shortages has been established but has not required to meet yet but will be convened as and when required to provide rapid and consistent clinical advice.
Research and Development.	Access to EU funding and attractiveness of UK as site for research currently remain issues. Health Research Authority providing guidance in relation to changes re approvals, site management, Sponsor/legal representation, drugs and devices. Ongoing local identification of funding sources and of Regulatory changes.

Clinical Governance Committee

DATE OF MEETING:	8 May 2019
TITLE OF REPORT:	Update to Committee Terms of Reference
EXECUTIVE LEAD:	Carol Potter, Director of Finance
REPORTING OFFICER:	Gillian MacIntosh, Head of Corporate Planning & Performance

Purpose of the Report (delete as appropriate)		
For Decision		**For Assurance**

SBAR REPORT

Situation

The Code of Corporate Governance is an all-encompassing suite of documents setting out the Board's Standing Orders, Scheme of Delegation and Standing Financial Instructions. The last iteration of the Code was formally approved by the NHS Fife Board in April 2018. The Code incorporates Terms of Reference for all standing committees and is a key component of the overall governance framework for NHS Fife.

Background

All Committees are required to regularly review their Terms of Reference, in order that they remain current and reflect up-to-date information such as job titles etc.

Assessment

An updated draft of the Committee's current Terms of Reference is attached for consideration, with all proposed changes 'tracked' for ease of reference. Following initial review and approval by the Committee, these will be considered by the Audit & Risk Committee at its next meeting, as part of a wider review of all Terms of Reference by each standing Committee and other aspects of the Code. Thereafter, a revised version of the Code of Corporate Governance will be presented to the NHS Board for final approval at its meeting in May.

Recommendation

Members of the Committee are asked to:

- **Approve** the updated Terms of Reference of the Clinical Governance Committee.

Objectives: (must be completed)	
Healthcare Standard(s):	Governance and assurance is relevant to all Healthcare Standards.
HB Strategic Objectives:	All
Further Information:	
Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Committee Chair
Impact: (must be completed)	
Financial / Value For Money	The update of Committee Terms of Reference will ensure appropriate governance across all areas and that effective assurances are provided.
Risk / Legal:	
Quality / Patient Care:	
Workforce:	
Equality:	

CLINICAL GOVERNANCE COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ~~14 March 2018~~29 May 2019

1. PURPOSE

1.1 To oversee clinical governance mechanisms in NHS Fife.

1.2 To observe and check the clinical governance activity being delivered within NHS Fife and provide assurance to the Board that the mechanisms, activity and planning are acceptable.

1.3 To oversee the clinical governance and risk management activities in relation to the development and delivery of the Clinical Strategy.

1.4 To assure the Board that appropriate clinical governance mechanisms and structures are in place for clinical governance to be supported effectively throughout the whole of Fife NHS Board's responsibilities, including health improvement activities.

1.5 To assure the Board that the Clinical and Care Governance Arrangements in the Integration Joint Board are working effectively.

1.6 To escalate any issues to the NHS Fife Board if serious concerns are identified about the quality and safety of care in the services across NHS Fife, including the services devolved to the Integration Joint Board.

2. COMPOSITION

2.1 The membership of the Clinical Governance Committee will be:

- Six Non-Executive or Stakeholder members of the Board (one of whom will be the Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or the Area Clinical Forum)
- Chief Executive
- Medical Director
- Nurse Director
- Director of Public Health
- One Staff Side representative of NHS Fife Area Partnership Forum
- One Representative from Area Clinical Forum
- One Patient Representative

2.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Associate Medical Director Acute Services Division
- Associate Medical Director Fife Health & Social Care Partnership
- Board Secretary

2.3 The Medical Director shall serve as the lead officer to the Committee.

3. QUORUM

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

4. MEETINGS

4.1 The Committee shall meet as necessary to fulfil its remit but not less than six times a year.

4.2 The Chair of Fife NHS Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Committee members to chair the meeting.

4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.

5. REMIT

5.1 The remit of the Clinical Governance Committee is to:

- monitor progress on the health status targets set by the Board.

- provide oversight of the implementation of the Clinical Strategy in line with the NHS Fife Strategic Framework and the Care and Clinical Governance Strategy.

- receive the minutes of meetings of:
  - Acute Services Division Clinical Governance Group
  - Area Clinical Forum
  - Area Drug & Therapeutics Group
  - Area Radiation Protection Committee
  - H&SCP Clinical & Care Governance Committee~~Group~~
  - eHealth Board
  - Fife Research Governance Group
  - Health and Safety Sub Committee

- NHS Fife Resilience Group
- Health & Social Care Integration Joint Board
- Infection Control Committee
- Information & Security Governance Group
- Joint Transformation Group
- ~~Organ & Tissue Donation Committee~~
- ~~Patient Focus Public Involvement Sub Committee (PFPI)~~
- Public Health Assurance Committee~~Risk Management & Governance Group~~
- NHS Fife Clinical Governance Steering Group~~Quality & Safety Governance Group~~

- The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit and Risk Committee. The proposed Annual ~~Statement~~ Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.

- Receive updates on and oversee the progress on the recommendations from relevant external reports of reviews of all healthcare organisations including clinical governance reports and recommendations from relevant regulatory bodies which may include Healthcare Improvement Scotland (HIS) reviews and visits.

- Issues arising from these Committees will be brought to the attention of the Chair of the Clinical Governance Committee for further consideration as required.

- To provide assurance to Fife NHS Board about the quality of services within NHS Fife.

- To undertake an annual self assessment of the Committee's work and effectiveness.

- The Committee shall review regularly the sections of the NHS Fife Integrated Performance Report relevant to the Committee's responsibility.

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

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

6. AUTHORITY

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

6.2 In order to fulfil its remit, the Clinical Governance Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

7. REPORTING ARRANGEMENTS

7.1 The Clinical Governance Committee reports directly to Fife NHS Board. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.

7.2 The Corporate Risk Register will be scrutinised by the relevant Committees of the Board with a bi-annual update on all changes being submitted to the Audit and Risk Committee.

7.3 The Board Assurance Framework will be scrutinised by the relevant Committees of the Board with an ~~quarterly~~ update on all changes being submitted to the Audit & Risk Committee.

Clinical Governance Group

DATE OF MEETING:	Wednesday 8 May 2019
TITLE OF REPORT:	NHS Fife Integrated Screening Annual Report
EXECUTIVE LEAD:	Dona Milne, Director of Public Health
REPORTING OFFICER:	Cathy Cooke, Public Health Scientist

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

SBAR REPORT

Situation

The purpose of this paper is to provide a single integrated report of the key learning, achievements and challenges from the six national screening programmes in NHS Fife.

Background

A review of governance and performance management arrangements of the national screening programmes in Fife was undertaken following a request by the Scottish Screening Committee in 2017. The review identified the need to raise the profile of screening governance within the Board.

All screening programmes have a local reporting and governance committee. Some of these screening committees cover more than one Board area where the programme is delivered in collaboration with a neighbouring Board. A recommendation of the governance review was that a single Integrated Screening Report would be submitted annually to the Public Health Assurance Committee for scrutiny, and thereafter submitted to the NHS Fife Clinical Governance Committee.

Assessment

This report summarises the key learning, achievements and challenges for each of the screening programmes, and highlights planned policy changes and developments. The report provides a high level overview of the outcomes being achieved through the screening programmes in Fife and highlights differences in uptake by deprivation by using the Scottish Index of Multiple Deprivation where possible.

The report is based on evidence from programme specific reports. These provide more detailed information on performance indicators, and are scrutinised by their relevant local governance committee. Variation in data release timings and reporting intervals mean that the period covered in this report varies by programme. Minor amendments were made to the report following scrutiny at the NHS Fife Public Health Assurance Committee on 28 March 2019.

Recommendation

The Clinical Governance Group is asked to:

Note this report for information.

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

Further Information:	
Evidence Base:	• ISD Screening Programme Statistics • NHS Tayside and NHS Fife AAA Screening Annual Report 2018 • NHS Fife Bowel Screening Annual Report 2018 • NHS Fife Cervical Screening Annual Report 2018 • Diabetic Retinopathy Screening Service Key Performance Indicator Report 2017/18 • NHS Scotland Scottish Newborn Screening Laboratory Newborn Blood Spot Screening Report 2017/18 • Ann Mackinnon, Newborn Hearing Screening in Scotland, Annual Statistical Report 2016/17 • NHS Fife Laboratory data
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	NHS Fife Public Health Assurance Committee on 28 March 2019

Impact: (must be completed)	
Financial / Value For Money	This paper has no financial impact or capital requirements
Risk / Legal:	Risks are considered for each programme at their respective local governance committee, with the Public Health Assurance Committee maintaining an overview of risks and incidents across all programmes. No risks have been escalated to the Public Health Department Risk Register.
Quality / Patient Care:	This report is part of renewed governance arrangements for screening programmes in NHS Fife which aim to ensure that the screening programmes are operating to the highest standards and that there is equity of provision across Fife.
Workforce:	None
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? *No. This report does not alter service delivery. The report includes analysis of the uptake of*

	screening programmes by socio-economic deprivation where possible. • Has a full EQIA been undertaken? *No, as above.* • Please state how this paper supports the Public Sector Equality Duty – further information can be found here *The screening programmes aim to ensure equitable access to screening across Fife.* • Please state how this paper supports the Health Board's Strategic Equality Plan and Objectives – further information can be found here *The report provides a high level overview of the outcomes being achieved through the screening programmes in Fife and highlights differences in uptake by socio-economic deprivation where possible.* • Any potential negative impacts identified in the EQIA documentation - *No*

Clinical Governance Committee:

INTEGRATED SCREENING ANNUAL REPORT

DONA MILNE
Director of Public Health

CATHY COOKE
Public Health Scientist

DR ESTHER CURNOCK
Consultant in Public Health Medicine

PAUL MADILL
Consultant in Public Health

DR LORNA WATSON
Consultant in Public Health Medicine

NHS FIFE INTEGRATED SCREENING ANNUAL REPORT

Report to the Clinical Governance Committee on 8 May 2019

1 Introduction

1.1 The Director of Public Health is responsible for determining the overall vision and objectives for public health within the Health Board and across the population of Fife; this includes direct responsibility for the coordination and quality assurance of national screening programmes.

1.2 Delivery of effective population screening remains a key NHS Scotland priority. National screening programmes are evidence-based interventions which provide cost effective opportunities to improve the health of individuals and to avert, or to identify at an early stage, serious clinical outcomes.

1.3 NHS Fife is responsible for ensuring delivery of the six national screening programmes:

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

1.4 Each programme has a designated NHS Fife Screening Coordinator and a Public Health Scientist works across all the programmes. Each screening programme has a local performance and governance committee. Some of these committees cover more than one Board area where the programme is delivered in collaboration with a neighbouring Board.

1.5 Functions for which the Public Health department has a direct responsibility are accountable to the Public Health Assurance Committee. A review of governance arrangements of the national screening programmes in Fife was undertaken in 2017. A recommendation of this review was that a single Integrated Screening Report would be submitted annually to the Public Health Assurance Committee for scrutiny, and thereafter submitted to the NHS Fife Clinical Governance Committee.

2

1.6 This report summarises key learning, achievements and challenges for each of the programmes, and highlights planned policy changes and developments. Variation in data release timings and reporting intervals mean that the period covered in this report varies by programme. Detailed information on performance indicators can be found in programme specific reports.

2 Breast Screening

2.1 The main purpose of breast screening is to reduce mortality from breast cancer by detecting and treating cancers at an earlier stage than they would otherwise present. A secondary aim is to increase the scope for less radical treatment.

2.2 Eligible women aged 50 to 70 are invited to attend for screening by mammography at three yearly intervals. Screening is provided for women resident in North East Fife by the East of Scotland Breast Screening Programme (ESBSP), which is hosted by NHS Tayside, and for women resident in the rest of Fife by the South East of Scotland Breast Screening Programme (SESBSP), which is hosted by NHS Lothian.

2.3 Within Scotland, information and performance data are usually compiled by ISD on an annual basis. The ISD report provides details of key performance indicators and outcome measures to monitor the effectiveness of the programme The UK-wide NHS Breast Screening Programme (NHSBSP) Performance Standards are used to evaluate this information.

2.4 During 2015/16, a new national IT system, the Scottish Breast Screening System (SBSS) was introduced. Following implementation, the SBSS required further developments to ensure the data produced were accurate. When these developments have been finalised, and a data entry backlog has been cleared, a report will be produced and analysed by ISD and verified by the screening centres. Publication is expected during 2019.

2.5 Healthcare Improvement Scotland (HIS) published new standards for the Breast Screening Programme in December 2018.

2.6 In summary, the standard headings are:

- Scotland has a high quality and effectively-led breast screening service with robust governance arrangements.

- All eligible women receive information and support about breast screening to enable informed choice and decision-making.
- All eligible women are invited for breast screening once every 3 years.
- Breast screening is safe, effective and person-centred.
- The recall process for further assessment is safe, effective and person-centred.
- Women are offered timely referral to the surgical team for further treatment, where required.
- The number of breast cancers detected is monitored to improve outcomes.

2.7 Monitoring and improving performance against the detailed standard criteria, at a local and national level, will aim to improve the quality of the screening programme.

2.8 Funding has been awarded from the 2018/19 Scottish Government Inequalities Fund for a collaborative project led by NHS Borders and also including Fife, Tayside and Lothian and the Mental Health Foundation. The project is titled 'Reducing Inequalities - Bridging the Gap in Scottish National Cancer Screening programmes in those experiencing severe and enduring mental health conditions'. Patients due, overdue, defaulted or never engaged in screening will be offered support to participate; and attitudes, knowledge and beliefs towards each of the cancer screening programmes will be addressed with sensitivity to issues of capacity and informed choice. It is hoped that the project can be extended to cover the non-cancer screening programmes.

3 Cervical Screening

3.1 The Cervical Screening Programme in Fife is part of a national screening programme aimed at reducing the number of cases of and deaths from cervical cancer by detecting and treating early precancerous changes in the cervix.

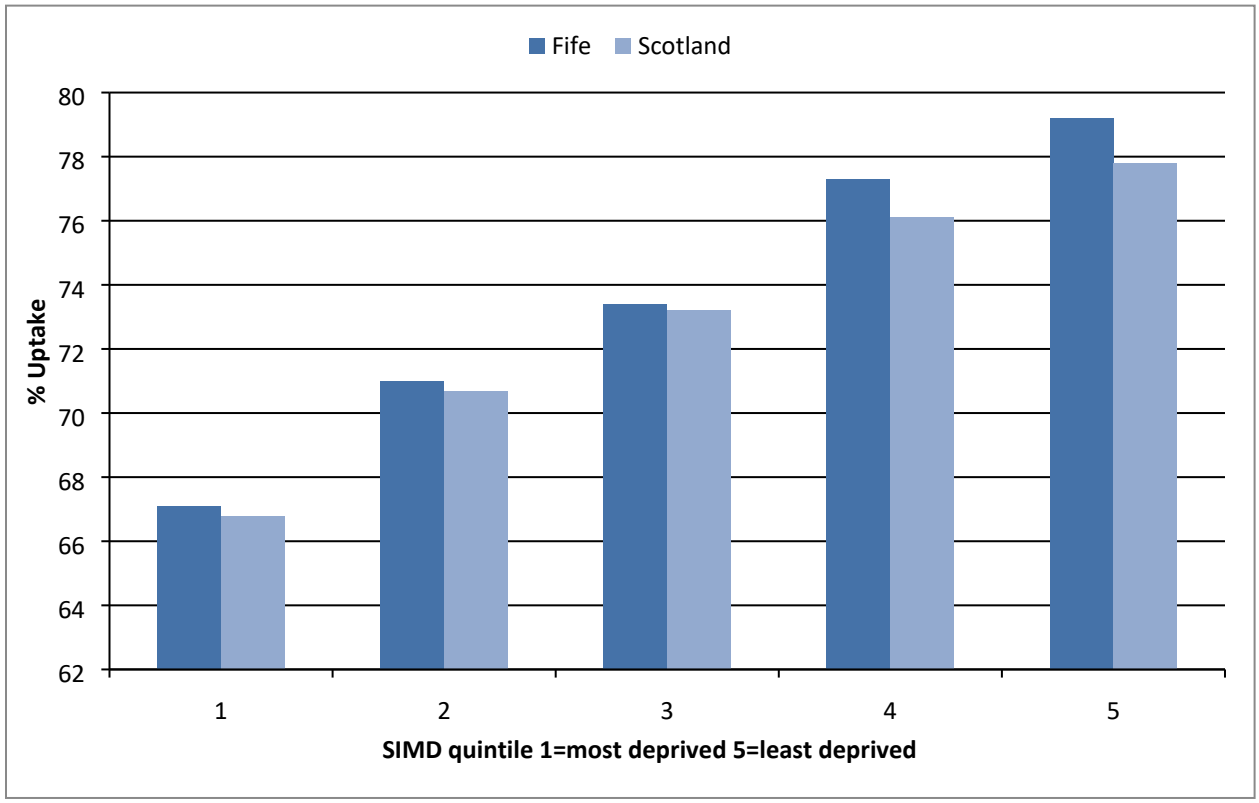
3.2 In the most recent year for which published data are available, there were 27 new cases of cervical cancer in Fife (2016) and 8 deaths from cervical cancer (2017).

3.3 Women aged 25 to 49 years, who have not had a full hysterectomy, are invited to have a cervical smear test every three years; women aged 50 to 64 are invited every 5 years.

3.4 In 2017/18 (1 April 2017 to 31 March 2018), 73.4% of eligible women in Fife had been screened within the previous 3.5 and 5.5 years according to age on 31 March 2018. Uptake in Scotland as a whole over the same period was 72.8%.

3.5 In women aged 25-64 years, the combined percentage uptake to 31 March 2018 fell with increasing deprivation in Fife and Scotland (figure 1).

Figure 1: Cervical Screening uptake by SIMD quintile, Fife and Scotland, women aged 25-64, 1 April 2017 to 31 March 18



3.6 There were 24,005 smears processed at the Cellular Pathology Laboratory, Victoria Hospital, in the year 2017/18. In all, 92.8% of satisfactory smears were reported as normal (negative) in 2017/18; in Scotland overall, the figure was 91.8%.

3.7 NHS Fife has supported national cervical screening campaigns using social media to deliver key messages and increase awareness of screening through sharing videos, images and information aimed at encouraging women to attend for a smear test.

3.8 The replacement of cervical cytology with high risk Human Papillomavirus (Hr-HPV) primary testing in Scotland is due to take place in January 2020. Approval to introduce Hr-HPV primary testing included the reconfiguration of the existing laboratories in Scotland to deliver both cervical cytology and Hr-HPV testing from two sites: one in NHS Lanarkshire and one in NHS Greater Glasgow and Clyde.

3.9 An NHS Fife Hr-HPV Local Implementation group has been established to risk-assess and manage the cervical cytology laboratory provision in the transition to Hr-HPV testing. A plan has been produced detailing contingency measures to maintain resilience of the cytology service within NHS Fife.

3.10 Two risks have been identified which may impact on service provision in Fife. Both have been assessed as 'moderate':

- There is a risk that due to the national strategy for implementation of Hr-HPV the cervical screening service will have a backlog of un-screened smear test samples at the point of Hr-HPV implementation

- There is a risk that screening services in other health board areas will not be able to continue to provide a service due to loss of staff. This will have a significant impact on existing laboratories and necessitate national collaboration to facilitate service provision until January 2020. The significant increase in workload will put pressure on laboratories with limited resources.

3.11 The introduction of this new test will help ensure the early signs of cervical cancer are identified and treated earlier.

4 Bowel Screening

4.1 Bowel cancer is the third most common form of cancer diagnosed among men and women in Scotland. People over 50 years of age accounted for 94.3% of cases diagnosed in 2016.

4.2 The aim of the bowel screening programme is to reduce deaths by picking up and treating bowel cancer at an early stage in people with no symptoms. Pre-cancerous polyps (wart-like growths) can also be identified and removed through screening, and this may prevent future cancers developing.

4.3 All men and women registered with a GP and aged between 50 and 74 years are sent a test kit every two years. The test can be completed at home. A new, quantitative Faecal Immunochemical Test (FIT) replaced the Faecal Occult Blood Test (FOBT) as the first line test in the Scottish Bowel Screening Programme in November 2017.

4.4 Data presented in this report, published by ISD in August 2018, cover the 2 year period between 1 November 2015 and 31 October 2017. These quality-assured data therefore do not reflect the changes (e.g. an increase in uptake) since the implementation of FIT.

4.5 In the 2 year period between 1 November 2015 and 31 October 2017 in Fife:

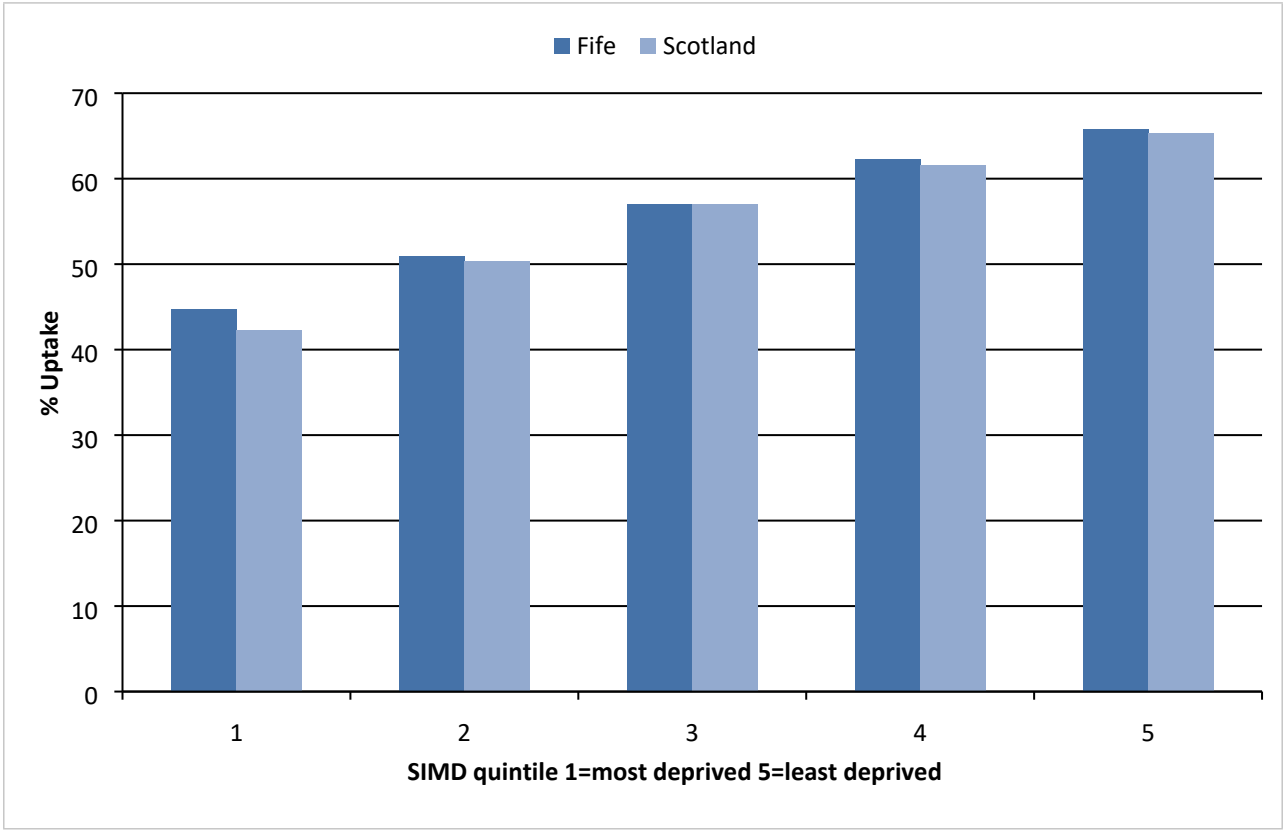
- Of those invited to participate, 56.3% had a complete screening test result. Uptake is higher in women (59.1%) than in men (53.3%). This is also the case for Scotland as a whole where overall uptake is 56.6% (58.7% women, 52.5% men). The Healthcare Improvement Scotland standard for Bowel Screening uptake is 60% of women and 60% of men.

- Uptake for those living in the least deprived area quintiles in Fife was higher than uptake for those living in the most deprived quintiles (figure 2).

- The proportion of those completing the screening test with a positive result requiring further investigation in Fife was 1.91%. The rate for men (2.28%) is higher than that for women (1.58%).

- The proportion of people with a complete screening result who had screen detected colorectal cancer was 0.101%; in Scotland it was 0.105. Cancer detection rates are higher in men than women.

Figure 2: Overall Bowel Screening uptake by SIMD quintile, Fife and Scotland, 1 November 2015 to 31 October 2017



4.6 Using FIT has a number of advantages over the FOBT kit. FIT is a specific test for human haemoglobin and is automated so eliminates observer variation amongst laboratory staff assessing the samples.

4.7 Using FIT has also simplified the sample collection process. Participants are required to return one sample instead of the three samples required for the FOBT.

4.8 It had been anticipated that FIT would lead to an increase in uptake and positivity. However the scale of the impact has so far been greater than expected. As a result endoscopy capacity has been reduced and waiting times have increased.

4.9 A business case has been agreed to seek investment to address the increase in demand and improve waiting times for those who have a positive screening test as well as urgent referrals and routine and surveillance patients attending endoscopy. Additional support is

required within bowel screening nursing, endoscopy, administration, pathology and radiology.

5 Abdominal Aortic Aneurysm Screening

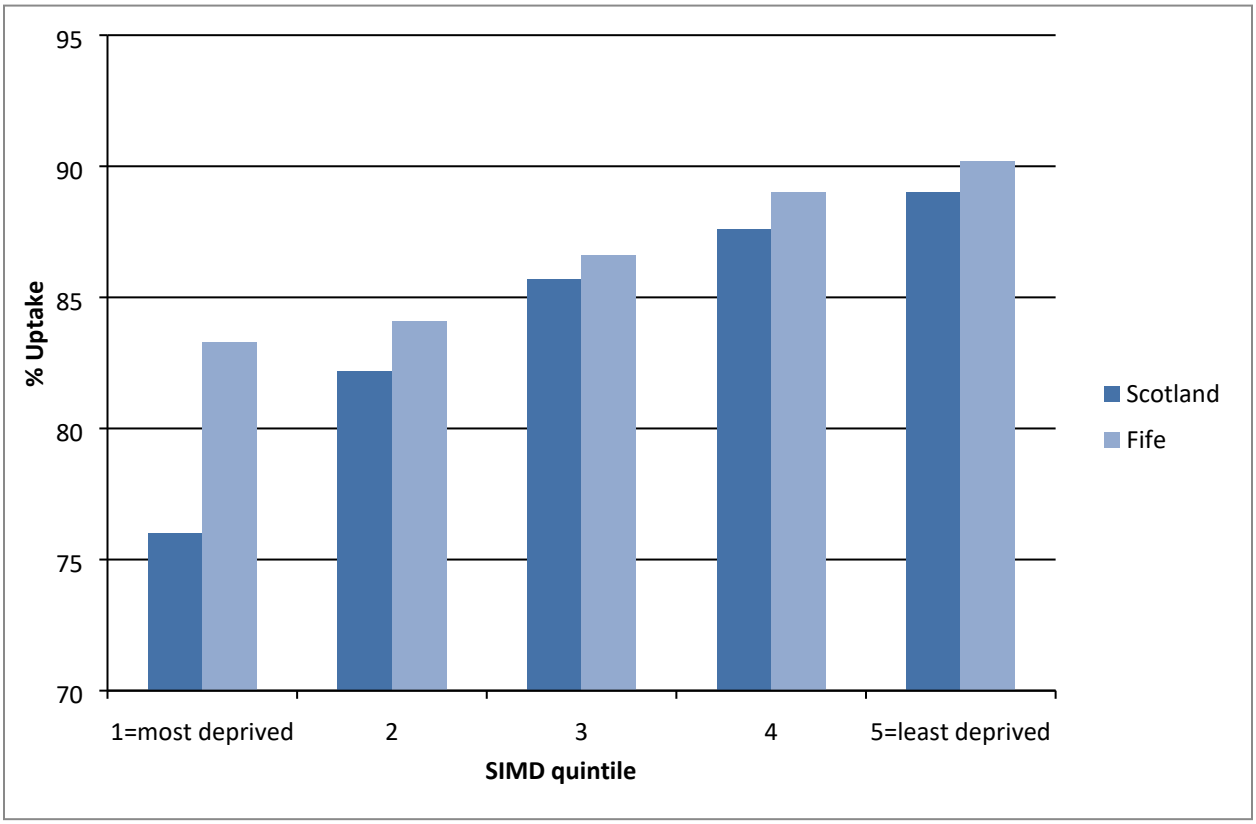
5.1 All men aged 65 years are invited, by letter, to attend a screening appointment for a one-off ultrasound scan to identify the presence of an Abdominal Aortic Aneurysm (AAA). The aim of the screening programme is the early detection and elective repair of asymptomatic AAA in order to prevent rupture and reduce mortality.

5.2 The Scottish AAA Screening Programme is delivered in Fife in collaboration with NHS Tayside. There are currently four screening sites in Fife. Governance is provided by the joint NHS Tayside and NHS Fife AAA Screening Performance & Governance Committee.

5.3 Uptake of AAA screening is measured at age 66 and 3 months. Uptake is high with 86.6% of eligible men in Fife attending, and 84.4% of men in Scotland attending, during the year 1 April 2016 to 31 March 2017.

5.4 As in the rest of Scotland, uptake for those living in the least deprived area quintile in Fife was higher than uptake for those living in the most deprived quintile (figure 3). The effect of increasing deprivation on uptake is less marked for Fife than for Scotland.

Figure 3: AAA Screening uptake by SIMD quintile, Fife and Scotland, year ending 31 March 2017



5.5 The number of men with a large aneurysm referred to a vascular specialist for assessment is small for single years so these figures are not presented here. The cumulative total of NHS Fife men referred from the start of the screening programme until 31 March 2017 was 27.

5.6 Since the implementation of screening, two key performance indicators (the percentage of men seen by a vascular specialist within 2 weeks of screening, and the percentage of men deemed appropriate for surgery who were operated on within 8 weeks of screening) have proved to be challenging.

5.7 A wide range of actions have been put in place to improve the performance of the Tayside and Fife collaborative against these KPIs. Some of the actions implemented include:

- a new patient pathway designed to improve patient flow;

- MDT coordinators in both Fife and Tayside appointed to regularly review patient flow and intervene to minimise delays at each stage i.e. time to specialist vascular assessment, pre-operative investigations and surgery;

- anaesthetic time increased for pre-assessment appointments and MDT meetings;

- monthly monitoring of referrals against pathway implemented and scrutinised by local and national governance groups;

- whole team understanding of screening targets has been improved.

5.8 Current operational data (November 2018) indicate significant improvement in Tayside and Fife with respect to the number of men seen by a vascular specialist within 2 weeks.

5.9 The KPI focusing on the percentage of men deemed appropriate for surgery who were operated on within 8 weeks of screening (with the essential threshold set at ≥60% and the desirable threshold at ≥80%) continues to be challenging. This KPI includes men deemed appropriate for surgery who go on to decline surgery; and also men who have co-morbidities that need to be addressed before AAA surgery is recommended. There continues to be close monitoring of men awaiting surgery and the reasons for this and, where possible, delays are minimised.

5.10 A Communications Strategy group (a sub group of the NHS Tayside and Fife AAA performance and governance committee) has been set up to focus efforts on increasing awareness about the programme, particularly in the more deprived areas within Tayside and Fife. To date, a number of events have been arranged by the AAA screeners in collaboration with Dundee Healthy Living Centre. Other work to raise awareness has taken place or is planned in Fife and Tayside in outpatient areas of hospitals, shopping centres, community cafes, men's sheds and other community locations. Current operational data (November 2018) indicate an increase in self referrals from areas targeted by the screeners.

5.11 Members of the AAA Screening Performance and Governance Committee actively contribute to national work relating to the AAA screening programme. There is regular attendance from Tayside and Fife at all national groups, and additional input into sonography quality assurance and IT user acceptance testing.

6 Diabetic retinopathy screening

6.1 Diabetic retinopathy is a common complication of diabetes which affects the eyes. Untreated diabetic retinopathy is one of the most common causes of visual impairment and blindness. Diabetic retinopathy screening can detect retinopathy at an early stage before any symptoms are apparent. All diabetes patients aged 12 and over are invited to attend an annual screening appointment.

6.2 During the year 1 April 2017 to 31 March 2018, the total eligible population for diabetic retinopathy screening in Fife was 19,561.

6.3 The proportion of the eligible population who attended at least once for screening during 2017/18 was 79.1% (73.3% in Scotland). The proportion of the eligible population who had been screened by slit lamp or photography at least once was 78.2% (71.7% in Scotland). The target is 80%.

6.4 Improvements in the functioning of the software platform used for the screening programme were delayed but have now been implemented. These will enable us to present uptake by population groups such as deprivation and ethnicity in future reports.

6.5 During 2017/18, the 'Did Not Attend' (DNA) rate in Fife was 20.1%; in Scotland it was 21.4%. The DNA rate is being monitored closely in Fife by the programme's governance board. Further work is being considered to improve the attendance rate.

6.6 The target for written reports is that a minimum of 80% of people screened are sent the result in writing within 20 working days of the photograph being taken. During 2017/18, NHS Fife met this target (95.4%) and performed well when compared with Scotland (69.4%).

6.7 A challenge to the sustainability of the service continues to be the increasing diabetic population (approx. 5% per annum across Scotland), with the subsequent increase in demand on ophthalmology and acute services to deliver treatment. Auto-grading was introduced in 2011 to reduce pressure on the screening programme.

6.8 In 2016 the UK National Screening Committee recommended revised screening intervals for patients within the DRS programme. The recommendation was that for patients with

diabetes at low risk of sight loss, the interval between screening tests should change from one year to two years.

6.9 The Scottish Screening Committee also recommended this change along with the introduction of Optical Coherence Tomography as part of the DRS programme. It is anticipated that these changes will result in: a 9.4% reduction in unnecessary retinal screening appointments; the release of 5% capacity per year in new ophthalmology outpatient appointments; and the transfer of existing DRS patients within ophthalmology undergoing OCT surveillance to DRS OCT surveillance will release further capacity in ophthalmology. These changes are in line with evidence based practice and realistic medicine.

6.10 The national business case for these service changes to the programme has now been approved by the Scottish Screening Committee and a national project board has been established alongside local working groups in each NHS board area. In Fife the working group members have been drawn from the local governance committee and include a patient representative. Patients are expected to migrate to the new system incrementally over the next two years.

7 Pregnancy Screening Programmes

7.1 Pregnancy screening covers:

- Communicable diseases screening for hepatitis B, syphilis and HIV;
- Haemoglobinopathies screening for sickle cell and thalassaemia;
- Down's syndrome and other fetal anomalies screening.

7.2 For the year 1 April 2017 to 31 March 2018, ISD report that there were 3272 bookings with maternity services by NHS Fife residents; 57.7% were booked by 10 weeks gestation (88.2% by 12 weeks gestation). (Source: ISD, SMR02). These data are based on discharge data following delivery so only include births as the pregnancy outcome. Bookings that lead to other outcomes such as miscarriage or termination are not included.

7.3 These data also include all Fife resident bookings; some Fife residents book in other Health Board areas (e.g. Tayside). It is not possible to report on all Fife residents for all aspects of pregnancy screening. Women resident in Fife who book elsewhere are usually included in data reports of the Board area where they plan to give birth.

8 Communicable Diseases

8.1 There were no new cases of pregnant women with HIV reported by the NHS Fife Microbiology laboratory during the year ending 31 March 2018; and there were fewer than 5 cases of pregnant women with syphilis reported.

8.2 There were six Fife resident babies born to mothers with a known positive hepatitis B result. Due to the small numbers, it is not appropriate to report how many of the babies completed a course of vaccinations (counts of less than 5 are not reported to protect the identity of individuals). In 2018, a new NHS Fife protocol was developed for babies born to mothers with hepatitis B infection and/or babies born into a household with an infected contact (other than the mother). Implementation of the protocol will be audited to provide assurance that all babies receive appropriate vaccination and immunoglobin in line with Green Book recommendations.

9 Haemoglobinopathies

9.1 Haemoglobinopathies (sickle cell and thalassaemia disorders) are serious blood disorders that affect haemoglobin.

9.2 The NHS Fife haematology laboratory received 3281 samples from pregnant women to be screened for haemoglobinopathies during the year ending 31 March 2018.

9.3 No pregnancies were found to be at risk of a significant haemoglobinopathy.

9.4 Five partner tests were requested following identification of a pregnant haemoglobinopathy carrier; all five partner tests samples were received by the laboratory.

10 Down's Syndrome

10.1 First trimester screening is provided by NHS Lothian laboratory service and second trimester screening is provided by Bolton antenatal screening laboratory. This arrangement for laboratory provision covers all Scotland.

10.2 For the year ending 31 March 2018, there were a total of 2227 tests from NHS Fife. The number of women undertaking first trimester screening was 1907 and the number of second trimester tests was 320 (14.4%).

10.3 The proportion of laboratory request forms submitted that are incomplete and/or illegible is monitored. The target is for 97% of request forms to be fully completed. For the year ending 31 March 2018, only one Board area in Scotland met the target for first trimester samples. The NHS Fife completion rate was 84.2%; the Scotland rate was 88.4%.

10.4 Reports on completion rates, stating the amount and type of missing information, are sent to Lead Midwives on a monthly basis along with cumulative performance charts. The laboratory also requests feedback on the reasons for incomplete forms.

10.5 For second trimester samples, NHS Fife submitted 99.3% of fully completed request cards. The proportion of fully completed requests from Scotland as a whole was 97.6%.

10.6 The NHS Fife fetal medicine team produce a detailed annual report on the Down's syndrome and fetal anomaly screening programme. This report is taken to the Clinical Governance Committee.

11 Pregnancy Screening Data Challenges

11.1 We are working with maternity services and information services to improve the monitoring and evaluation of pregnancy screening programmes in NHS Fife. A gap analysis is underway to determine where data gaps exist and how these might be addressed. National work is also underway to examine whether the maternity IT systems can better capture data required for monitoring the screening programmes against key performance indicators. Unlike other programmes, there is a lack of data to monitor performance of pregnancy screening at a national level.

11.2 NHS Fife maternity service has been using the BadgerNet IT system since August 2018. Data collection and recording on new electronic maternity systems presents challenges. The quality and completion of the data on BadgerNet will improve over time.

11.3 We aim to report fully in the next integrated report on data to support the new national Key Performance Indicators (published by National Services Scotland, November 2018).

12 Universal newborn hearing screening

12.1 The universal newborn hearing screening programme aims to identify babies born with bilateral permanent moderate, severe and profound deafness. Evidence shows that introducing an early support programme before 6 months of age leads to better outcomes for speech and language development.

12.2 In Fife, a hospital-based Automated Auditory Brainstem Response (AABR) screening protocol is used. Babies born at home and those requiring repeat screening or transferring in from other areas are offered outpatient appointments.

12.3 During the year 1 April 2016 to 31 March 2017, of the 3563 babies eligible for screening in Fife, 3531 (99.1%) completed screening. The Fife figure in previous years was reported to be lower as some babies (those with no estimated date of delivery recorded) were not included in the total number of babies screened. This was highlighted in the integrated screening report last year and the issue has now been corrected. In Scotland, 99.0% completed screening.

12.4 98.1% completed screening within the Healthcare Improvement Scotland standard of 4 weeks. Thirty five babies completed screening after 4 weeks due to being too ill to be screened or due to missed appointments.

12.5 There is some variation across Scotland in the proportion of babies referred to audiology for further investigation. The NHS NSS Key Performance Indicators for Pregnancy and Newborn Screening (2018) state that ≤3.0% of babies screened (essential) or ≤2.0% (desirable) are referred for diagnostic assessment. In Fife, the refer rate to audiology during 2016/17 was 2.6% (within the essential threshold); in Scotland the rate was 1.8%. There has been a small year on year increase in Fife since 2014 and this is being closely monitored. It is likely that a combination of the following can explain this change:

- An earlier discharge of babies from hospital meaning stage 1 screens are performed at an earlier stage than in previous years
- A shorter interval between stage 1 screen and stage 2 screen due to earlier discharge than in previous years
- The introduction of Echoscreen III Automated Auditory Brainstem Response (AABR) machines.

12.6 From Mid April the screening service will begin an extended trial period using Algo 3i Automated Auditory Brainstem Screening machines. This trial has two aims. Algo 3i has an electronic upload facility direct into the screening module in the Scottish Birth Record and this should reduce the risk related to manual data entries. There will also be the

opportunity to compare the sensitivity and refer rate of the Algo 3i to the Echoscreen III (the screening machine currently in use).

12.7 During the year 1 April 2016 to 31 March 2017, 5 babies in Fife had confirmed bilateral permanent hearing loss; fewer than 5 had confirmed unilateral permanent hearing loss.

13 Newborn Blood Spot Screening

13.1 Newborn blood spot screening identifies babies who may have rare but serious conditions. The programme includes screening for Phenylketonuria (PKU); Congenital Hypothyroidism (CHT); Cystic Fibrosis (CF), Medium Chain Acyl-CoA Dehydrogenase Deficiency (MCADD); and Sickle Cell Disorder (SCD). On 20 March 2017, testing began for four further metabolic disorders: maple syrup urine disease (MCUD), isovaleric acidaemia (IVA), glutaric aciduria type 1 (GA1) and homocystinuria (HCU).

13.2 Testing is offered to all newborn babies usually around 5 days of age. The test is done by a midwife who obtains a few drops of blood by pricking the heel. The blood is collected on a card which is sent to the Scottish Newborn Screening Laboratory for analysis.

13.3 During the year 1 April 2017 to 31 March 2018, the laboratory received 3611 blood spot sample cards from NHS Fife. Diagnostic testing is required to confirm a condition.

- Seven babies in Fife were suspected of having a condition and referred to a specialist clinician.
- Eleven babies were referred as suspected carriers of a condition.

13.4 A key challenge to the programme is minimising the number of avoidable repeat tests required. This is monitored closely with monthly feed back to individual midwives and further training offered where appropriate. The proportion of avoidable repeat tests in Fife during 2017/18 was 2.9%. This compares with 3.3% in Scotland.

14 Summary

14.1 This report has highlighted key learning, challenges and achievements for screening programmes in Fife. Significant new developments are anticipated for several of the programmes, in particular for the cervical screening programme with the introduction of primary Hr-HPV testing; and revised screening intervals along with the introduction of OCT as part of the DRS programme.

14.2 Assuring the delivery of effective population screening is a priority for NHS Fife Department of Public Health. For this report, it has not been possible to report data to evidence the QA of the breast screening programme. It is anticipated that the breast screening system reporting functionality will be restored and ISD will be in a position to publish information and performance data during 2019. Work is also underway to identify where data gaps exist and to improve the monitoring and evaluation of the pregnancy screening programmes.

14.3 In general, uptake decreases with increasing deprivation across all screening programmes. The screening programmes for which we have data by SIMD quintile in Fife demonstrate a deprivation gradient. Some people will make an informed choice not to attend screening and it is important those decisions are respected. However, there is clearly still progress to be made to reduce the incidence of cancer in the population and address inequalities in cancer outcomes.

14.4 It is important that activities to reduce inequalities are evidence based. As part of the Scottish Government's commitment to reduce inequalities in cancer screening there is an inequalities fund for initiatives that could help address barriers for those less likely to engage. NHS Fife is participating in a collaborative project, funded by Scottish Government, along with NHS Borders, NHS Tayside, NHS Lothian and the Mental Health Foundation. The project aims to support those experiencing severe and enduing mental health conditions to engage with cancer screening programmes. It is anticipated that the project will be extended to include non-cancer screening programmes.

14.5 It is also hoped that we can learn from the experience and outcomes of other projects successful in obtaining Screening Inequalities funding. Opportunities to meet and network with project teams are provided by attendance at Scottish Government Screening Development Days and via membership of the Screening Inequalities Knowledge Hub.

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NHS Fife Strategic Resilience Forum

TERMS OF REFERENCE

APRIL 2019
(updated 17 April 2019)

DRAFT

1. INTRODUCTION and PURPOSE

1.1 The Civil Contingencies Act 2004 lists NHS Territorial Boards and SAS as Category 1 responders (NSS is Cat 2 responder), and as such places specific duties on NHS Fife as follows:

- **Assess the risk** of emergencies occurring and use this to inform **contingency planning;**
- Put in place **emergency and business continuity plans** and arrangements and a resilience **training and exercising** programme;
- Maintain arrangements to **warn, inform and advise staff and the public** in the event of an emergency and/or business continuity incident;
- **Share information** with other local responders to enhance co-ordination; and
- **Co-operate** with other local responders, supporting the local and regional resilience partnerships

2. REMIT of NHS Fife Strategic Resilience Forum

2.1 To provide strategic oversight of the resilience function for NHS Fife in line with the Civil Contingencies Act 2004 and relevant national guidance;

2.2 To provide assurance to NHS Fife Board and Fife Health and Social Care Partnership (HSCP) on the NHS Scotland Standards for Organisational Resilience;

2.3 To have assurance that local plans/arrangements in the event of an emergency and/or Business Continuity situation are reviewed and exercised regularly and lessons logged and learned from any incidents that may arise;

2.4 To provide a link between NHS Fife, Fife HSCP and Local and Regional Resilience Partnerships and the Joint Health Protection Plan;

2.5 To implement the organisational resilience standards produced by the Scottish Government Health Resilience Unit (SGHRU);

2.6 To receive the minutes of meetings of the NHS Fife Acute Services Division Resilience Group and the Fife Health and Social Care Partnership Resilience Group;

2.7 To confirm that lessons learned from incidents related to resilience are learned in all relevant wards and departments and that lessons learned from incidents in NHS Fife are communicated to partners where appropriate;

2.8 To draw up and agree, before the start of each financial year, an Annual Work Plan for the Group's planned work during the forthcoming year;

2.9 To provide assurance, via the appropriate standing committees, to NHS Fife Board and the HSCP that the group has fulfilled its remit and that adequate and effective resilience arrangements are in place.

3. MEMBERSHIP

Director of Public Health (Chair)

Associate Director of Planning and Performance, NHS Fife

Business Continuity Manager

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Chief Operating Officer (Acute Services) or named deputy

Consultant in Public Health (Deputy Chair)

Director of the Health and Social Care Partnership or named deputy

Director of Estates, Facilities and Capital Services or named deputy

Director of Nursing or named deputy

Director of Pharmacy or named deputy

Medical Director

Emergency Planning Officer

Head of Procurement

Primary Care representative

Scottish Ambulance Service

General Manager e-Health & IM&T

Head of Communications or named deputy

Other individuals may be invited to attend the group as and when necessary (e.g. to provide guidance on specific issues).

5. REGULARITY OF MEETINGS

5.1 The Group will meet on a quarterly basis or more frequently if required.

6. REPORTING ARRANGEMENTS

6.1 The Group reports directly to the Clinical Governance Committee and will supply them with an annual statement of preparedness. Minutes of the group will also be presented to the Health & Social Care Partnership Resilience Group of the IJB.

7. QUORUM

7.1 The quorum for the group will be 50% of the membership, one of which should be an NHS Fife senior executive (ie the Director of Public Health or the Deputy Chair, the Chief Operating Officer – Acute Services Division, Medical Director or the Director of Estates, Facilities and Capital Services).

8. REGULARITY OF TERMS OF REFERENCE REVIEW

8.1 This Terms of Reference will be reviewed by the NHS Fife Strategic Resilience Group annually.

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NHSScotland Standards for Organisational Resilience (May 2018)

Section		Standard	Description	OWNER
Section 3	**Regulatory**	Standard 1	The NHS Board shall have effective processes for ensuring that all its resilience plans, policies and procedures are compliant with key legislation and Regulations underpinning this area of work	SRO
Section 4	**Strategy and Culture**	Standard 2	The NHS Board shall have clearly defined governance arrangements in place for all its resilience-related work.	SRO
		Standard 3	The NHS Board shall have an overarching resilience framework and/or policy set out its objectives and expectations.	SRO
		Standard 4	The NHS Board shall promote awareness of its resilience objectives amongst the workforces, and inform staff how they can help to achieve them	SRO
Section 5	**Identifying and Mitigating Risk**	Standard 5	The NHS Board shall have an annual programme to assess, mitigate or manage resilience risks, especially those resulting from a capacity/capability assessment.	SRO
		Standard 6	The NHS Board shall carry out an 'all-risks' risk assessment at least annually to identify hazards, threats and vulnerabilities which may its resilience and ability to deliver its functions	SRO
		Standard 7	The NHS Board shall have an overarching Business Continuity (BC) policy and a robust BC Management process	COO
		Standard 8	The NHS Board shall have up-to-date, effective Business Continuity (BC)/contingency plans for all prioritised services and function	COO
Section 6	**Preparedness**	Standard 9	The NHS Board shall have Major Incident and/or Resilience plans that reflect its emergency preparedness and which have been developed with the engagement of relevant internal/external stakeholders	COO HSC Director
		Standard 10	The NHS Board shall address the specific needs of children and young people in all relevant Major Incident and Business Continuity Plans, and ensure that its responses/interventions are sensitive to their needs	COO HSC Director
		Standard 11	The NHS Board shall have pre-determined Command, Control and Coordination (C3) arrangements in place at Board (strategic level) and Hospital – levels (Operational level) to respond effectively and efficiently to various types and scale of major / mass casualties incidents.	COO HSC

DRAFT

Section		Standard	Description	OWNER
Section 6 (continued)		Standard 12	The NHS Board shall have a training and exercising plan in place to test its state of preparedness and to inform its response capability	SRO
	Cooperation	Standard 13	The NHS Board (designated as Category 1 and 2 Responders) shall actively participate in Local and Regional Resilience Partnerships (RRP). The Chief Executive, Executive-level Director for Resilience or a relevant Executive Director shall represent the NHS Board on the RRP and ensure the organisation actively engages, cooperates with and works in partnership with other responders.	SRO
		Standard 14	The NHS Board shall have agreed mutual aid arrangements with a range of providers (i.e. other Category 1 and 2 responders and non-designated statutory and voluntary agencies) which from part of its plan to enhance its capability and responsiveness to various types of Major / Business Continuity incidents.	EPO BCM
	Pandemic Influenza	Standard 15	The NHS Board shall have up-to-date and robust arrangements for responding to Pandemic Influenza, which reflect strategic and operational guidance issued by Scottish Government.	SRO
		Standard 16	The NHS Board shall develop and review its Pandemic Influenza Plan jointly with local Health and Social Care Partnerships (HSCPs) and the Regional Resilience Partnership (RRP), and seek their endorsement. A joint / multi-agency plan shall be developed, if one does not exist already.	SRO
		Standard 17	The NHS Board shall exercise its Pandemic Flu plan in full every 3 years	EPO
	Winter Plan	Standard 18	The NHS Board and the local Health and Social Care Partnership(s) shall have a robust Winter Plan and implement a range of actions to enhance resilience during the winter period	Director of Strategic Planning
	Critical Infrastructure	Standard 19	The NHS Board shall maintain a single up to date list of its critical infrastructure (CI) assets that is stored safely and securely	Director of Estates
		Standard 20	The NHS Board shall assess the vulnerability of its critical infrastructure assets in the context of the Local/Regional Resilience Partnership (L/RRPs) Community Risk Register, and mitigate the risks	Director of Estates
		Standard 21	The NHS Board shall have enhanced resilience plans and security arrangements to protect its critical infrastructure (CI) assets and systems.	Director of Estates
	HAZMAT/CBRN	Standard 22	The NHS Board shall have a specific Hazardous Materials / Chemical, Biological, Radiological, Nuclear Explosives (HAZMAT / CBRN(e)) plan or a dedicated section within its Major Incident Plan that sets out its preparedness for and response to such incidents	COO

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Section		Standard	Description	OWNER
		Standard 23	The NHS Board shall undertake appropriate HAZMAT/CBRN decontamination risk assessments and take appropriate action to address the results	COO
		Standard 24	The NHS Board shall have an accurate inventory of equipment required for decontaminating patients and retain appropriate equipment for the safe decontamination of patients and protection of staff. It shall also maintain an accurate inventory of any local stockpile of Scottish Government CBRN countermeasures, such as chemical pods.	Director of Estates Director of Pharmacy
		Standard 25	The NHS Board shall implement a programme of HAZMAT / CBRN Decontamination training to enable it to deliver the assessed level of capability	EPO BCM
	Prevent	Standard 26	The NHS Board shall have a plan that clearly sets out how it will work with delivery partners, specifically Health and Social Care Partnerships, to meet the objectives of Prevent and fulfil its statutory duties.	Director of Nursing
	Protect	Standard 27	The NHS Board shall take appropriate and proportionate action to promote security and counter-terrorism awareness within its workforce.	Director of Nursing
	Prepare	Standard 28	The NHS Board (Category 1 Responders) shall maintain an overview of terrorist threats at national and local levels and collaborate with other statutory agencies and Scottish Government to plan for the consequences of terrorist incidents.	Director of Nursing
		Standard 29	The NHS Board (Category 1 Responders) shall maintain operational capability to respond to the consequences of terrorist incidents resulting in mass causalities.	COO
		Standard 30	The NHS Board (i.e. Category 1 Responders) shall maintain an appropriate number of staff trained to respond to a terrorist related incident at scene (with a corresponding safe system of work) when necessary	EPO BCM
Section 7	Digital Health	Standard 31	The NHS Board shall have adequate information security management arrangements that conform to NHSS information Security Policy Framework (2015), GDPR, Cyber Essentials and the NIS Directive and it shall have an appropriate level of resilience within its Information and Communication Technologies (ICT) service portfolio	Head of eHealth
		Standard 32	The NHS Board shall develop and implement awareness-raising programmes that alert staff to the information security risks and encourage them to adopt safer practices in relation to information handling and the equipment used on-site and off-site	Head of eHealth

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Section		Standard	Description	OWNER
		Standard 33	The NHS Board shall ensure that its telecommunications system and arrangements to be implemented in emergency situations are fit for purpose and ready to be used by trained staff.	Head of eHealth
Section 8	Human Capital	Standard 34	The NHS Board shall have a robust management and support framework that enables its Resilience Lead(s) to work effectively and continuously develop skills in line with the competences required	CEO
		Standard 35	The NHS Board shall have in place robust arrangements to secure the health, safety and wellbeing of all staff called upon to respond to major incidents	COO
		Standard 36	The NHS Board shall have arrangements in place to provide timeous and confidential support to staff after they have been deployed to a major incident	CEO
		Standard 37	The NHS Board shall inform its employees of its overall resilience objectives and Business Continuity plans, and raise awareness of their roles and responsibilities in delivering them	BCM
Section 9	Climate Change	Standard 38	The NHS Board shall develop a robust approach towards implementing a range of actions to assure the continuity of quality healthcare services before, during and after extreme weather events	COO HSC
Section 10	Supply Chain	Standard 39	The NHS Board shall have a schedule for reviewing the resilience of its main suppliers and implement appropriate risk mitigation measures for their loss	Director of Finance
Section 11	Public Relations and Communication	Standard 40	The NHS Board shall have robust and effective arrangements in place to warn and inform the public and patients during major/business continuity incidents	Head of Comms
		Standard 41	The NHS Board shall have effective arrangements for communicating and sharing information with appropriate statutory/Regional Resilience partners.	Head of Comms

SRO Senior Responsible Officer (currently DPH)
COO Chief Operating Officer
CEO Chief Executive Officer
EPO Emergency Planning Officer
BCM Business Continuity Manager
HSC Health & Social Care
SAS Scottish Ambulance Service

DRAFT

NHS

NHS FIFE CLINICAL GOVERNANCE COMMITTEE

DATE OF MEETING:	8 May 2019
TITLE OF REPORT:	Performance & Accountability Review Framework
EXECUTIVE LEAD:	Carol Potter, Director of Finance & Performance
REPORTING OFFICER:	Carol Potter, Director of Finance & Performance

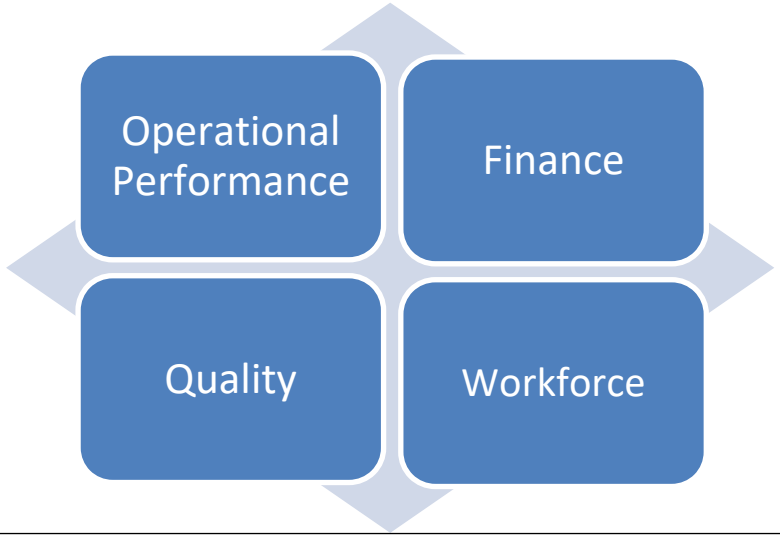
Purpose of the Report (delete as appropriate)

	For Discussion	For Assurance

SBAR REPORT

Situation

NHS Fife is committed to supporting the people of Fife to live long and healthy lives. The strategic and operational management of the organisation must be aligned to this vision, with a robust governance framework in place to provide assurance to the Board of the systems and processes and culture to deliver this vision. It is essential therefore, that there is effective scrutiny across all quadrants of governance.



Background

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

At Board level the Integrated Performance Report provides an overarching view of the key performance, quality, workforce and financial metrics, however there is an opportunity to enhance the approach at an operational level with individual management teams and services, and to ensure greater connectivity between operational management and Committee / Board level assurance mechanisms.

Historically there was a performance review process within the Acute Services Division, led by the Chief Operating Officer, but this lacked any overt relationship with those corporate Directors with professional, system wide responsibility; the Executive Directors Group; and wider stakeholders. Within the health services delegated to the Health & Social Care Partnership and corporate areas, there has been no formal performance review process to date.

Assessment

Establishing a formal Performance & Accountability Review Framework seeks to ensure the Board, Executive Directors Group, management teams and individual staff are able to:

- Assess performance against clear targets and goals
- Inform strategic and operational decision making using robust data
- Undertake exception reporting
- Predict future performance and forecast outturn
- Identify and monitor key actions
- Establish effective review structures including intervention as necessary and appropriate
- Focus resources and improvement efforts in key areas
- Identify any systematic problems across NHS Fife
- Evaluate the impact of new developments or initiatives
- Prioritise key improvements in line with the Clinical Strategy

The **overarching purpose of the Performance & Accountability Review Framework**, therefore is to:

- Ensure effective systems and processes are in place to provide assurance to the NHS Board and stakeholders that services are performing to the highest statutory and regulatory standards
- Develop the business intelligence capability of NHS Fife and thus inform service delivery, improvement activity; productivity and efficiency; sustainability; and deliver transformation
- Support delivery of strategic objectives as set out in the Clinical Strategy and the Annual Operational Plan
- Provide assurance on best value in the use of all resources

Implementation of the Performance & Accountability Review Framework will support the risk management process and ongoing review of the Board Assurance Framework (BAF).

Critically, the Performance & Accountability Review Framework seeks to ensure that those individuals holding delegated responsibility for operational performance, workforce, quality & safety and financial resources, as agreed through the Board's Scheme of Delegation, are held accountable through robust and effective reporting and assurance mechanisms. It will form a key pillar in support of the Board's overall system of corporate governance.

A number of key principles will underpin the Performance & Accountability Review Framework:

- **Creating a performance culture through improvement** – the framework is intended to support a culture of continuous improvement, delivered for the benefit of patients. It is not intended as a punitive or negative process. It will require clear objectives at all levels of the organisation supported by existing individual PDP/appraisal processes. The aim is to instil a rigorous performance and accountability culture with a clear understanding of individual responsibility.

- **Transparency** – the metrics and evidence used to assess performance will be clearly set out for all services, adapted to reflect clinical and non clinical services.

- **Delivery focus** – the approach will be integrated, action focused, and seek to improve performance.

- **Proportionality** – the arrangements eg frequency of meetings will be adapted to suit the requirements of different services, to ensure management actions and interventions are proportional to the potential performance risk

- **Balance** – all parties involved in the performance and accountability review meetings will seek to deliver a balance between challenge and support

The Performance & Accountability Review meetings will be chaired by the Chief Executive or Director of Finance & Performance, supported by the Medical Director, Director of Nursing, and Director of Workforce.

The Chief Operating Officer has confirmed that a parallel process will be in place within the Acute Services Division; whereby the Chief Operating Officer will chair Directorate Performance & Accountability Review meetings, supported by the Deputy Chief Operating Officer, Deputy Director of Finance, Associate Medical Director, Associate Director of Nursing and Senior HR Manager. Clarification is awaited on the model to be adopted within the Health & Social Care Partnership, and whether a parallel process is planned.

For meetings with the Finance, Human Resources and Estates & Facilities Directorates, the Chief Operating Officer and Director of Health & Social Care will also be invited to attend, to allow feedback and challenge on services provided to their respective areas.

The purpose of the 'corporate' roles at the meetings will be to question, understand, request information and to escalate matters as required, and onwards as required through the Board's governance structures. Attendees from services will be expected to provide written data on performance in advance of the meetings. During the meetings, the services will be expected to present a summary of key performance metrics, explain any variances, and highlight planned actions, with a focus on areas of exception, both positive and negative.

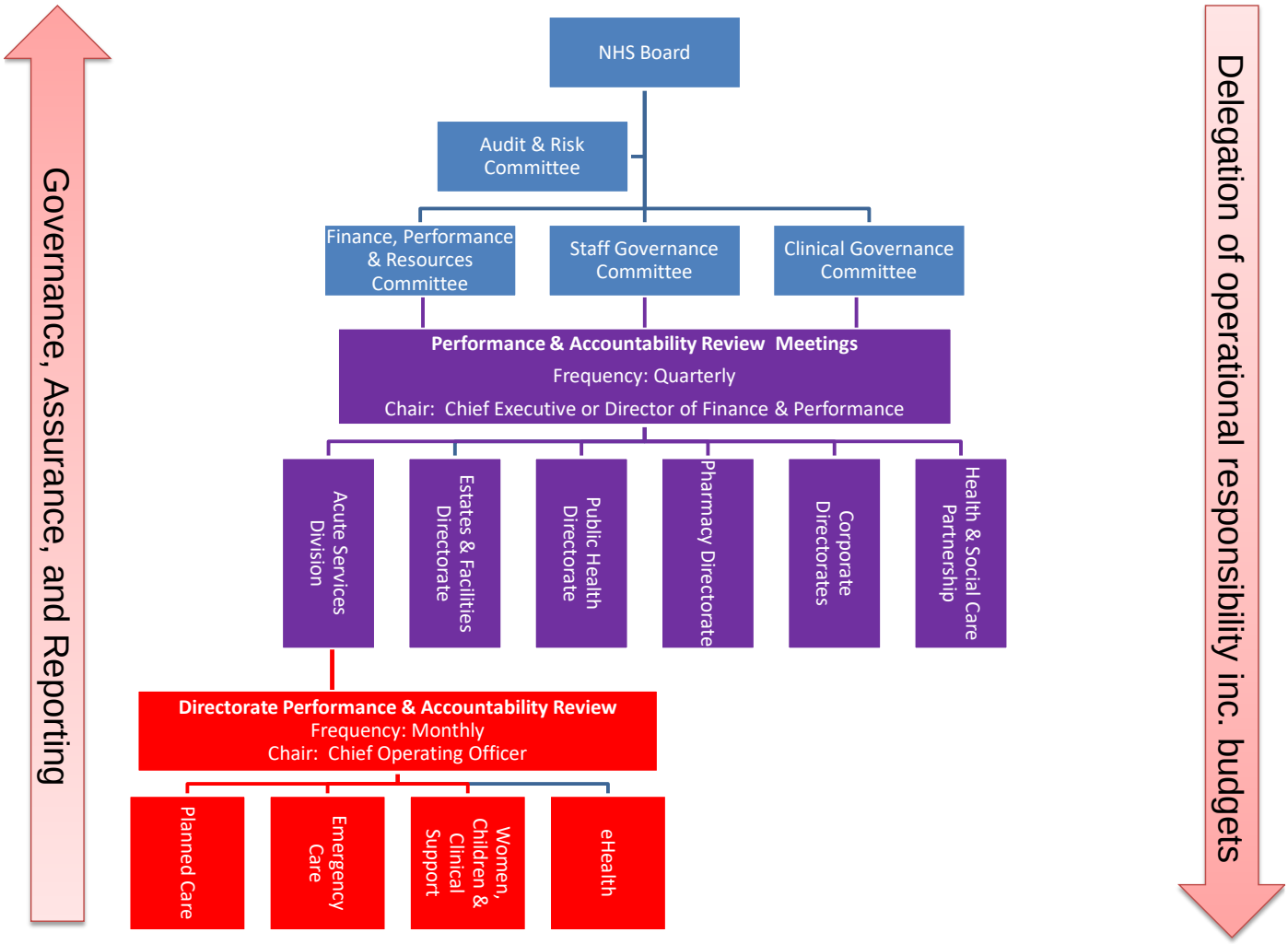
Appendix 1 provides a matrix of the **proposed meetings structure**, highlighting the attendees with a corporate focus and those with a service focus, as well as frequency of meetings.

Appendix 2 provides a summary of the anticipated **performance metrics** for each service, to be reported on at each meeting. It is recognised that the previous performance review process within the Acute Services Division was supported by a detailed performance data pack. A detailed review of this will be undertaken through the Performance & Information teams on behalf of the Director of Finance & Performance and Chief Operating Officer and will implement any agreed changes in advance of the first review meetings for 2019/20. The Performance and Information teams will also be required to work with other Executive Directors and / or senior managers to support the development of performance data packs for all other areas, based on relevant performance metrics, ensuring there is clear ownership by individual Directors for the production of these packs for their respective areas.

As the Performance & Accountability Review Framework is embedded during 2019/20, a **formal oversight escalation model** will be established, as set out in **Appendix 3**. Outcome reporting from the Performance & Accountability Reviews will seek to provide a concise and streamlined summary of key issues and actions, with a clear escalation route to link operational services and discussion at Committee level, in support of the Integrated Performance Report. This will be undertaken in the form of the brief SBAR approach, as already adopted by each Governance Committee for reporting of issues for escalation to the NHS Board.

Where possible, the scheduling and frequency of meetings will be aligned to enable reporting to the Governance Committees. A **proposed timetable** is attached at **Appendix 4**.

The diagram below provides a visual overview of the process.



Recommendation

Members of the Board's standing governance Committees are asked to:

- **Note** the Performance & Accountability Framework to be implemented for 2019/20, in support of enhanced assurance on all aspects of performance.

Objectives: (must be completed)	
Healthcare Standard(s):	All
HB Strategic Objectives:	All
Further Information:	
Evidence Base:	NA
Glossary of Terms:	NA
Parties / Committees consulted prior to EDG:	Chief Executive EDG
Impact: (must be completed)	
Financial / Value For Money	Statutory requirement to break even
Risk / Legal:	There are no specific implications from the issues in this paper as it provides an overview of the planning approach
Quality / Patient Care:	
Workforce:	

Appendix 1
Performance & Accountability Review Framework - Meetings Structure

Directorate / Division	Frequency	Corporate Attendees	Service Attendees
Acute Division	Quarterly[1]	Chief Executive (Chair) Director of Finance & Performance (Vice Chair) Medical Director Director of Nursing Director of Workforce	Chief Operating Officer Deputy Chief Operating Officer General Managers Associate Director of Nursing Associate Medical Director Clinical Directors Heads of Nursing
Estates & Facilities	Quarterly	Chief Executive (Chair) Director of Finance & Performance (Vice Chair) Medical Director Director of Nursing Director of Workforce Chief Operating Officer Director of Health & Social Care	Director of Estates & Facilities Head of Estates Head of Facilities PPP Contract Manager
Public Health	Quarterly	Chief Executive (Chair) Director of Finance & Performance (Vice Chair) Medical Director Director of Nursing Director of Workforce	Director of Public Health Deputy Director of Public Health
Pharmacy	Quarterly	Chief Executive (Chair) Director of Finance & Performance (Vice Chair) Medical Director Director of Nursing Director of Workforce Chief Operating Officer Director of Health & Social Care	Director of Medicines Chief Pharmacists Chief Finance Officer

[1] This approach is predicated on a supporting sub-structure where the Chief Operating Officer establishes a monthly performance and accountability framework at a Directorate level, accompanied by the Deputy Director of Finance, Associate Medical Director, Associate Director of Nursing and Senior HR Manager, meeting with each Directorate including the GMs, Service Managers, Clinical Directors, Heads of Nursing and Finance Business Partners. A similar sub-meeting would be required with eHealth. The Chief Operating Officer has confirmed this model is being implemented from May 2019.

Directorate / Division	Frequency	Corporate Attendees	Service Attendees
Corporate: Finance	Quarterly	Chief Executive (Chair) Medical Director Director of Nursing Director of Workforce (Vice Chair) Chief Operating Officer Director of Health & Social Care	Director of Finance & Performance Deputy Director of Finance Assistant Director of Finance Finance Manager Head of Procurement Head of Corporate Governance Project Director
Corporate: Human Resources	Quarterly	Chief Executive (Chair) Director of Finance & Performance (Vice Chair) Medical Director Director of Nursing	Director of Workforce Senior HR Manager Head of Human Resources Head of Staff Governance
Corporate: Nursing	Quarterly	Chief Executive (Chair) Director of Finance & Performance (Vice Chair) Medical Director Director of Workforce	Director of Nursing Associate Directors of Nursing Head of AHPs Patient Relations Manager Risk Manager
Corporate: Medical	Quarterly	Chief Executive (Chair) Director of Finance & Performance (Chair) Director of Nursing Director of Workforce	Medical Director Director of Medical Education Primary Care Manager Business Manager
Health & Social Care Partnership	Quarterly[2]	Chief Executive (Chair) Director of Finance & Performance (Vice Chair) Medical Director Director of Nursing Director of Workforce Director of Public Health	Director of Health & Social Care Divisional General Managers Associate Director of Nursing Associate Medical Director Chief Finance Officer

[2] This approach is predicated on a supporting sub-structure where the Director of Health & Social establishes a monthly performance and accountability framework at a Divisional level, accompanied by the Chief Finance Officer, Associate Medical Director and Associate Director of Nursing, meeting with each Division including the GMs, Service Managers, Clinical Directors, Heads of Nursing and Finance Business Partners. Confirmation is awaited from the Director of Health & Social Care on this matter.

Appendix 2
Performance & Accountability Review Framework - Performance Metrics

Governance Quadrant	Acute Directorates	Estates & Facilities	Public Health	Corporate Directorates	Health & Social Care	Pharmacy
Operational Performance	• Outpatients • ED attendances • ED 4 hour • Medical ward admissions & discharges • 18 week RTT • Cancer • ECAS • AU1 • Stroke • Frailty • Others TBC	TBC	TBC	TBC	• CAMHS • Psychological therapies • Delayed Discharges • TBC	TBC
Finance	• Run rate • Efficiency • Forecast outturn • Cost pressures	• Run rate • Efficiency • Forecast outturn • Cost pressures	• Run rate • Efficiency • Forecast outturn • Cost pressures	• Run rate • Efficiency • Forecast outturn • Cost pressures	• Run rate • Efficiency • Forecast outturn • Cost pressures	• Run rate • Efficiency • Forecast outturn • Cost pressures
Quality	• Adverse Events • SAERs • Incidents • Patient Falls • Tissue Viability • Medication Incidents • SABs Incidents • Cardiac Arrest Incidents • Patient Safety • Patient track • Complaints • Patient Feedback	TBC	TBC	TBC	• Adverse Events • SAERs • Incidents • Patient Falls • Tissue Viability • Medication Incidents • SABs Incidents • Cardiac Arrest Incidents • Patient Safety • Complaints • Patient Feedback • TBC	TBC

Governance Quadrant	Acute Directorates	Estates & Facilities	Public Health	Corporate Directorates	Health & Social Care	Pharmacy
	• Others TBC					
Workforce	• Nurse, bank, agency & overtime • Medical agency & overtime • Vacancies • Absence management • Mandatory training • Skin surveillance	• Vacancies • Absence management • Mandatory training	• Vacancies • Absence management • Mandatory training	• Vacancies • Absence management • Mandatory training	• Nurse, bank, agency & overtime • Medical agency & overtime • Vacancies • Absence management • Mandatory training • Skin surveillance	• Vacancies • Absence management • Mandatory training
Other				• FOI responses		

Appendix 3
Performance & Accountability Review - Oversight Model

Level	Description	Characteristics	Support	Additional Financial Controls	Accountability
1	**Service with maximum autonomy** No potential support need identified across the four governance quadrants – lowest level of oversight and expectation that the directorate/service will support colleagues in other oversight categories	Minor issues in one quadrant of governance	**Universal** support eg tools, guidance, benchmark information made available for directorates		Quarterly accountability review led by Director of Finance & Performance
2	**Service offered targeted support** Potential support needed in one or more of the four governance quadrants, but formal action is not needed	Minor or moderate concern in one or more quadrant of governance	**Universal** support (as for level 1) **Targeted** support as agreed with the directorate to address issues and help move the directorate/service to level 1; either offered to directorate (and accepted voluntarily) or requested by directorate		Quarterly accountability review led by Chief Executive
3	**Service receiving mandated support for significant concerns**	Moderate risks in two quadrants of governance, or significant risk in one quadrant	**Universal** support (as for level 1) **Targeted** support as agreed with the directorate (as for level 2) **Mandated** support as determined by the Performance and Accountability Review process to address specific issues to help move the service to level 2 or 1; compliance required	Reduced authorisation limits	Monthly accountability review led by Chief Executive with written monthly report to EDG
4	**Special measures** Directorate / service has very serious or complex issues which are impacting on the Board's overall performance. The extent of the issues or the response to the issue may impact outside the directorate.	Significant risk in 2 or 3 quadrants	**Universal** support (as for level 1) **Targeted** support as agreed with the directorate (as for level 2) **Mandated** support as determined by the Performance and Accountability Review process to help minimise the time the directorate / service is in level 4; compliance required	Reduced authorisation limites	Monthly accountability review led by Chief Executive with written monthly report to Board Governance Committees

Appendix 1
Performance & Accountability Review Framework - Meetings Timetable[3]

Directorate / Division	Review 1	Review 2	Review 3	Review 4
Performance reports issued	w/c 3 & 10 June	w/c 2 & 9 September	w/c 2 & 9 December	w/c 2 & 9 March
Acute Division	w/c 10 & 17 June 2019	w/c 9 & 16 September 2019	w/c 9 & 16 December 2019	w/c 9 & 16 March 2020
Estates & Facilities				
Public Health				
Pharmacy				
Corporate: Finance				
Corporate: Human Resources				
Corporate: Nursing				
Corporate: Medical				
Health & Social Care Partnership				
Escalation reports issued to CEO	w/c 24 June	w/c 23 September	w/c 23 December	w/c 23 March
Escalation to Committees	July	November	January	April

[3] Specific dates to be confirmed during each week
Frequency of meetings would flex accordingly as required under the Oversight Model set out in Appendix 3

NHS Board
Clinical Governance Committee

DATE OF MEETING:	8 May 2019
TITLE OF REPORT:	Strategic Objectives 2019/20
EXECUTIVE LEAD:	Carol Potter, Director of Finance and Performance
REPORTING OFFICER:	Susan Fraser, Associate Director of Planning and Performance

Purpose of the Report (delete as appropriate)		
	For Decision	

SBAR REPORT

Situation

The Strategic Objectives 2018/19 for NHS Fife were agreed at the Board meeting in May 2018. The objectives describe what NHS Fife aims to achieve in the year and is the start of the strategic planning process and will be based around NHS Fife's Strategic Framework and aligned to the Clinical Strategy.

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

Background

The formal review of the Strategic Objectives 2018/19 was undertaken to close out the process for 2018/19. Each objective had a lead director who was asked to consider:

(1) A review of their objectives for 2018/19
(2) Any gaps in the objectives that required any additional objectives for 2019/20
(3) Any objectives that were completed or no longer relevant and should be removed from 2019/20 objectives.

Through the process of reviewing and updating the corporate objectives between 2018/19 and 2019/20, a number of changes have been made and these are documented in this section. New objectives have been added where gaps were identified and any current objectives that have been completed or not longer relevant have been removed.

Assessment

The summary of the review of the corporate objective 2018/19 ensures that strategic planning is in place and progress and achievements made against the strategic objectives provides assurance to the board that adequate governance in place.

The summary will be presented using the four quadrants of governance: Quality, Operational Management, Finance and Workforce but based on the organisational objectives of Person Centred, Clinically Excellent, Exemplar Employer and Sustainable.

Quality

Good progress has been made to further embed good governance in clinical practice. Further development of the Quality Report during 2018/19 continues to provide assurance to the Board and the introduction of Quality Reports for Acute and Health & Social Care brings the governance to an operational level. The publication of the Quality of Care Review process in

2018 will result in a review for all aspects of governance and this will be progressed during 2019/20.

National directives/programmes have been successful implemented with the introduction of Duty of Candour supported by local policy and systems, Excellence in Care programme becoming more embedded in the organisation and the End of Life Standards now in place across Fife.

The review of the current objectives has identified a gap and the following new objectives are being proposed for 2019/20.

Ref	Objective
1.5	Create and nurture a culture of person centred approach to care
1.8	Agree and deliver refreshed mental health strategy for Fife ensuring more people are supported in the community and that people requiring more intensive care receive that more quickly
2.1	Implement the Quality of Care Framework and reporting to the appropriate standing Board Committees, IPR and Board
2.8	Develop links with St Andrews University medical school through the ScotGEM programme aspiring towards university hospital status
3.8	Implement statutory safe staffing across all wards in accordance with new legislation

On review, the following objectives from 2018/19 have been identified as having been completed or not relevant any longer.

Ref	Objective	Status
2.8	Ensure End of Life Care Standards are consistently applied across all areas and aligned with national recommendations	Completed

Operational Management

During 2018/19, alternative models of care were developed to provide sustainability within the health and social care systems. The transformation programmes, some in year 2 and 3, have seen significant change in how services are delivered. In Acute, the introduction of the front door frailty model and discharge hub has seen changes to admission and discharge patterns along with the development work of setting up community hubs and the introduction of a care coordination approach focused on frail and vulnerable individuals. The new GP contract focuses support by a multi disciplinary team based in practices.

Access standards continue to be challenging. The monthly Integrated Performance Report (IPR) and monthly Performance Reviews in Acute provide assurance that performance is being monitored and managed appropriately. Delivery of access targets relies on additional funding from the Scottish Government to provide extra capacity and going forward into 2019/20, these challenges remain.

The following new objectives have been identified for 2019/20.

Ref	Objective
4.7	Deliver agreed targets for performance delivery
4.9	Ensure NHS Fife is in full compliance with Health and Safety legislation and best practice including governance
4.10	Based on the Audit Scotland 2018 Report on Integration and the Ministerial Steering Group Review of Integration, engage with partners to ensure the success of health & social care integration in Fife.

The following objective has been added.

Ref	Objective	Status
3.7	Jointly develop and deliver an East RDP to improve service and financial sustainability	No longer relevant

Finance

Financial governance continues to support the delivery of financial targets with the break even position relying on non recurring financial flexibility.

In terms of corporate governance, NHS Fife is well placed against the Blueprint for Governance demonstrating best practice in specific aspects.

The following new objective has been identified:

Ref	Objective
4.4	Deliver the Outline Business Case for the Fife Orthopaedic Elective Centre

The following objective has been removed as it has been completed and the appropriate governance is now in place.

Ref	Objective	Status
1.7	Review and enhance the governance and supporting business model for charitable funds	Completed

Workforce

The Workforce Strategy published in 2018/19 is aligned with NHS Fife's Clinical Strategy and overviews the workforce across health and social care. Assurance can be given that appropriate measures are in place to ensure that staff are well informed, trained and professionally accredited staff and the iMatter tool ensure that staff are listened to. These measures now form part of the Staff Governance section in the Integrated Performance Report.

The Staff Governance Action Plan is reviewed regularly and delivered in partnership against Staff Governance standards.

The following objective had been identified as a gap and has been added.

Ref	Objective
3.3	Implement the 'Once for Scotland' policies as appropriate and prioritise the development of plans to support 'Promoting attendance at work' and the 'Health and well being of the workforce' policies

1 Summary

The review of the corporate objectives for 2018/19 provides assurance to the Board that the objectives for the organisation are still relevant and appropriate. The objectives are set out and presented using the Strategic Framework aims: person centred, clinically excellent, exemplar employer and Sustainable and is aligned to the Clinical Strategy.

Recommendation

The Clinical Governance Committee are asked to:

- Note the review of the strategic objectives for 2018/19
- Consider and agree the proposed strategic objectives for 2019/20

Objectives: (must be completed)	
Healthcare Standard(s):	Applies to all standards
HB Strategic Objectives:	Provide a review of the Board's strategic objectives last year and proposes 19/20 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	Includes review of financial objectives
Risk / Legal:	Includes review of risk objectives
Quality / Patient Care:	Includes review of quality of care objectives
Workforce:	Includes review of workforce objectives
Equality:	Fully incorporated in the organisation's objectives

NHS Fife Strategic Objectives 2018/19

NHS Fife Strategic Objectives 2018/19

Vision	Mission	Values	Objectives	Strategic Framework Objectives	Ref.	Corporate Objectives 2018/19	Executive Objectives									
							CEO	DoF	DoPSP	COO	DoN	MD	DoPH	DoE F	HRD	DoHSC
The people of Fife live Long and Healthy Lives	Transforming health and care in Fife to be the Best	Fairness & Transparency	PERSON CENTRED	• Listen to what matters to YOU • Design services in partnership with service users, carers and communities • Give YOU choices and information • Create environments that encourage caring and positive outcomes for all • Develop & redesign services that put patients first supporting independent living and self management	1.1	Improve complaints process to respond more effectively and efficiently to patient issues				S	L					S
					1.2	Improve patient, public and partner engagement and participation with on-going strategic change agenda			S	S	L					S
					1.3	Reduce Health Inequalities in terms of access and services. Implement Local Outcome Improvement Plan for Fife	*						L			S
					1.4	Improving equalities – Public Duties Act					L				S	
					1.5	Realising Realistic Medicine – implementation within NHS Fife linked to transformation & sustainability	*			S	S	L	S			
					1.6	Review and enhance the governance and supporting business model for charitable funds		L	S	S	S	S	S	S	S	S
					1.7	Ensure our services are designed to address the needs of people (link to performance / access)	*		L	L			S			L
			CLINICALLY EXCELLENT	• Work WITH you to receive the best care possible • Ensure there is no avoidable harm • Achieve & maintain quality standards • Ensure environment is clean, tidy, well maintained, safe and something to be proud of • Embed patient safety consistently across all aspects of healthcare provision	2.1	Continue to develop the Quality Report for the Clinical Governance Committee, IPR and Board			S		L	L				
					2.2	Maintain and audit the system of Safe & Effective Medicines Management				S	L	L				
					2.3	Fully implement the organisational duty of candour requirements	*			S	S	L				L
					2.4	Reduce Healthcare Acquired Harm, including facilities				S	L	L	S	L		S
					2.5	Continue to refine the NHS framework for risk management and keep the Board Assurance Framework up to date		S	S	S	L	S	S	S	S	S
					2.6	Continue to implement Excellence in Care to provide assurance to the organisation of nursing and midwifery care		S	S	S	L	S	S	S	S	S
					2.7	Work to develop and embed systems & services to reduce avoidable admissions (linked to sustainability objective)	*				L		S			L
					2.8	Ensure End of Life Care Standards are consistently applied across all areas and aligned with national recommendations				S	L	S				S
		Care & Compassion	EXEMPLAR EMPLOYER	• Create time & space for continuous learning • Listen to & involve staff at all levels • Give staff skills, resources and equipment required for the job • Encourage staff to be ambassadors for Health and Social Care in Fife • Create high performing MDT through education & development • Equip people to be the best leaders	3.1	Develop a workforce strategy which supports the strategic and transformational plans of Fife	*		S	S	S	S	S		L	S
					3.2	Develop arrangements which support effective Talent Management and Success Planning requirements				S			S	S	L	S
					3.3	Continue to develop policies and plans which support promoting attendance at work and the health and well being of the workforce							S		L	
		Dignity & respect			3.4	Ensure compliance with Staff Governance standards and the principles and values of the 2020 / everybody matters strategy in line with national policy.		S	S	S	S	S	S	S	L	S
					3.5	Ensure NHS Fife has the appropriate infrastructure to continue to meet professional standards for all staff		S	S	S	S	S	S	S	L	S
					3.6	Implement the iMatter staff engagement tool and use feedback to develop an action plan		S	S	S	S	S	S	S	L	S
					3.7	Ensure effective staff communications – develop and implement an effective internal communications strategy	*			L						L
		Safety First	SUSTAINABLE	• Optimise resource for health & wellbeing • Ensure cost effective and within budget • Increase efficiency & Reduce Waste • Service redesign will ensure cost effective, lean and minimise adverse variation • Optimise use of property & assets with our partners	4.1	Develop a Transformation plan for NHS Fife to deliver the triple aim	*	L	L	S	S	S	S	S	S	S
					4.2	Jointly develop and deliver an East RDP to improve service and financial sustainability	*	L	L	L			S			
					4.3	Deliver the objectives of the NHS Fife / Health & Social Care joint transformation plan		S	L	S			S			L
					4.4	Develop the Property and Asset Management Strategy to support strategic transformation & performance		S	S	S	S	S	S	L	S	S
					4.5	Develop the eHealth, Information & Digital Strategy to support strategic transformation & performance			L							
					4.6	Deliver statutory financial targets		L	S	S	S	S	S	S	S	S
					4.7	Deliver effective corporate governance to the organisation		S	L	S	S	S	S	S	S	S
					4.8	Continue reduction of environmental harm							S	L		

NHS Fife Strategic Objectives 2018/19

Valve	Ref		Corporate Objectives 2018/19: Person Centred	Executive Objectives									
				CEO	DoF	DoPSP	COO	DoN	MD	DoPH	DoE F	HRD	DoHSC
Person Centred	1.1	1.1.1 1.1.2 1.1.3 1.1.4	Improve complaints process to respond more effectively and efficiently to patient issues										
	1.2	1.2.1 1.2.2 1.2.3 1.2.4	Improve patient, public and partner engagement and participation with on-going strategic change agenda										
	1.3	1.3.1 1.3.2 1.3.3 1.3.4 1.3.5	Reduce Inequalities in terms of access, services and follow up. Implement the Health & Wellbeing Plan 2015-2020 Provide leadership for Community Planning Embed the Personal Outcomes Approach across NHS & H&SC										
	1.4	1.4.1 1.4.2 1.4.3 1.4.4	Improving equalities										
	1.5	1.5.1 1.5.2 1.5.3 1.5.4 1.5.5	Ensure there is in place a sustainable NMAHP workforce with the appropriate skills to deliver safe, effective and person centred care that supports service redesign and changing approaches to care Support transformative innovation in H&SC Work with EDG and senior clinical leaders to embed the principles of Realistic Medicine into all of our clinical strategy and transformation plans Engage the clinical advisory structures in supporting the ambitions of Realising Realistic Medicine Through the APF, work with staff side to ensure Realistic Medicine is on the partnership agenda.										
	1.6	1.6.1 1.6.2	Develop an action plan interlinked with the transformation and sustainability programme to apply the realistic medicine approach across NHS Fife Support the DoF review and enhance the governance and supporting business model for charitable funds.										

			Corporate Objectives 2018/19: Clinically Excellent	CEO	DoF	DoPSP	COO	DoN	MD	DoPH	DoE F	HRD	DoHSC
Clinically Excellent	2.1												
		2.1.1	Continue to develop the Quality Report for the Clinical Governance Committee, IPR and Board to reflect broader portfolio – Performance , SPSP, Local & National Policy Changes, Areas of Local Focus										
		2.1.2	Work with operational colleagues to develop the local quality reports for ASD & HSCP										
		2.1.3	Jointly lead the work with IMPACT to add quantitative and qualitative data to the Quality Report to reflect key safety issues in the system										
		2.1.4	Support the development of clinical dashboards that reflect real time performance in the key SPSP safety measures - Ensure this is linked to patient experience data										
		2.1.5	Take into account the national changes to the SPSP programme measures										
	2.2												
		2.2.1	Maintain a robust system of Safe & Effective Medicines Management across the organisation with internal audit function to ensure ongoing compliance										
		2.2.2	Continue to review all the Safe & Effective Medicines Management Systems and processes										
		2.2.3	Continue to develop and test the audit processes across the range of medicines management to ensure fitness for purpose										
		2.2.4	Ensure the ADTC continues to take oversight of the systems and processes for safe use of medicines										
		2.2.5											
	2.3												
		2.3.1	Develop the NHS Fife approach to 'Never Events'/Significant Events - review and update where required systems and processes for reporting, investigation, mitigation and remedial action to ensure robust										
		2.3.2	Review and update if required the process for significant events escalation to CEO and for significant event analysis										
		2.3.3	Implement the revised Adverse Incident policy										
		2.3.4	Review staff training and ensure adequate awareness of relevant policies and procedures										
		2.3.5	Ensure communication and training to support the Duty of Candour are in place										
		2.3.6	Ensure the reporting requirements for Duty of Candour are met for 18-19.										
	2.4												
		2.4.1	Prevent harm and deterioration – focus on medication related events, review of maternity services, review of surgical procedures										
		2.4.2	Provide assurance for NHS Fife and H&SCP around Public Health activity										
		2.4.3	With the Director of Nursing and Director of Estates & Facilities, work with EDG to ensure our systems and processes for reducing harm are robust and reviewed regularly										
		2.4.4	Ensure risks are reviewed regularly to reduce the likelihood of harm taking place - Ensure Datix incidents inform this review										
		2.4.5	Design any new services to be as safe as possible										
	2.5												
		2.5.1	Effectively respond to external reviews , policies and public health requirements										
		2.5.2	Provision of public health assurance and activity in relation to access, inequalities, disease prevention, health protection & health improvement										
		2.5.3	Lead Emergency Planning function, review lessons learned from incidents and maintain a programme of training and exercises										
		2.5.4	Support the Director of Nursing in the review of the overarching framework of risk for NHS Fife and provide Board assurance for managing resilience risks										
		2.5.5	Continue to refine the NHS Fife Risk Management Framework working with Health and Social Care										
		2.5.6	Ensure the Board Assurance Framework is regularly updated										
	2.6												
		2.6.1	Continue to implement Excellence in Care to provide assurance to the organisation and Board of nursing and midwifery care and standards										
		2.6.2	Support the Director of Nursing implement Excellence in Care										
	2.7												
		2.7.1	Support the Director of Nursing and Director of H&SC to develop and embed systems & services to reduce unavoidable admissions (linked to sustainability objective)										
	2.8												
		2.8.1	Ensure appropriate clinical input is secured on regional planning groups, particularly in relation to the NMAHP workforce, which may have an impact on clinical services for the population of Fife										
		2.8.2	Support the Director of Nursing implement the End of Life care standards in line with national recommendations										
	2.9												
		2.9.1	Ensure End of Life Care Standards are consistently applied across all areas and align with national recommendation										
		2.9.2	Review and refine Palliative Care Model for NHS Fife.										

value	Ref		Corporate Objectives 2018/19: Exemplar Employer	Executive Objectives									
				CEO	DoF	DoPSP	COO	DoN	MD	DoPH	DoE F	HRD	DoHSC
Exemplar Employer	3.1	3.1.1 3.1.2 3.1.3 3.1.4	Publish a workforce strategy which supports the strategic and transformational plans of Fife Support the Director of Workforce develop a workforce strategy which supports the strategic and transformational plans of Fife Develop and implement a delivery plan to achieve the workforce strategy ensuring alignment and collaboration with the LDP and RDP associated work programmes Deliver Public Health specific objectives including Redesign in relation to Regional services										
	3.2	3.2.1 3.2.2 3.2.3 3.2.4	Develop arrangements which support effective Talent Management and Success Planning requirements										
	3.3	3.3.1 3.3.2 3.3.3 3.3.4	Integral to the workforce strategy develop retention and recruitment plans to sustain current workforce with a number of key areas of focus including options for over 50's										
	3.4	3.4.1 3.4.2 3.4.3 3.4.4	Ensure NHS Fife has processes/policies in place to support NMAPS to meet the professional regulatory requirements Ensure compliance with Staff Governance standards and the principles and values of the 2020 / everybody matters strategy in line with national policy.										
	3.5	3.5.1 3.5.2 3.5.3 3.5.4	Ensure NHS Fife has the appropriate infrastructure and support in place to enable all doctors to continue to meet the professional standards required for good care delivery and medical appraisal and revalidation and comply with the Duty of Candour Embed the requirements for responding to the Duty of Candour Ensure there is the correct infrastructure to enable medical staff to meet the standards required for good care delivery and medical appraisal and revalidation set out by the GMC Deliver the finance directorate transformation programme, build the team and ensure all individuals deliver against their own and team objectives.										
	3.6	3.6.1 3.6.2	Take actions to improve retention and recruitment of clinical staff Ensure the teaching for the graduate entry medical training program is delivered effectively to the GMC standards										
	3.7	3.7.1	Develop and implement an effective internal Communications Strategy										

value	Ref		Corporate Objectives 2018/19: Sustainable	Executive Objectives									
				CEO	DoF	DoPSP	COO	DoN	MD	DoPH	DoE F	HRD	DoHSC
Sustainable	4.1												
		4.1.1	Develop an NHS Fife Transformation Plan with 3 outcomes measures of financial, capacity or sustainability improvement and associated timelines/responsible officers										
		4.1.2	Develop a Joint Fife Transformation Plan with 3 outcomes measures of financial, capacity or sustainability improvement and associated timelines/responsible officers										
		4.1.3	Complete systematic review of variance/performance and develop action plan with outcome measures/timescales for delivery										
		4.1.4	Undertake a review of performance and consider options going forward in terms of delivery and affordability										
		4.1.5	Lead the review of procurement and payroll services in support of the regional and national shared services agenda.										
	4.2												
		4.2.1	Provide senior representation from CEO, DoF, DoPSP, MD, DoPH and COO as required to support the East (H&SCDP) Programme Board										
		4.2.2	Provide Senior Planning and Finance Resource to support the Regional Planning Resource to develop and deliver the RDP										
		4.2.3	Link with National Groups to influence and develop the planning and delivery of the RDP e.g. DoP&SP, DoF, COO's, NPF, BCE's, DoN, MD's etc.										
		4.2.4	Ensure the RDP and LDP are appropriately linked and actions, savings plans and services changes are clearly understood and defined.										
		4.2.5	Support the development of the East of Scotland regional planning and delivery programme										
	4.3												
		4.3.1	Continue to Implement Clinical Strategy										
		4.3.2	Develop and implement a robust system of corporate governance, recognizing the emerging and changing model required for health and social care services.										
		4.3.3	Provide financial leadership, oversight and scrutiny of medicines expenditure, trends and efficiency across NHS Fife including GP prescribing.										
	4.4												
		4.4.1	Review existing PFI contract										
		4.4.2	Establish increased oversight and leadership of the Board's property strategy and underpinning capital programme including PFI contracts and estates rationalisation.										
		4.4.3	Implement revised financial reporting framework and supporting analytical function										
		4.4.4											
	4.5												
		4.5.1	Review Acute Services in terms of sustainability- performance, workforce and facilities										
		4.5.2	Develop and implement a finance, eHealth and Estates Strategy in support of the Clinical Strategy and the LDP										
		4.5.3	Develop a robust eHealth, Information & Digital Strategy to support strategic transformation and performance management										
	4.6												
		4.6.1	Provide financial leadership to the NHS Fife transformation programme and underpinning financial strategy										
		4.6.2	Contribute as a member of the Executive Team and take on leadership roles										
		4.6.3	Support the corporate achievement of our statutory financial targets and deliver these for individual directorates										
	4.7												
		4.7.1	Implement Clinical Strategy, Annual Operational Plan and Regional Operational Plan										
		4.7.2	Deliver effective corporate governance for the organisation with a specific focus on clinical governance										
		4.7.3	Develop and implement a robust system of corporate governance, recognizing the emerging and changing model required for health and social care services.										
		4.7.4	Develop and implement a modern, timely and fit for purpose financial reporting framework, incorporating weekly reporting and dashboards.										

NHS Fife Strategic Objectives 2019/20

NHS Fife Strategic Objectives 2019/20

Vision	Mission	Values	Objectives	Strategic Framework Objectives	Ref.	Corporate Objectives 2019/20	CEO	DoF	COO	DoN	MD	DoPH	DoE F	DoW	DoHSC	DoP
The people of Fife live Long and Healthy Lives	Transforming health and care in Fife to be the Best	Fairness & Transparency	PERSON CENTRED	• Listen to what matters to YOU • Design services in partnership with service users, carers and communities • Give YOU choices and information • Create environments that encourage caring and positive outcomes for all • Develop & redesign services that put patients first supporting independent living and self management	1.1	Improve complaints process to respond more effectively and efficiently to patient issues			S	L					S	
					1.2	Improve patient, public and partner engagement and participation with on-going strategic change agenda			S	L					S	
					1.3	Reduce Health Inequalities in terms of access and services. To deliver the Local Outcome Improvement Plan for Fife and the Public Health priorities for Scotland in order to prevent and reduce health inequalities in Fife.	*					L			S	
					1.4	Improving equalities – Public Duties Act				L				S		
					1.5	Create and nurture a culture of person centred approach to care	*		S	L	S	S			S	
					1.6	Realising Realistic Medicine – embed within NHS Fife linked to transformation & sustainability	*	S	S	S	L	S	S	S	S	
					1.7	Ensure our services are designed to address the needs of people (link to performance / access)	*		L			S	S		L	
					1.8	Agree and deliver refreshed mental health strategy for Fife ensuring more people are supported in the community and that people requiring more intensive care receive that more quickly		S		S	S			S	L	
			CLINICALLY EXCELLENT	• Work with you to receive the best care possible • Ensure there is no avoidable harm • Achieve & maintain quality standards • Ensure environment is clean, tidy, well maintained, safe and something to be proud of • Embed patient safety consistently across all aspects of healthcare provision	2.1	Implement the Quality of Care Framework and reporting to the appropriate standing Board Committees, IPR and Board	*	S	S	L	L	S		S	S	
					2.2	Maintain and audit the system of Safe & Secure Use of Medicines Management			S	S	S					L
					2.3	Fully embed the organisational duty of candour requirements in all areas of NHS Fife	*		S	S	L				S	
					2.4	Reduce Healthcare Acquired Harm			S	L	L	S	S		S	
					2.5	Continue to refine the NHS framework for risk management to include the Board risk tolerance and appetite and keep the Board Assurance Framework up to date		S	S	L	S	S	S	S	S	
		Care & Compassion			2.6	Continue to implement Excellence in Care to provide assurance to the organisation of nursing and midwifery care		S	S	L	S	S	S	S	S	
					2.7	Work to develop and embed systems & services to reduce avoidable admissions supporting sustainability and value	*		L		S	S			L	
					2.8	Develop links with St Andrews University medical school through the ScotGEM programme aspiring towards university hospital status	*	S	S		L			S	S	
		Dignity & respect	EXEMPLAR EMPLOYER	• Create time & space for continuous learning • Listen to & involve staff at all levels • Give staff skills, resources and equipment required for the job • Encourage staff to be ambassadors for Health and Social Care in Fife • Create high performing MDT through education & development • Equip people to be the best leaders	3.1	Review and update the existing workforce strategy which supports the strategic and transformational plans of Fife	*		S	S	S	S	S	L	S	S
					3.2	Develop arrangements which support effective Talent Management and Succession Planning requirements		S	S	S	S	S	S	L	S	S
					3.3	Implement the 'Once for Scotland' policies as appropriate and prioritise the development of plans to support 'Promoting attendance at work' and the 'Health and well being of the workforce' policies						S		L		
					3.4	Ensure compliance with Staff Governance standards and the principles and values of the 2020 / everybody matters strategy in line with national policy.		S	S	S	S	S	S	L	S	S
					3.5	Ensure NHS Fife has the appropriate infrastructure and training environment to continue to meet professional standards for all staff		S	S	S	S	S	S	L	S	S
					3.6	Increase and sustain participation in the iMatter staff engagement tool to ensure feedback received informs an action plan for 2020/21		S	S	S	S	S	S	L	S	S
					3.7	Ensure effective staff communications – develop and implement an effective internal communications strategy			L						L	
					3.8	Implement statutory safe staffing across all wards in accordance with new legislation			S	L				S	S	
		Safety First	SUSTAINABLE	• Optimise resource for health & wellbeing • Ensure cost effective and within budget • Increase efficiency & Reduce Waste • Service redesign will ensure cost effective, lean and minimise adverse variation • Optimise use of property & assets with our partners	4.1	Refresh and embed the Transformation plan for NHS Fife to deliver the triple aim supporting sustainability and value	*	L	S	S	S	S	S	S	S	S
					4.2	Deliver the objectives of the NHS Fife / Health & Social Care joint transformation plan		S	L			S			L	S
					4.3	Develop the Property and Asset Management Strategy to support strategic transformation & performance		S	S	S	S	S	L	S	S	
					4.4	Deliver the Outline Business Case for the Fife Orthopaedic Elective Centre	*	L	S				S			
					4.5	Develop the eHealth, Information & Digital Strategy to support strategic transformation & performance		S	L			S			S	
					4.6	Deliver statutory financial targets		L	S	S	S	S	S	S	S	S
					4.7	Deliver agreed targets for performance delivery			L	S	S	S		S	L	S
					4.8	Deliver effective corporate governance to the organisation		L	S	S	S	S	S	S	S	S
					4.9	Ensure NHS Fife is in full compliance with Health and Safety legislation and best practice including governance			S	S	S	S	L		S	
					4.10	Based on the Audit Scotland 2018 Report on Integration and the Ministerial Steering Group Review of Integration, engage with partners to ensure the success of health & social care integration in Fife.		S	S	S	S			S	L	

NHS FIFE
CLINICAL GOVERNANCE COMMITTEE

DATE OF MEETING:	8 May 2019
TITLE OF REPORT:	Director of Public Health Annual Report
EXECUTIVE LEAD:	Dona Milne, Director of Public Health
REPORTING OFFICER:	Dona Milne, Director of Public Health

Purpose of the Report (delete as appropriate)		
	For discussion	

SBAR REPORT

Situation

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

Background

This report is divided into two main sections:
- a data section on the needs of the population
- a series of examples of work undertaken in Fife grouped under the headings of the Public Health Priorities for Scotland.

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

Assessment

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

There are some specific areas where Fife is doing less well than the Scottish average for some things, for example, under 5's immunisation rates. Where this is the case, an assessment of the situation has been undertaken, reported to the Public Health Assurance Committee and actions agreed to be taken forward.

The DPH Annual Report provides an evidence-base assessment of the health of the population in Fife. It aims to be a source of interest and engagement with staff, partner agencies and the wider public. Everyone has a part to play in making Fife a healthier place to live, work and grow up in.

Recommendation

The Clinical Governance Committee is asked to discuss this report and consider its implications in terms of local health policy and planning.

Objectives: (must be completed)	
Healthcare Standard(s):	Evidence-based, healthier lives
HB Strategic Objectives:	Excellence, Person-centred

Further Information:	
Evidence Base:	References included in the report
Glossary of Terms:	Written for a lay audience
Parties / Committees consulted prior to Health Board Meeting:	Clinical Governance Committee

Impact: (must be completed)	
Financial / Value For Money	No financial implications
Risk / Legal:	Population health needs identified to anticipate future demands on health and care systems.
Quality / Patient Care:	Reducing inequalities involves being person-centred regardless of age, sex, social class etc.
Workforce:	Report points to ways that workforce can improve health – for patients and themselves.
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? No (The report itself aims to raise awareness of inequalities) • Has a full EQIA been undertaken? No (The report itself aims to raise awareness of inequalities) • Please state how this paper supports the Public Sector Equality Duty – further information can be found here The report highlights many areas where the public sector equality duty will be of relevance • Please state how this paper supports the Health Board's Strategic Equality Plan and Objectives – further information can be found here The report highlights many areas where equality and human rights are important to consider • Any potential negative impacts identified in the EQIA documentation - No

The Annual Report of the Director of Public Health in Fife 2018

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Acknowledgments and list of contributors

I am grateful to my colleagues within our Public Health Department and from our colleagues within Health Promotion, Fife Health and Social Care Partnership, Fife Council and the third sector for their contributions to this report. We are all part of the local public health workforce and it is good to see examples of this work throughout this report.

I would like to thank the following colleagues for their contributions:

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Foreword

I am delighted to share with you the Director of Public Health Annual Report for Fife for 2018. I hope you enjoy reading it. I joined public health in Fife half way through this year and therefore wish to thank my predecessor Dr Margaret Hannah, the public health team in Fife and our partners for their contributions to this report – it really has been a team effort.

This year's annual report is focused firstly on our need to know our population and for those working in public health and our partners to have a common understanding of what those needs are. Only through understanding the needs of our population can we ensure that our partnership effort is focused on addressing those needs. Therefore the first section of this report provides a summary of the population of Fife and the factors that contribute to their health and wellbeing. We hope this will provide all partners in Fife with key data that can be used to aid the development of policies and plans that improve population health.

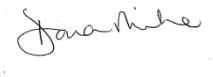
The second section of the report provides some highlights from the work undertaken by partners in Fife to address inequalities and improve health and wellbeing in Fife. We have structured these short contributions under the six Public Health Priorities for Scotland and hope that this gives you a flavour of work underway across the different areas of public health.

This is an important time for public health in Scotland. There is a programme of Public Health Reform that is well underway and has at its core an ambition to create an environment where those working in public health can lead and support improvements in population health across Scotland. The reform programme began with the creation of Public Health Priorities in Scotland so that we have a core set of common goals for us all to work towards. This is essential if we are to see the improvements that are needed in population health in Scotland. The Priorities were published in September 2018 and fit well with our already agreed priorities outlined in the Plan for Fife.

The Public Health Priorities are not just for public health departments to deliver. They were created in partnership across Scotland within the public sector, the third sector and across local communities. The priorities now need to be owned and delivered jointly with those partners if we are to achieve the changes we want to see to improve things for our local populations.

It is evident from the examples of work in the second part of this report that when we harness our knowledge and resources we can make a real contribution to reducing inequality in Fife. The greatest gains for those facing the highest levels of inequality will come from addressing the social and economic determinants of health. The work underway addressing school attendance and educational attainment, improving employment opportunities, providing good housing and increasing the levels of income that households have are what we need to be doing to tackle the fundamental causes of health inequalities. We have some good examples of local work where we are supporting communities to address immediate issues such as food insecurity - ensuring that families have enough food to eat and that the food they have is healthy. We also have good examples of preventative work in local areas such as community based youth work which provides children and young people with trusted adults that they can speak to and a safe space to build relationships with their peers - all of which contribute to good health and well-being.

All of this work is a key feature of our Plan for Fife and of the Public Health Priorities for Scotland. These are challenging times for our communities and public and third sectors but we have strong universal services in Fife that we can build on to support families and local communities. At the heart of this work will be our partnerships with others and thinking about how we work with local communities to shape our public health effort in Fife. This isn't easy, but the potential for change in the way we work with the public and local communities is evident and this will be at the heart of our public health partnership work going forward.



DIRECTOR OF PUBLIC HEALTH

Fife - In Brief

Understanding Fife's population; its size and structure and patterns of births, deaths, diseases and determinants of health and wellbeing

2017

371,410

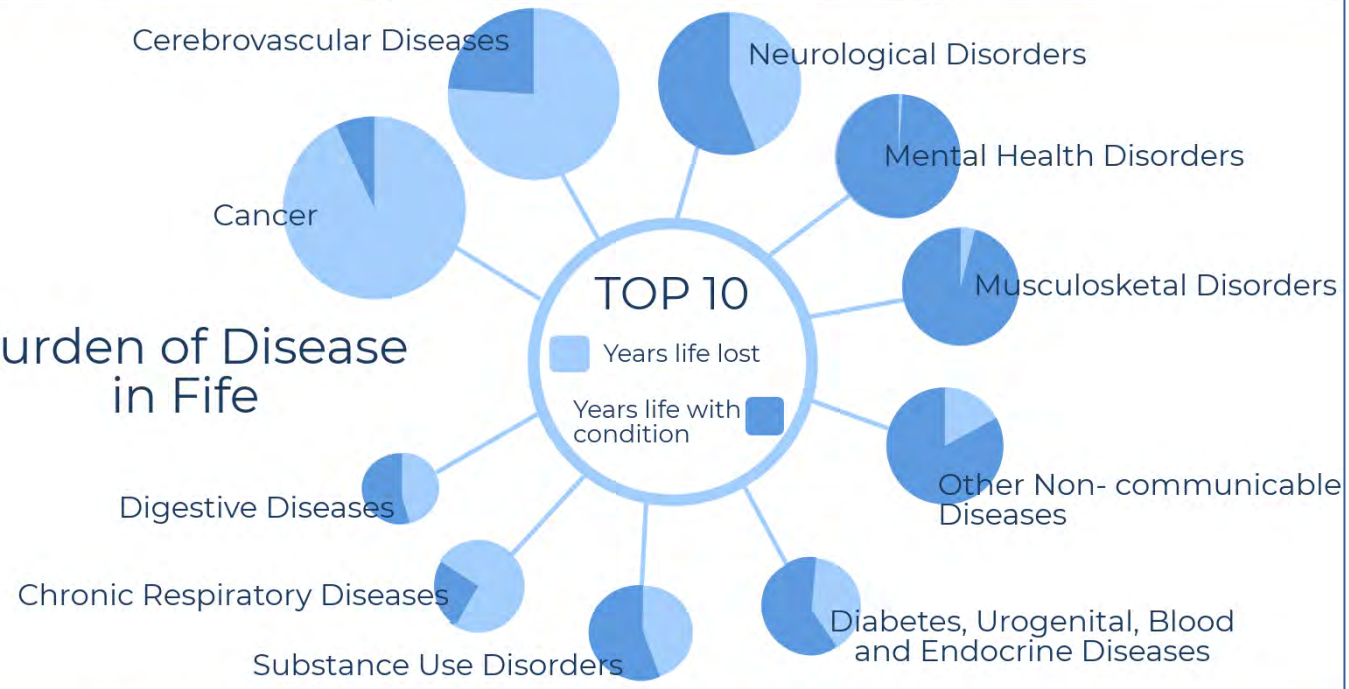
0-15	64,333	17%
16-64	232,485	63%
65+	74,592	20%

3,465 babies were born in 2017

Life Expectancy at birth in 2015-17: 77.2 (male), 80.8 (female)

4,189 persons died in 2017

Burden of Disease in Fife



12.2% of the Fife population are income deprived

11 **x higher** are the levels of income deprivation in the most deprived areas compared to the least

73.4% of adults aged 16-64 in Fife are in employment

97.2% of school leavers achieved 1+ SCQF level 3 qualification

FIFE - IN BRIEF

Understanding the population of Fife - its current and predicted future size and structure, patterns of births, deaths and diseases and levels of education, employment, housing and income - contributes to improving health and wellbeing, reducing health inequalities and ensuring our services meet population needs. As such it is important that each year we review what we know about the population of Fife, differences within Fife and changes in Fife over time. Understanding our population helps us understand their needs and in turn helps us to prioritise actions and interventions with partners that can improve population health. To find out more about Fife and the people who live there visit: www.know.fife.scot

Population

Fife's population continues to grow; at June 2017 an estimated 371,410 persons lived in Fife. This was 1,080 more people than lived in Fife in 2016, equal to an annual growth rate of 0.3%, slightly lower than the national growth rate of 0.4%.[1] The number of people living in Fife has increased annually since 1998 and is currently projected to continue this trend to 2034 when Fife's population is estimated to be 379,861 people.[2]

There are almost 64,500 children aged 0 to 15 years living in Fife, 17% of the total population. Persons aged 16-64 account for the majority of the population in Fife (63%) whilst 20% of the population are aged 65 and over. As the population of Fife continues to grow it will be growing older - by 2034 it is estimated there will be more than 100,000 people in Fife aged 65 and over - accounting for 26% of the total population, 15% of whom will be aged 85 and over.

Births

3,465 babies were born in Fife in 2017 - a 7% reduction on the number of births in 2016 and the lowest annual number of births since 2000. However Fife continues to have higher fertility rates than Scotland as a whole, 51.7 per 1000 women aged 15-44 compared to 51.3 but the difference is narrowing.[3]
The majority of babies (57%) born in Fife in 2017 were born to mothers aged 25-34, 5% were born to mothers aged 19 and under and 3% to mothers aged 40 and over. 6% of live singleton babies born in Fife during 2017/18 had a low birthweight. However inequalities are evident - 9.4% of babies born in the most deprived areas had a low birthweight compared to 3.3% from the least deprived areas.[4]

Life Expectancy

Life expectancy at birth in Fife was 77.2 years for men and 80.8 years for women in 2015-17. This is an increase of 1.4 years for men and 0.7 years for women in the last ten years and an increase of 3.9 years for men and 2.0 years for women in the last twenty years.[5]

However in line with Scotland, increases in life expectancy have recently stalled with decreases observed in male and female life expectancy in Fife between 2013-15 and 2014-16 and most recently between 2014-16 and 2015-17.

These changes to life expectancy trends have attracted a lot of attention. Life expectancy is calculated from mortality rates so changes to these will be reflected in life expectancy estimates. However establishing a causal relationship between hypothesised causes and increases in mortality rates requires further analytical work which will be ongoing in Scotland during 2019.

Deaths

There were 4,189 deaths in Fife in 2017, a 3% increase on the number in 2016 and the third consecutive annual increase.[6] The majority (63%) of all deaths in Fife occur to those aged 75 and over. We know that an increasing proportion of Fife residents are living longer and this is reflected in the fact that there were 710 deaths in the 90 and over age group in 2017 compared to 439 twenty years ago.

There were 1,519 premature deaths in Fife in 2017 i.e. deaths in people aged 75 and under. Mortality rates for premature deaths in Fife have reduced by 12% in the last 10 years but the inequality gap remains persistent. Each year since 2011 the premature mortality rate in the most deprived areas in Fife has been

between 2.1 and 3.2 times greater than the rate in the least deprived areas.[7] At present the gap is 2.9 with rates of 439 per 100,000 population in the most deprived areas compared to 152 per 100,000 population in the least deprived areas.

Greater inequalities are seen in the rates of death among those aged 15-44 in Fife. Currently death rates in the most deprived areas are more than four times those in the least deprived areas with rates of death from suicide and drug related causes being highest within this age group.

Causes of Death

Cancer remained the main cause of death in Fife, accounting for 28% of all deaths in 2017.[8] Lung cancer was the most common cause of death from cancer, responsible for 363 deaths. The second most common causes of cancer death were prostate cancer among men and breast cancer among women.

Heart disease was the second most common cause of death in Fife, accounting for 599 deaths in 2017. More than three quarters of heart disease deaths were as a result of ischaemic heart disease (IHD). There were 485 deaths from dementia and Alzheimer's disease in 2017, the third most common main cause of death in Fife and reflecting the increasing proportion of the population living to older ages.

Winter Deaths

It is widely acknowledged that more deaths occur in the winter months and the overall long term trend in these deaths has been decreasing. However the winter of 2017/18 saw the highest number of winter deaths in Fife in the last 11 years, a trend also observed for Scotland as a whole.[9] In the four months between December 17 and March 2018 there were 1,622 deaths in Fife which was 370 greater than the average number of deaths in the four months prior to and after this period. Known as the seasonal increase or 'additional' winter deaths these figures are monitored closely on an annual basis. These deaths result from a combination of causes, however, modelled data at a national level indicates that flu explained much of the excess mortality in 2017/18 (particularly for the elderly where there was a poor vaccine match to the circulating flu strain in Scotland). Low temperature did not explain the excess. Additional winter deaths will have an impact on short term fluctuations in our overall mortality rates and associated measures of life expectancy, but do not explain longer term trends in life expectancy.

Burden of Disease

The burden of disease in the Fife population can be quantified using a measure produced by NHS Health Scotland known as Disability Adjusted Life Years (DALYs). For each of 21 main disease/injury groups DALYs show the total amount of burden in Fife arising from both fatal burden (years of life lost due to death) and non-fatal burden (number of years living in less than ideal health) of that disease or injury.[10]

In Fife the largest total burden was from cancers followed by cardiovascular diseases, neurological disorders, mental health disorders and musculoskeletal disorders. These five disease/injury groups accounted for almost two thirds of the total burden of disease across the whole Fife population.

Details of the burden for individual conditions within each grouping are available at a Scotland level and show that within the top five groupings listed above the most total burden is experienced from lung cancer, ischaemic heart disease, Alzheimer's and other dementias, depression and neck and lower back pain.[11] This is likely to be similar in Fife.

There are some notable differences in the burden of disease that results from fatal burden and non-fatal burden. For example among cancers in Fife the majority (92%) of the total burden comes from fatal burden. By comparison almost the entire total burden for other disease/injury groups such as mental health disorders (99%) and musculoskeletal disorders (96%) results from the number of years spent living in less than ideal health with that disorder. These disorders have a significant impact on demand for healthcare services and reduced quality of life.

Burden of disease is not experienced equally – Scottish figures showed the disease burden in the most deprived areas was more than double that found in the least deprived areas.[12] In deprived areas, premature death contributed to more of the total burden than living in poor health compared to the least deprived areas where people are more likely to live with ill health than die prematurely.

Education

There are currently 49,660 children attending schools in Fife, 41% of whom are in secondary schools.[13] Just over 3,500 young people left school in 2017/18 in Fife. Across Scotland more than 60% of young people now leave school at the end of S6 compared to 55% in 2009/10. 92.4% of school leavers in Fife moved into a positive destination, slightly less than the Scottish figure of 94.[13] but an increase of 5.8% since 2009/10. School leavers from the most deprived areas and those who are looked after children were less likely to be in positive destinations, 74% of looked after children in Fife were in positive destinations.[14]

For both Fife and Scotland, the top three positive destinations for school leavers in 2017/18 were higher education followed by further education and then employment. 37% of Fife school leavers moved to higher education, 33% moved into further education and 18% moved into employment.

In 2017/18, 97.2% of school leavers achieved 1 or more at SCQF Level 3 qualifications or better in Fife, similar to the Scottish figure of 97.8%. 95.7% of school leavers living in the most deprived areas achieved 1 or more SCQF Level 3 or better, similar levels across Fife. However as the level of qualifications increases the gap in proportion of school leavers achieving these in the most deprived areas and Fife widens; 57% of school leavers achieved 1 or more SCQF at Level 6 in Fife compared to 38% in the most deprived areas in Fife.[15]

At the 2011 Census 26.4% of the population of Fife aged 16 and over reported that they held no qualifications and 24% reported that they held a degree, postgraduate qualifications or professional qualifications. The proportion of the population reporting no qualifications decreased with decreasing age, 59% of those aged 65 and over compared to 7% of those aged 16-24.[16]

Housing

There are 176,394 households in Fife.[17] Across Fife, 60% of all households are owner occupied rising to 80% within the least deprived areas in Fife compared to 38% in the most deprived areas.[18] Findings from the Scottish House Condition Survey published in December 2018 show that 26% of households in Fife fail the "energy efficient" criterion of the Scottish Housing Quality Standard, whilst 9% of occupied dwellings in Fife "lack modern facilities/services". 'Private Rented' households had the highest levels of "lack modern facilities/services" at 21% compared to 7% of owner occupied households.

Income and Poverty

Weekly earnings[i] for people who were employed in Fife in 2017/18 were similar to the Scottish level, £438.73 and £442.33 respectively. Earnings in Fife have increased by 13% since 2012/13, compared to an increase of 11% at the Scottish level. The gap between earnings at a Fife and Scottish level has decreased from 2.8% in 2012/13 to 0.8% in 2017/18. Across Scotland in 2015-18, 20% of working-age adults were in living in relative poverty after housing costs; 60% lived in a household where at least one adult was in work.[19]

Mean household income[ii] in Fife was £24,900, 10% lower than the Scottish mean of £27,500. Owner occupied households in Fife had higher average incomes than those that were private rented; £29,300 compared to £18,500.[20] 31% of the Fife population are living in fuel poverty compared to 27% of the Scottish population, defined as households that require fuel costs >10% of income.[21] Older one- or two-person households were most likely to be living in fuel poverty in both Fife and Scotland.

[i] Defined as the median earnings, in pounds, for employees living in the local authority area who are employed on adults rate of pay and whose pay was not affected by absence

[ii] The average reported household income

Across Fife 18.1% of children live in poverty[iii] compared to 16.8% across Scotland. Within Fife rates of child poverty in the most deprived areas are nine times higher than among the least deprived areas, 36% of children compared with 4%. It is estimated that in Scotland two thirds of children who are living in poverty live in households where at least one adult is in work.[22]

Employment

Three quarters of the Fife population aged 16-64 were employed in 2018. Just over a fifth (21.8%) of the population aged 16-64 were economically inactive (not in employment who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks) which was slightly less than the Scottish figure of 22.6%.[23]

The proportion of 16-24 Fife population employed has increased since 2009. Currently the employment rate in Fife is slightly higher than the Scottish level, 64.9% and 59.4% respectively.

In terms of people claiming out of work benefits[24] i.e. unemployment related benefits including Employment and Support Allowance and other incapacity benefits, and Income Support and Pension Credit, the figure for Fife was slightly higher than that for Scotland ; 11.2% and 10.9% respectively.

[iii] Percentage of children in poverty - children living in families in receipt of Child Tax Credit (CTC) whose reported income is less than 60% of the median UK income (before housing costs) or in receipt of Income Support (IS) or (Income-based) Job Seekers Allowance (JSA).

Public Health Priority 1

A Fife where we live in vibrant, healthy and safe places and communities

53% of adults in Fife rated their neighbourhood as a **very good** place to live

74% of adults in Fife live a five minute walk from useable greenspace

83% of adults in Fife felt safe walking alone at night

32% of adults in most deprived areas

71% of adults in least deprived areas

in Fife rated their neighbourhood as a **very good** place to live

47% of adults in Fife use their local greenspace more than once a week

28% of adults felt a very strong sense of belonging to their local community

Housing insecurity, poor housing and homelessness are detrimental to wellbeing across the life course

176,394 households in Fife

31% of households in Fife are living in fuel poverty

2,347 homeless applications to Fife Council in 2017/18

Owner occupied households:

60% Fife

38% most deprived areas

80% least deprived areas

8% of households reported that they were not managing well financially

38% of households reported that they were 'getting by' financially

1% of households in Fife are overcrowded

Public Health Priority 1: A Fife where we live in vibrant, healthy and safe places and communities

It is encouraging to see a focus on place within the public health priorities for Scotland and it is also a strong feature of our Plan for Fife, both of which influence and shape the work of public health in Fife. We have interpreted this priority in its broadest sense and included our joint health protection work (keeping us safe), our healthcare public health work (keeping us healthy) and our wider determinants work (vibrant communities). This section provides some examples of work underway.

Safe Places – Health Protection

The sections below outline three areas of work supported by the Health Protection Team that contribute to Fife having safe places and communities for the population to live in:

- Routine surveillance and investigation of communicable diseases
- Responding to health protection incidents
- Protecting and improving our environment

Much of the work of the Health Protection Team is undertaken jointly with partners such as Environmental Health, SEPA and Scottish Water. More detail on this work can be found in the Fife Joint Health Protection Plan 2018-20[25].

Routine surveillance and investigation of communicable diseases – 2016/17 overview

NHS Boards have a legal duty to report any communicable diseases or organisms which are listed in the Public Health etc Scotland Act 2008.[26] Therefore when a communicable disease is suspected, NHS Fife's Health Protection Team will carry out investigations to establish the potential number of people involved and put control measures in place where this is appropriate. Table 1 below gives an overview of the *confirmed* communicable diseases notified to NHS Fife in 2016 and 2017 (latest up to date data available). This does not include possible and probable cases of communicable diseases that also required investigation and implementation of control measures.

Table 1: Overview of Communicable Diseases for 2016-17

Notifiable Disease/Organism	2016	2017
Salmonella	61	47
Cryptosporidium	54	37
Whooping Cough (Pertussis)	59	31
Tuberculosis	16	16
E.*coli* O157	8	8
Meningococcal Infection	8	8
Mumps	12	7
E.*coli* (non O157 STEC)	<5	<5
Legionellosis	<5	<5
Measles	0	<5
Shigella	<5	<5
Giardia	0	0
Listeria	<5	0
Lyme Disease	0	0
Rubella	0	0

Source: NHS Fife HP Zone

Responding to health protection incidents - Mossmorran Flaring

An extended period of unplanned flaring occurred at the Mossmorran plant in June 2017, with Scottish Environmental Protection Agency (SEPA) receiving many complaints from the surrounding community.

A Problem Assessment Group (PAG) was established with representation from NHS Fife, Fife Council Environmental Health and SEPA and met on 21st June 2017 to discuss the unplanned flaring. Fife Council and SEPA also attended the Mossmorran Action Group meeting of 5th July 2017 where the concerns of local communities were discussed. A meeting of the Mossmorran Braefoot Bay Air Quality Review Group was also held on 25th July 2017 to consider these flaring incidents. Further public meetings have taken place to discuss the concerns of - and provide information to – the public.

As the site regulator, SEPA is undertaking a full investigation into these incidents and the actions the operators will take to prevent any recurrence. SEPA have undertaken to keep discussions going with the local community on these matters and to ensure that information is shared regularly.

Responding to health protection incidents - Former Longannet Ash Lagoons

During spring 2017, uncapped coal fly-ash lagoons at Preston Island, Valleyfield, were allowed to dry out, thus risking airborne dust clouds being formed. The weather in April and May 2017 was unusually dry and windy and airborne dust clouds from the fly-ash lagoons drifted over neighbouring areas including residential communities. This is a potential health issue as inhaling dust can have a detrimental effect, particularly for those with pre-existing cardio-respiratory disease.

As the site owner Scottish Power has responsibility to contain the ash within its site perimeter and noted dust on 11th April. Members of the public also reported this dust around the same time and both SEPA and Fife Council Environmental Health staff became involved in assessment and control. NHS Fife was informed and called a PAG. SEPA began air monitoring that day and NHS Fife then established an Incident Management Team (IMT).

The problem was addressed over subsequent weeks and has not, as yet, recurred. The long-term solution will be capping the site and, ideally, landscaping the site to create a mosaic of semi-natural habitats as a community resource. Designs have been submitted including one by a consortium of environmental charities including the RSPB. It is hoped that the planning authorities will encourage the site owners to adopt such an approach.

Protecting and improving our environment

Whilst much of the work of our health protection team and our partners is to respond to incidents that occur, we also take a preventative approach to improve the environment that we live in. We live in environments which have become increasingly far removed from the natural world. This is particularly true for the current generation of children. This is unfortunate particularly as we have increasing evidence of the therapeutic, restorative and health-protective effect of spending time in nature.

At the same time, there are significant issues facing populations of the other species with which we share our planet. Since the 1970's we have lost around half of all mammals, fish, amphibians, reptiles and birds and this is true whether we look at the planet as a whole, Britain, Scotland or Fife. Meanwhile the rate of species loss is at unprecedentedly high level: around 100-1000 times the background (without the impact of humankind rate. We are losing species at a rate greater than ever before.

Such problems have been with us for centuries but are getting worse. They reflect ecological degradation via, for example, deforestation, construction, pollution, intensive agriculture and exploitation.

While the loss of species (often for ever) and the degradation and loss of our natural environments might be seen as a shame, they are actually harmful to our health. The problem is probably more severe and acute than that. We are possibly now close to the point where human life in some areas becomes unsustainable.

What about Fife? The landscape of Fife is typical of lowland Scotland. Native habitat is largely gone and we have a severely impoverished fauna and flora. Urban (and most rural) areas are ecologically fairly sterile: depleted of other species or a patchwork of non-native and largely hostile monocultures. The use of pesticides has removed wild flowers ('weeds') and invertebrates on which ecosystems depend. Things that have been previously taken for granted are now gone.

Work on a variety of scales has demonstrated that some impacts can be reversed. There is scope for re-wilding on a large scale in the largely deforested and overgrazed hills and moors that cover over a quarter of Scotland. We have these in Fife. Fife's Local Biodiversity Action Plan and Local Outcome Improvement Plan ('Plan4Fife') go some way towards realising the vision of a more natural, healthier place. For example, the River Leven Connectivity Project is focusing on developing an active travel network to link communities of Levenmouth to the fabulous natural asset of the River Leven and its extensive green space. It is proposed that by working with the community to design, improve and use these assets there will be direct economic, social and health benefits for the area.

Farming can be done in a way that is less damaging to the environment and which encourages the diversity of species that used to share our countryside. And urban areas can be made greener. Native plants can be selected that provide food for vertebrate and invertebrate creatures. Selecting native and/or nectar-producing plants, for example, for a town's flower display can turn it into a haven for bees, butterflies and hoverflies. Encouraging the population to make wildlife-friendly choices in their gardens can make a difference. The people - and especially the children - of Fife deserve to live in and have access to an environment where other animals can live too. The responsibility for really making it happen is on all of us and we will be working with the Fife Environmental Partnership to increase our efforts in this area.

Healthy Places – ensuring health and social care meets the needs of our communities

Health and Social Care Public Health (HSCPH) is concerned with maximising the benefits of healthcare while meeting the needs of individuals or priority groups and considering available resources.
Examples of HSCPH work in Fife includes:

- Public health input to the Strategic Planning Group of Fife's Health and Social Care Partnership's (H&SCP)
- Public health advice to Fife H&SCP's General Medical Service (GMS) Implementation Committee, which is charged with implementing the new Scottish GP contract locally
- Providing guidance on developing and evaluating new models of care of the Joined Up Care work underway in Fife to support people being cared for closer to home
- Providing guidance and support to evaluate the Best Supportive Care work in Fife which looks to support people with palliative and end of life care needs, and their loved ones, to ensure the care they receive is appropriate to their needs
- Coordinating a review of NHS Fife smoking policy for staff and members of the public
- Participation in the review of specialist palliative care services in Fife
- Input to the planning and commissioning of Alcohol and Drugs services for Fife
- Support for the development of Tier 2 weight management services

Healthy Places - Preventing Homelessness

The positioning of 'Place' as a key Public Health priority for Scotland is a reflection of a return of the profession to its shared roots with town planning, hygiene and housing in Victorian London and the impacts of the Industrial Revolution. This was described as the 1st wave of public health but is no less important today than it was then. But it is also a commitment of significant upstream action to create 'places' that support health and wellbeing as we face epidemics of loneliness, mental distress and chronic disease across our ageing society. The 'place' agenda impacts universally as we all need 'a house to call home' in which we can feel secure, build relationships, rest, feed and restore ourselves for life outside our front doors in our local and wider communities where we play, work, study and meet one another.

Therefore housing insecurity, poor (or better termed as un-healthy) housing and actual homelessness is detrimental to the fostering and sustenance of wellbeing across the life-course.

Fife has been at the forefront of work to bring the health causes and consequences of homelessness to national attention. It began with joint work between NHS Fife public health and information intelligence and Fife Council Housing Department whereby the health experiences of individuals who had been assessed by the Council under the Housing(Scotland) Act 1987 as homeless were collated and examined from 2006-2013. The Fife research was widely reported and led to a decision by Scottish Government to undertake a 3 year research project linking health and homelessness data sets across all 32 council areas. The research, which required the data linkage of 1.3 million individuals, is the first national assessment of the impact of homelessness on healthcare utilisation and mortality. The Health and Homelessness in Scotland Report[27] was released on 19th June 2018 and has since received much interest across the housing and homelessness community and a desire to fully engage with Health and Social Care Partnership and NHS healthcare services to address the extreme impact of the state of homelessness on health utilisation with more evidence-informed preventative approaches.

The headline results of this rich and unique linked dataset are as follows:

- At least 8% of the Scottish population had experienced a state of 'homelessness' at some point in their lives during the study period of 15 years.

- Forty-nine percent of the total homeless cohort had evidence of mental health, alcohol or drug use requiring management

- Six percent of the homeless cohort had evidence of 'tri-morbidity' namely drug, mental health and alcohol issues. This figure rising to 11% for repeat homeless, 25% in those who had been looked after and slept rough at some point, and 27% in those who had become homeless after being discharged from prison.

- By mapping interactions against the point in time when individuals made their first homeless application to the council it was possible to generate 14 separate graphs all of which demonstrated a stark increased health service uptake occurring from 5 years before to 5 years after the initial homelessness presentation is recorded. A gendered discrepancy is apparent and requires further analysis to explain why women's uptake of services remains so high following a homeless episode.

It is encouraging to see an increased focus on the important underpinning relationship between 'healthy housing' and health outcomes. The homelessness data linkage work has evidenced beyond doubt that the healthcare system must act in partnership with housing services to address the often unmet health needs of those who experience homelessness.

Public Health Priority 2

A Fife where we flourish in our early years

"A child perspective must be central to all...policies because the health and wellbeing of infants, children and young people requires action across every level of society. Ultimately, healthy, happy, resilient children will drive a healthier and more prosperous future...." RCPCH

18% of children in Fife live in poverty

9x higher % children living in poverty in most deprived areas in Fife compared to least

2/3 children in poverty live in households with at least one adult in work

83% of babies born in Fife had a healthy birthweight

38% of babies in Fife were being breastfed at 6-8 weeks old

2.5x Breastfeeding rates were 2.5 times higher in the least deprived areas than the most deprived

Average number of obviously decayed, missing or filled teeth; Fife P1 children:

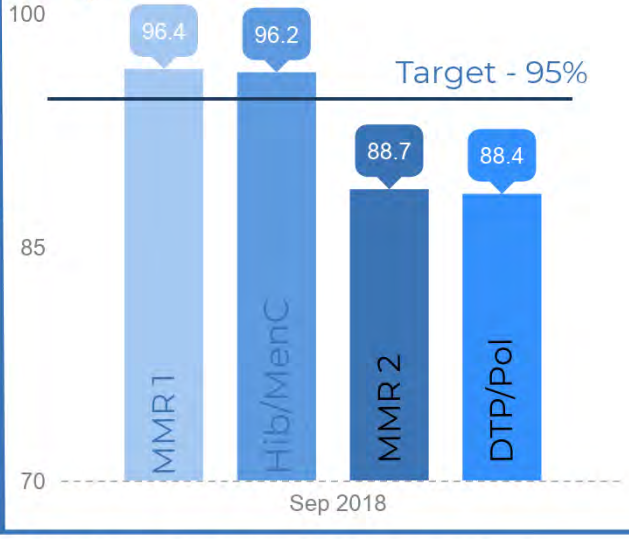
1987: 2.39 → 2018: 1.10

School leavers in positive detinations:

92% Fife

74% Looked After Children Fife

Immunisation uptake; Fife children at 5 years of age:



School leavers with one or more SCQF qualification at level 6 :

57% Fife Overall

38% Most Deprived Areas Fife

HPV Immunisation uptake; by secondary school 3rd year 2017/18:

	Fife	Fife Most Deprived	Fife Least Deprived	Scotland
1st Dose	87.8	87.0	87.4	91.8
2nd Dose	79.1	76.8	80.3	86.8

Public Health Priority 2: A Fife where we flourish in our early years

The evidence about intervening in the early years is strong and has therefore been an increasing focus for public and third sector partners in recent years. In this section we describe a few of our core public health activities taking place in this life stage within Fife and how we will be developing those further. At a time when there are increasing levels of child poverty and significant inequalities in matters such as educational attainment, it is important that public health and its partners are clear about our role in addressing the social and economical determinants of health whilst continuing our health improvement and health protection work in this area.

A focus on prevention through promoting the rights of children and young people

The *United Nations Convention on the Rights of the Child* (UNCRC) came into force in the UK in 1992 and is the most widely ratified human rights treaty in the World.[28] The background to development of human rights treaties are previous actions by states and other parties resulting in maltreatment, persecution and discrimination against specific groups in society.

These rights are not only relevant to services for babies, children and young people but relate more widely to organisational policy, resource distributions and adult services as they affect dependent children, and young people. The Royal College of Paediatrics and Child Health (RCPCH) recently stated:

'A child perspective must be central to all Government policies because the health and wellbeing of infants, children and young people requires action across every level of society. Ultimately, healthy, happy, resilient children will drive a healthier and more prosperous future for Scotland'

The family is the core unit of society which cares for children and policy affecting families is particularly important. Public authorities have responsibilities under the Children's and Young People (Scotland) Act 2014 to secure better or further effect UNCRC requirements.[29] Scotland's Children's Commissioner has a remit to champion for the rights of all children and young people in Scotland.

Children's rights are explicit in the Fife Children's Service Plan and the Strategic Priorities for the Child Health Management Team. In the NHS Fife Equality Impact Assessment process, documents with particular relevance to children can be identified and considered for a Children's Rights Impact Assessment. Children's Rights should be incorporated into staff training and practice.

According to the Royal College of Paediatrics and Child Health 'Child health in Scotland ranks among the worse in Western Europe, and the disparity between children living in the most and least affluent communities is unacceptably wide'.[30] Health is fundamentally linked to social and familial circumstances, and promoting children's rights, alongside economic, social and cultural rights will benefit Scotland's future and realise the potential of all future citizens.

An example of work currently underway in Fife is the development of the Financial Inclusion Referral Pathway which looks to address child poverty. A multi agency working group led by Fife Health and Social Care Partnership Health Promotion service has been working to ensure *all pregnant women and families with young children are asked about money worries and offered a referral to an advice service.*
Senior managers in NHS Fife midwifery services and Fife H&SCP Children's Community Services are providing leadership and commitment to workforce development with key staff groups to ensure midwives and health visitors have the skills, knowledge and awareness and confidence to ask all pregnant women and families with young children about money worries, with work progressing to embed a referral pathway.
Citizens Advice and Rights Service Fife is the key partner providing financial advice services and, from the start of 2019, will be running a financial health check service specifically for pregnant women and families with young children which will be person centred and sensitive to their needs. The next phase of work will be recording and measuring impact and outcomes.
There is also work underway to improve the health assessment processes for looked after children and ensuring corporate parent responsibilities are met. This involves redesigning the system for delivering health assessments for over 5s who are taken into local authority care in partnership with social work, with a key role for school nursing. This allows a child centred approach to ensuring that children are registered

with GPs and dentists, and also that wider health aspects such as mental health and health behaviours are considered going forward.

A focus on prevention through oral health improvement

Good oral health is recognised by the World Health Organisation as an important component of general health and wellbeing.[31] Dental professionals are ideally placed to be advocates for policy options which have the potential to improve health. The relationship between oral health and general health is well documented, with oral disease and non-communicable chronic diseases sharing many common risk factors, most notably poverty, diet, tobacco and alcohol use.[32]

Tooth decay (dental caries) and gum disease (periodontal diseases) are two of the commonest diseases in the world, are largely preventable and account for 15 million DALYs (Disability Adjusted Life Years) globally. Untreated caries in permanent teeth was the most prevalent condition of all 291 conditions assessed in the Global Burden of Disease 2010 study, collectively affecting 3.9 billion people worldwide.[33] The burden of disease is not evenly distributed and those from the more deprived populations experience more oral disease but conversely those with least need are the ones who regularly access dental services.

It is well known that the common oral diseases are caused by poor diet and oral hygiene. The question has to be asked why the diseases are so common if we know the causes. The problems come as there are many factors associated with 'the causes of the causes' and fundamentally these have to be addressed in order to see the benefit in oral health improvement.

Dental extractions are the most common reason for elective admission to hospital for children across Scotland. This results in approximately £5 million and 8,000 lost days from pre-school and school and days off work for parents/guardians. 834 child dental general anaesthetic procedures were undertaken in Fife in 2017.

The Childsmile programme was established in 2006 to improve oral health in response to high rates of dental decay among children. Childsmile provides daily, supervised tooth-brushing in all nurseries, and primary schools in disadvantaged areas; twice-yearly fluoride varnish applications in targeted areas; and supports families to improve their oral health and access dental services.

Childsmile demonstrates the effectiveness of forming strong inter-professional networks from dental services, education and health visitors. If we look at the amount of decay experienced by children in Fife, the average number of obviously decayed, missing and filled teeth in Primary 1 children has fallen from 2.39 in 1987 to 1.10 in 2018. Similarly, the decay experience in permanent teeth in Primary 7 children has improved falling from 2.27 in 1988 to 0.49 in 2017.[34] The impact on related dental services has been seen alongside improvements in child oral health with a reduction of around 50% in dental general anaesthetic procedures since 2002.

Despite the data showing encouraging results there is scope for significant improvement. Decay experience is measured at the level where active intervention would be required, i.e. filling; therefore preventive programmes need to be maintained to continue to reduce levels of disease and stop disease before it occurs. At least 30% of Fife children (in primary 1 and primary 7) suffer from a preventable disease and therefore significant work targeting those in the most deprived circumstances is required.

A focus on protection through immunisation

The childhood and teenage immunisation programmes play an important role in preventing the spread of serious infectious diseases such as flu, measles, mumps, whooping cough and meningitis, and reduce the burden of disease in the population. The World Health Organisation (WHO) target for childhood immunisation uptake is 95%.

The NHS Fife Immunisation Report provides annual vaccine uptake rates for each part of the Scottish Immunisation Programme including those for the childhood and teenage immunisation programmes. In 2018 uptake rates in Fife at 5 years were above 95% for Hib/MenC (protects against Haemophilus influenza type b and meningococcal group C bacteria, both of which can cause meningitis and septicaemia) and for

first MMR vaccine (protects against measles mumps & rubella), which are both given at 1 year of age. However, the uptake rates at 5 years for the pre-school second dose of MMR and a DTP/Pol booster vaccine (protects against diphtheria, tetanus, pertussis and polio), which are given at around 3 years 4 months, remained below the WHO target at 88.4% for MMR2 and 88.7% for DTP/Pol (Scotland: MMR2 91.2%; DTP/Pol 91.6%). In collaboration with the immunisation team within Fife Health and Social Care Partnership, plans are being progressed for mop-up of children that have missed these immunisations.

Inequalities (both absolute and relative) in uptake increase with age across the childhood immunisation programme, meaning people living in more deprived circumstances in Fife are less likely to be protected against these serious infectious diseases and the risk of disease outbreaks in more deprived communities is greater than less deprived communities.

The teenage immunisation programme includes:

- a combined booster vaccine for tetanus, diphtheria and polio (Td/IPV), given at around 14 years of age;
- a vaccine protecting against four strains of meningococcal bacteria (MenACWY), given at around 14 years of age and
- two doses of Human Papillomavirus (HPV) vaccine which is offered to girls in Fife in S1 and S2. The HPV vaccine protects against the two types of HPV that cause at least 75% of cases of cervical cancer.

Inequalities in HPV uptake for girls in S3 is evident in both Scotland and Fife. In Fife, 23% of S3 girls living in the most deprived areas of Fife had not received a second HPV dose by the end of the 2017/18 school year. In collaboration with the immunisation team within Fife Health and Social Care Partnership, further efforts are required to improve teenage uptake and reduce inequalities, this will be a focus of our work in 2019/20.

Public Health Priority 3

A Fife where we have good mental wellbeing

Mental health disorders account for the 4th largest burden of disease in Fife

99% of this burden is a result of the years spent living with mental health conditions

19% of the Fife population received a prescription for anxiety, depression or psychosis in 2016/17

This has increased each year since 2009/10 when 14.5% of the population were in receipt of these prescriptions

Adverse Childhood Experiences

Almost **half** of adults experienced at least **one** and **9%** of adults experienced **four or more** in English survey findings

Individuals with **four or more** ACEs were found to be **at least** :

3x more likely to be a smoker and **7x** more likely to be involved in violence

11x more likely to have used heroin or been incarcerated

At **greater risk** of low mental wellbeing, life satisfaction, early onset of disease and premature mortality

Preventing ACEs in future generations could reduce levels of harm by **at least**:

- incarceration (lifetime) **53%**
- unintended teen pregnancy **38%**
- poor diet **14%**
- binge drinking **15%**
- violence victimisation **51%**

Not being in work or in good work increases the risk of poor mental health

More than 1 million work days were lost due to self reported stress, depression or anxiety caused/made worse by work across Scotland in 2017

People with mental health conditions are more likely to be unemployed

6,661 people are estimated to be living with dementia in Fife

1 in 7 adults self reported a possible psychiatric disorder(GHQ 4+) in Fife

Life Satisfaction Scale

Most deprived — Least deprived

7.4 **7.7** **8.2**

Fife

Public Health Priority 3: A Fife where we have good mental wellbeing

It is encouraging to see the importance of good mental health and wellbeing given equal status to good physical health: we have known the links between physical and mental health for some time but not always taken action. Creating environments for positive mental wellbeing is extremely important and in this section we highlight some of the strong prevention and early intervention work taking place with partners across Fife.

Creating good mental health: early intervention with Children and Young People

Children and young people's mental health is a priority for the Scottish Government and is central to achieving its ambition for Scotland to be the best place in the world for children to grow up.
The Scottish Government's mental health strategy (2017– 2027) has a strong focus on early intervention and prevention.[35] However, in practice, across Scotland, this is often limited, and mental health services for children and young people are largely focused on specialist care and responding to crisis[36], thankfully this is beginning to shift. Fife's Community Planning Partners have produced the *Our Minds Matter* (2017) framework to support children and young people's emotional wellbeing.[37]

This framework recognises that:

- *all* children and young people need input for their emotional wellbeing from parents, carers and the workers around them (*universal* support),
- *some* young people will need *additional* support from local partners and
- only *a few* will require *intensive* support from specialist providers

In line with this framework, Fife Child and Adolescent Mental Health Service (CAMHS) have recently developed an enhanced early intervention service to promote good mental health across Fife. This service consists of a nurse consultant, a team of primary mental health workers, a health psychologist, researchers and support staff.

This team has created a core training programme to help empower frontline workers to develop the necessary skills and confidence to support children's emotional wellbeing at the *universal* and the *additional* support levels within the framework. The key messages in the programmes are:

- we can all promote positive mental health
- we all have mental health
- we need to look after our own mental health
- difficulties with mental health are normal
- we can reduce the stigma associated with mental health problems.

During the last year participants have included more than 2300 frontline workers from a variety of backgrounds including: guidance teachers; head teachers; learning support teachers; pupil support assistants; social workers; voluntary sector workers; school nurses; youth workers; health visitors; residential care workers; community and family support workers; and police. The training has been very well received and there is an ongoing plan for more training for a wide variety of frontline workers and also for parents.

The Hands On Scotland website[38] is a Fife initiative that backs up the messages provided in the core training provided by CAMHS early intervention service and the team have recently reviewed this to ensure the information, including Fife-based information on local services, is up-to-date, accessible to all workers and parents and user-friendly.

Improving mental health: responding to the impact of early trauma on physical and mental health and wellbeing

There is now substantial evidence of the impact of early trauma on physical and mental health and wellbeing.[39] Adverse childhood experiences (ACEs) are recognised as important not only for the immediate impact on children but also for the longer term. ACEs include abuse and neglect, household substance misuse, domestic violence, a parent being in prison, household mental illness and loss of a parent (for any reason).

Research has shown that experience of cumulative adverse experiences in childhood are associated with significant lasting effects on adult risk behaviours, life circumstances, physical and mental health and premature mortality.[40]

Those with four or more ACEs were found to be:

- 4 times more likely to be a high risk drinker
- 15 times more likely to be a perpetrator of violence
- 16 times more likely to have used heroin
- 20 times more likely to be jailed for committing an offence

No studies have been published to date on the prevalence of ACEs in the population of Scotland but results from an English study showed 50% of people reported at least one ACE and over 8% reported four or more ACEs. If these figures are applied to the Fife population, this equals 153,539 adults in Fife with at least one ACE and 24,566 adults with four or more ACEs.

Understanding the scale of current exposure to ACEs and potential outcomes from this exposure is an important part of work ongoing in Fife - further information can be found at:
https://know.fife.scot/2019/01/30/adverse-childhood-experiences-aces-in-fife-exposure-and-outcomes-profile/
Many ACEs are to some degree preventable and the impact of others can be mitigated, in childhood and also by adult services responding sensitively to people i.e. using 'trauma- informed' practice. In Fife, a multi-agency steering group has been established in order to coordinate work towards building trauma-informed practice. [30]

Work under way includes:

Awareness-raising - Screenings of the film 'Resilience' have taken place across Fife and a new Fife resource – the Be That Person film, materials and workshop – was developed as part of Our Minds Matter work. Various learning events for staff across sectors have been held and a trauma conference is planned for early summer 2019.

Workforce development - Keeping Trauma in Mind (KTIM) staff training and trainer training is being rolled out to staff across agencies and introduces a model for working with people who have experienced trauma. Further training has been developed in line with the NES Framework, including:

- A new half-day workshop at, freely available to staff and volunteers working in Fife through the Health Promotion Training Programme
- A workshop for KTIM-trained staff to support them in implementing trauma-informed practice in their workplaces.

New pathways of support - The Better than Well model, which equips people to recognise, understand and manage the symptoms of childhood trauma and work to improve lives, is being extended across Kirkcaldy and Levenmouth. This involves self-help coaches from LinkLiving offering cognitive behavioural based, trauma informed support to survivors of childhood trauma, and 'warm handovers' (supported signposting) to local and specialist support.

Early results show positive impacts on mental and physical wellbeing, ability to work and take part in social activities, and on close relationships. As well as supporting individuals, the team is strengthening links with

public and third sector agencies, to improve referral pathways, and regularly organises seminars and learning events to help services become more trauma informed.

Maintaining Wellbeing – good work is good for you

Delivering Differently for Mental Health in Fife is an 18-month project, led by Fife Voluntary Action, which is working with strategic partners, providers and people who use services to improve employment outcomes for people in Fife who are experiencing mental health issues.

This work directly contributes to The Plan 4 Fife 2017 – 2027[41] which commits to the idea that 'physical and mental health issues are no barrier to achieving positive employment outcomes'. The project also supports the Opportunities for All and Community Led Services themes from the Plan 4 Fife and Fife's Economic Strategy 2017[42] which has the aim of doubling the number of positive outcomes for people claiming benefits due to mental health issues.

The vision of the project is that 'people with mental health problems in Fife are supported to aspire in life and work and can easily access appropriate support as and when they are ready to make the journey (back) into work.'

Delivering Differently is supported by a project team which includes representatives from NHS Fife, Fife Health and Social Care Partnership, Department of Work and Pensions (DWP), Fife College, Fife Council, specialist and generalist employability services, mental health community groups and, critically, people with lived experience of mental health conditions.

The project has been divided into three phases:

- Phase One: focusing on employability services and creating a baseline for measuring improvement
  This phase included developing an indicator for Mental Health and Work and providing basic mental health awareness training to help frontline staff have appropriate conversations about how clients' mental health might affect their journey to work, and ensure clients are accessing the most suitable support

- Phase Two: focusing on health and social care and third sector mental health services, running a series of staff and service user workshops to understand what could work better. Delivering Differently commissioned 9 Pilot Projects which are currently all testing different ways of delivering mental health and employability services

- Phase Three: focusing on self-management, employer engagement and creating a 'Wellbeing in work strategy' for Fife. In addition, time will be spent designing and launching a cross-sectoral staff training programme.

The policy context and evidence for investing in employment support for people with mental health problems and mental illness is becoming well established. Nationally, from a health perspective the project supports:

- Recommendations 36 and 37 of The Scottish Government Mental Health Strategy 2017-27[43]:
  - Recommendation 36: Work with employers on how they can act to protect and improve mental health and support employees experiencing poor mental health
  - Recommendation 37: Explore innovative ways of connecting mental health, disability and employment support in Scotland.

- The NHS Health Scotland "Good work for all" agenda (2016)[44]

- The 9 national health and wellbeing outcomes as set out in the National Health and Wellbeing Outcomes Framework 2015[45]

- The Scottish Government's aim of halving the disability employment gap[46]

Public Health Priority 4

A Fife where we reduce the use of and harm from alcohol, tobacco and other drugs

23% of adults in Fife drink more than the recommended weekly units

1,693 Fife residents were admitted to hospital with an alcohol diagnosis in 2017/18, 96% were emergency admissions

91 people died from an alcohol-specific death in Fife in 2017, the highest number in 18 years

Stark inequalities:

Alcohol availability **2.6** x more off-sales

Alcohol heavy consumption **1.5** x more units

Alcohol harm **4.6** x more deaths

in most deprived areas than least deprived

3 A's to tackle alcohol harm

availability
affordability
attractiveness

In Fife:

20% of adults

12% of 15 year olds

19% of expectant mothers are smokers

In **10 years** Fife has seen **decreases** in **smoking prevalence** - however **currently** rates in Fife are **among the highest** of all health boards and **higher** than the **Scottish average** for adults, 15 year olds and expectant mothers

In the most deprived areas smoking rates are:

4x higher in adults

9x higher in expectant mothers

than in the least deprived

In 2017/18 there were:

3,067 quit attempts

23.9% 12 weeks quit rate

in Fife

66 drug related deaths were recorded in Fife in 2017 the highest number ever recorded

Drug use disorders are the leading cause of disease burden in young men aged 15-24 in Scotland **1**

19x Drug related hospital stays among residents of the most deprived areas in Fife are 19 times higher than in the least deprived areas

Drug related deaths affect more men than women but deaths have increased in women by more than 750% in the last 10 years from 3 to 26

750%

Drug related hospital stays increased by **144%** between 2002/3 and 2016/17

Public Health Priority 4: A Fife where we reduce the use of and harm from alcohol, tobacco and drugs

The misuse of alcohol, tobacco and drugs are a major cause of poor health and early mortality in Fife, especially in areas of high deprivation, where general health vulnerability exacerbates their negative impact. Patterns of use and harm in relation to alcohol, tobacco and drugs, so whilst we recognise that together they contribute a huge – and somewhat overlapping - disease burden, different approaches and strategies are required to reduce that burden.

Reducing harm through reducing the provision of alcohol

Fife has significant levels of alcohol related harm with more than 70,000 adults reporting they drink alcohol beyond the weekly guideline amounts[47]. Among adults who drink beyond weekly guidelines, those living in most deprived areas consume on average 43 units per week compared to 28 units per week among adults living in the least deprived areas.

It is estimated that 6.5% of all deaths are caused (wholly or partially) by alcohol consumption – which would be equal to 272 deaths in Fife in 2017. In 2017, 91 alcohol-specific deaths (where alcohol consumption is the main underlying cause of death) were recorded - the highest number reported in the last 18 years. In addition alcohol related hospital admissions have increased each year for the last three years and accounted for 2,350 admissions in 2017/18. Rates of both alcohol related hospital admissions and alcohol-specific deaths are significantly higher in our most deprived communities[48].

The Scottish Government recently published its commitment to tackling alcohol harm through addressing affordability, availability and attractiveness in the 2018 Alcohol Framework[49]. In Fife, colleagues in Public Health, Fife Alcohol and Drug Partnership and Fife Council have been working over the last year to address alcohol availability. 73% of all alcohol sold in Scotland is sold through off-sales and evidence shows that higher levels of alcohol availability through off-sale outlets is associated with increased alcohol-related death and hospital stay rates.[50]

Alcohol licensing is the main tool available locally for regulating the availability of alcohol and in Fife, licences for the sale of alcohol are granted by Fife Licensing Board. NHS Fife is one of the statutory consultees for every application and can try to address alcohol availability through this route. Last year Fife Licensing Board consulted on its new licensing statement which addresses the extent of over provision of licensed premises in Fife. The licensing statement also details how Fife Licensing Board will meet its licensing objectives which include 'protecting and improving public health'. As part of this consultation process, we presented evidence to highlight the relationship between over provision and harm, emphasising the levels of alcohol harm in Fife and made recommendations to tackle this.[51]

In its draft policy circulated for consultation, the Licensing Board included our recommendation that no further off-sale licences should be granted in the two areas with the highest provision and levels of harm in Fife together with a third area, included at the request of its Local Area Committee. Unfortunately, the Licensing Board did not include any of NHS Fife's recommendations in the final policy, deciding there was no over provision of alcohol in Fife. This was despite NHS Fife's Public Health department submitting a detailed response to the consultation, in addition to the evidence presented previously.

This makes it more difficult to prevent new licenses being granted or current licenses being extended. Objections can, however, be made on the grounds of licensing objectives, including 'protecting and improving public health'. The Public Health department and our partners will therefore continue to object on these grounds to new or extended off-licences in targeted areas of Fife as part of our strategic approach to reducing alcohol harms in Fife.

As part of this approach, over the next year we will work with colleagues on a review of alcohol-specific deaths in Fife to contribute to the evidence base to prevent future deaths. We will also provide public health input to the Alcohol and Drug Partnership to ensure that effective evidence-base alcohol prevention and

treatment services are in place, and that there are clear referral guidelines between alcohol-specific and mainstream services.

Reducing harm through increased Tobacco Control in Fife

Although substantial achievements have been made in reducing the smoking rates, smoking remains a major influence on Scotland's health. In Fife adult smoking prevalence is 20%, below the Scottish average (21%). However, smoking rates are much higher in deprived communities. Innovative and imaginative approaches are needed in working with those who face complex health and social issues and who suffer more smoking related ill health. With a focus on reducing inequalities, work has centred on three priority areas: Prevention, Protection and Cessation.

Prevention: Fife looks to create an environment where individuals, particularly children and young people, choose not to smoke.

Encouraging children and young people to consider how smoking sits alongside other risky behaviours such as drinking alcohol and drug taking. -linked to broader health and wellbeing improvement programmes in the curriculum. Health Promotion Service deliver programmes of work in schools and further education establishments, for example - Smoke Factor and Smoke Free Class programmes.

Protection: Fife aims to protect people from second-hand smoke and the wider harms associated with smoking.
Health Promotion Service carry out awareness-raising work on the impact of second-hand smoke– highlighting an increased risk of cancer, heart disease and respiratory diseases, with younger children at particular harm. We have a smoke free homes project which is a whole population approach to protecting people and in particular children. Work on Smoke Free NHS sites has focussed on raising awareness and increasing compliance with our policy.

Cessation: Support people in Fife to give up smoking.

The Health Promotion Stop Smoking Service deliver Quit Your Way which aims to reduce rates and frequency of active smoking in adults, young people and vulnerable groups such as Looked after Children (LAC), pregnant women, individuals suffering from mental health issues, transient workers, travellers, homeless and those in the most deprived communities.

Taking users feedback into account, we have extended our specialist service to 6 days, use a mobile unit to reach people living in Fife's most deprived communities, routine carbon monoxide (CO) monitoring of pregnant women and formulary review of NHS Fife stop smoking products. 2018 has also seen the services transition across to the national branding 'Quit Your Way'- with our support.

NHS Fife Smoking Policy - Work is underway to review NHS Fife's smoking policy as a result of emerging evidence of the role of e-cigarettes in harm reduction and smoking cessation. The Scottish Government has been consulting with Health boards and guidance is awaited. Meanwhile local work continues under the auspices of the Area Partnership Forum.

Reducing drug-related harm

The Scottish Burden of Disease study shows that drug-related health problems are now one of the top two conditions for causing ill health and premature death in the male 15-34 year age group.
Drug-related deaths are a stark indicator of persistent health inequalities in Fife, as they are much more frequent in areas of disadvantage - drug-related deaths in women have increased from 3 to 26 in the last decade (compared to a 60% increase in men[52]).There was a spike in drug-related deaths in Kirkcaldy in 2018.
Policy and practice has also changed in recent years, notably in relation to seek, keep and treat (SKT) care models, screening and vaccination for BBV and TB. Preventing harm from drug misuse will be a priority for public health partners in Fife in the coming years with the following priorities identified for increased partnership effort:

1. Designing new models of care to ensure they take a population approach and build in health protection and public health requirements.

2. Evaluation of existing and future services commissioned by the ADP. This includes identifying meaningful and measurable outcomes from interventions.

3. Connecting alcohol and drug-related policy and practice with other related public health domains such as BBV, sexual health, homelessness, dentistry and criminal justice. There is a potential here for further integration and development of the SKT model with cost-savings in the longer term.

4. Ensuring that mental health service strategic redesign and evaluation takes into account the specific needs of people who use drugs, given the overlap in at-risk populations.

5. Ensuring that primary and secondary care services are responsive to the needs of drug users and their families.

Public Health Priority 5

A Fife where we have a sustainable, inclusive economy with equality of outcomes for all

20%

it is estimated that 20% of the Scottish population were living in relative poverty after housing costs in 2015-18.

This is equivalent to

74,282

people in Fife

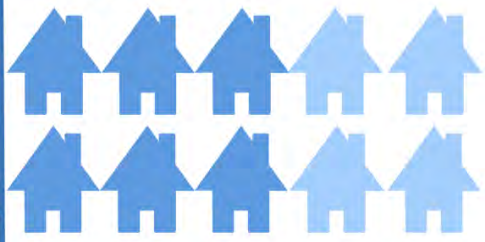
Relative poverty after housing costs has increased in Scotland continuously since 2009-12

Income inequality has been steadily increasing since 2012-15. The **top ten percent** of the population in Scotland had **27% more** income than the **bottom forty percent** combined

Maximising income can have a profound impact on people's lives and consequently on their health and wellbeing.

2019 will see further work in **Fife** exploring **Basic Income**; regular unconditional payments made to all citizens regardless of whether they are employed or seeking work.

Almost **3/4** of working age adults in Fife are in work



Six out of every **ten** working age adults in relative poverty were living in working households

£438.73

median weekly earnings in Fife in 2017/18

Weekly earnings in Fife were **lower** than Scottish average of £442.33

40% of working age disabled adults

compared to

80%+ of adults with no disability **are in employment** across Scotland

19% of people in employment in Scotland earned less than the Living Wage (£8.75) in 2018

In the last year, women's earnings increased at a faster rate than for men but the gender pay gap for full-time hourly earnings in Scotland is **5.7%**

22.8%

of the working age population are employment deprived (in receipt of key out of work benefits) in the most deprived areas in Fife. In the least deprived areas this proportion is: **2.6%**

Public Health Priority 5: A Fife where we have a sustainable inclusive economy with equality of outcomes for all

The Plan for Fife identifies the wider determinants of health as priorities for action and it is good to see a focus on a sustainable inclusive economy within the Public Health Priorities for Scotland. We know that one of the most important that we can do to improve population health is to improve people's economic circumstances. This section shows some examples of work underway and how we will increase our efforts in this area in the coming year.

A focus on the causes: researching employability services

Health inequalities result from the unequal distribution of income, wealth and power and one of the most important determinants of health and of health inequalities is employment – its nature and availability including things like the quality of employment and security and regularity of the work.
Being in good work is important in addressing health inequalities. Paid work has the potential to protect health, and contribute to reducing health inequalities, by increasing incomes through earnings and by meeting important social and psychological needs. Conversely, lack of work is bad for your health. Some groups also face additional barriers to get and keep work. The Scottish Government estimates that around 30,000 to 40,000 people every year in Scotland leave work due to ill health/disability. Many of these people want to work and could do so with the right support.

In Fife a partnership approach to jointly commissioning and monitoring research on long term unemployment and health inequalities has resulted in better understanding of the impact that employability services can have on their clients health and wellbeing. The research took a community-led approach with research conducted by a team of peer researchers ie. people who themselves had experience of unemployment and had received training in research skills. The study found that having increased confidence and being given the tools and skills to manage mental health issues made the biggest difference in improving wellbeing of study participants. The health impacts of long-term unemployment included: social isolation, feeling stigmatised, anxiety and loss of meaning and purpose. The attitudes of professionals working with unemployed people had significant impacts: negatively as a barrier to finding work and in insufficient support for mental health and positively in terms of safe learning environments on courses and support given by key workers.

Recommendations from the research have been accepted by Opportunities Fife which is Fife's strategic planning partnership for employability. These include improving the accessibility of the employability pathway, promoting shared values and joined-up working and increasing information to and participation of people using employability services.

Since the research was carried out Opportunities Fife have:

- Committed to funding increased in-work support
- Committed to funding increased mental health specialist provision and to improving mental health support within generalist provision of employability services
- Adopted a rights based approach and the associated principles as part of the assessment criteria for ESiF funded employability provision 2019-2022
- Supported training on human rights for employability services.

A focus on wellbeing: Piloting a new Health and Work support service

Health and Work Support is a new service being piloted in Fife from June 2018 for two years which makes it easy for individuals and employers to talk to a professional about a health issue, condition or disability that is affecting their work activities. Health & Work Support is the key way of accessing a range of existing, funded support services for people with health, disability and work issues in Scotland, such as Healthy Working Lives, Working Health Services and many local affiliated services. Support is provided primarily

via telephone or web access, with the option of face-to-face support when required. Fife Health Promotion Service Workplace Team are actively involved with delivery of the pilot, participation in the Fife Steering Group and will represent Fife at the national marketing and communications group.
Potential benefits of the pilot are:

- Better awareness of health and work issues amongst affiliated services, and a better understanding of where to go to get help. This includes supporting employers to take appropriate action to keep people in work.

- A better experience for the individuals receiving support – the aim is to provide a seamless service, where individuals do not have to tell their story many times to different services and where they get what they need, first time.

- Better understanding of the outcomes of early intervention approaches and improved use of data and information to allow improvement and alignment of services - over time, as more people flow through the single gateway, and as information is gathered on service use and outcomes, we should get a better picture of which services are genuinely effective and where there are opportunities for efficiencies and further improvement.

A focus on having enough money to live on: Basic Income

Basic income can be defined as the concept of regular, unconditional payments made to all citizens, regardless of whether they are employed or seeking work.

Fife is working with North Ayrshire, City of Edinburgh and Glasgow City Councils to explore the feasibility of local pilots of basic income in Scotland. The work is being supported by NHS Health Scotland, the Improvement Service and the Scottish Government. The Scottish Government has provided funding to the local authorities to explore of a number of aspects of undertaking a local pilot of basic income including the political, financial, psychological, behavioural and institutional feasibility of implementing a basic income.

Maximising income can have a profound impact on people's lives and consequently on their health and wellbeing. An objective of implementing a basic income would be to have improved health and wellbeing outcomes in terms of an association with reduced financial stress for recipients and the possession of additional personal financial resources. 2019 will see a greater focus on this work with proposals being considered across the proposed pilot areas in Scotland.

Public Health Priority 6

A Fife where we eat well, have a healthy weight and are physically active

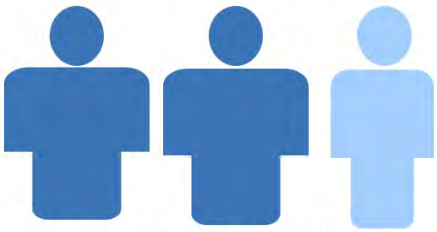
23% of Fife adults met the **5 portions** of fruit and vegetables a day recommendation in 2014-17 with an average daily consumption of **3.3 portions** Both have changed little since 2008-11

5 a day

2008-11: 21%
2012-15: 24%
2013-16: 22%
2014-17: 23%

Consumption of 5 daily portions was **higher** among adults living in less deprived areas than in most deprived areas

16% of Fife children aged 5-12 met the **5 portions** of fruit and vegetables a day recommendation with **9%** reporting eating **no portions** daily in 2014-17



2 out of 3 adults in Fife are either overweight or obese

24% Least deprived areas

The proportion of adults in Fife who are obese increases with increasing deprivation

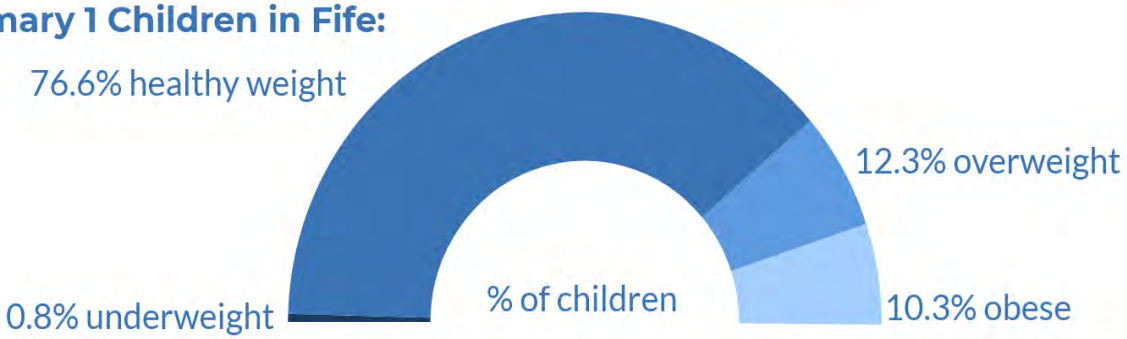
Most deprived areas **39%**

Levels of adult obesity in Fife have remained consistent over time

2008-11: **31%**

2014-17: **32%**

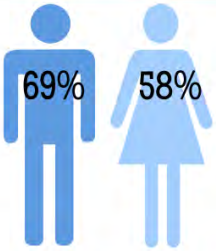
Primary 1 Children in Fife:



24,000 adults in Fife may be experiencing food insecurity

Dietary risk factors are the 2nd biggest contributory fact or to death and disability after smoking **2nd**

63% of adults in Fife met the physical activity guidelines for moderate or vigorous physical activity in 2014-17



Men were more likely to met the physical activity guidelines than women

Adherence to the guideline declines with age. **Half** of all adults aged 75 and over reported **less** than **30 minutes** a week of moderate exercise compared to **one in nine** 16-24 year olds.

Public Health Priority 6: A Fife where we eat well, have a healthy weight and are physically active

This priority recognises the significant continuing inequalities in diet, weight and physical activity and this section includes information on work within Fife to highlight and reduce food insecurity, the impact of sugar and the work of Active Communities as examples of work underway in Fife.

Ensuring we eat well

In Fife, the Local Outcome Improvement Plan: Plan for Fife highlights the latest estimates that more than 24,000 adults in Fife may be experiencing food insecurity[53] – "the inability of one or more members of a household to consume an adequate quality or sufficient quantity of food that is useful for health, in socially acceptable ways, or the uncertainty that they will be able to do so". These estimates reflect the latest information from the Scottish Health Survey 2018.[54] There is a clear link between food insecurity and health inequalities with poor diet being a risk factor in obesity, cancer, coronary heart disease and diabetes.[55]

Initiatives to alleviate food insecurity in Fife include foodbanks working across the area and, like foodbanks across the UK[56], foodbanks across Fife are reporting increased numbers of emergency food supplies being distributed. Foodbanks also report that people are coming to them with issues such as lack of crockery, clothing and furniture and social isolation is reported to be a common experience amongst foodbank clients.

Foodbanks tend to provide more than emergency food aid, often working in partnership with other organisations to offer services such as benefits advice and signposting to other sources of support such as community cafes. Community cafes offer free or low-cost food in community settings and, as well as providing free or low cost food to those experiencing food insecurity, provide opportunities for people to come together over food and socialise. Research[57] carried out in Scotland found that several community café users had started attending so they could socialise and meet new people. The research also found that people attended as they didn't have the knowledge or awareness around buying and cooking food or didn't have the means to cook meals at home.

Innovative community-led approaches to food insecurity include CLEAR Buckhaven's Community Fridge project to enable sharing of surplus food, and the development of a new Community Food Hub by Greener Kirkcaldy, due to open in 2019. The Food Hub will offer training, volunteer and work experience opportunities; learning around how to grow and prepare food and engagement with the community on healthy, sustainable food. Work is also underway with Dunfermline Foodbank and West Fife Enterprise where registered referrers collect emergency food boxes from West Fife Enterprise and deliver directly to people facing food crisis, tackling the barriers of both low income and rurality.

The Fife Community Food Team play a key role in supporting work to tackle food insecurity in Fife: running practical cookery courses for low-income individuals and families, supporting community-led initiatives such as growing projects and community meals, and working with foodbanks to try to ensure food parcels are healthy and balanced. Working in partnership with colleagues in Fife's Health and Social Care Partnership Health Promotion Service, the Food Team train and support Fife's network of Food Champions – staff and volunteers from across public and third sector agencies trained to deliver practical cooking sessions to people in communities. There are approximately 150 Food Champions in Fife.

Fife is one of three local authority areas (with Dundee City and East Ayrshire) participating in 'A Menu for Change' – a three year project developing service responses to food insecurity so that people have access to the money they need before they reach crisis. Running in Levenmouth, it also aims to increase choices of dignified ways of accessing healthy food, such as community cafes or food co-operatives. The project combines research into experiences of people facing food crisis, action learning to support practice development, local pilots, national/networking/leaning events and advocacy.

Whilst the activity in Fife around food insecurity is encouraging, it is important to continue to give a strategic focus to tackling those factors which cause food insecurity. In line with the principles of the Dignity report[58] we will aim to develop solutions which are dignified, involve people with experience of food insecurity, and recognise the social dimension of food.

Reducing the impact of sugar and diet on oral health

Sugar intake and poor diet represent significant common risks across the health sector. Not only does it have severe implications for general health including diabetes and cardiovascular disease but also for oral health. Key message include advice about sugars and strategies for sugar reduction and snacking with a view to the diet as a whole.
Research by Public Health England[59] found some association between child height and weight and caries; children with low BMI (Body Mass Index) had a greater likelihood of caries and greater severity of caries.

The prevalence of caries among children with very high BMI is higher than children of healthy weight but the severity is the same in both groups. The association between BMI and dental caries exists over and above the impact of deprivation, ethnicity and where people live but the strength of the association is weaker than that of caries and deprivation.
A common and consistent message needs to be delivered across all health sectors, to allow healthcare professionals to give advice with confidence and ensure the public don't receive conflicting messages. We are aware that dental professionals encourage no sugars between meals and recommend savoury snacks which could be high in salt and fat but this can create tensions with other health care professionals who advocate for a reduction in salt and fat intake.

Moving forward we must continue to reduce inequalities through empowering people and communities including supporting local organisations and communities to apply for the Community Challenge Fund to support people to change their oral health behaviours (one of the recommendations in the Scottish Government's Oral Health Improvement Plan 2018). Collective action through collaborative working and engagement should be strengthened, sharing the common risk factor approach and promoting prevention and early diagnosis and intervention.

Keeping communities active

Regular physical activity is proven to help prevent and treat non-communicable diseases (NCDs) such as heart disease, stroke, diabetes and breast and colon cancer. It also helps prevent hypertension, overweight and obesity and can improve mental health, quality of life and well-being.

The Active Communities team within Fife Council embrace many different approaches to physical activity – including walking, cycling, active recreation sport and play and seek to achieve the 'whole of the system' approach necessary, working across multiple agendas set out in the Plan for Fife. The Thriving Places theme within this has an ambition that every community has access to high quality outdoor cultural and leisure opportunities.

During 2017/18 Active Communities worked with a wide range of partners to deliver a wide range of programmes - from engaging with over 150 families during National Play Day in Beveridge Park to delivering "School of Hard Knocks", a rugby programme for schools.
In total, Active Communities delivered 8805 sessions to 143,434 participants[iv] of all ages across the Kingdom, including

- community sports programmes, dance, play. football rugby,
- cycling , walking, , sessions with older adults in care homes.

We worked with 545 volunteers to deliver these sessions, providing a range of training courses for clubs and organisations including first aid, club governance, walk leaders, dance leaders and cycle leaders. The *Sports Development Officers* rolled out a programme of community based physical activity and sports sessions for P1-S4 pupils across Fife including badminton, basketball, football, handball, netball and trysport (a session where young people can come and try a variety of sports).

The *Bums off Seats* programme continued to grow and develop with strength and balance exercises being incorporated into walks and new walks being added including Nordic walking. Glenrothes and St Andrews

[iv] NB: One person could have attended more than one session

also now have dementia friendly signposted walks and it is hoped to roll this out across more towns in Fife. Walking football and walking netball sessions have also began, ensuring people of all ages have opportunities to participate in physical activity and sport within their community.

Equalities and Inclusion **-** Active Communities continues to receive referrals from occupational health and schools for pupils with additional support needs to signpost them to appropriate activities in order to increase their participation in physical activity.

2018 was a successful year for Active Communities. A greater variety of programmes were delivered enabling more of the community to participate in physical activity and not just sport. More partnerships were created to ensure barriers were removed for the least active. During 2019 it is hoped to increase participation further, engage with all care homes across Fife to support older adults becoming more active and remain independent and reduce barriers to participation even further for women and girls.

Conclusion

It is evident from these examples that we need to maintain our focus and increase our efforts on reducing inequality in Fife. This means that we need public and third sector partners to work together to support those facing the highest levels of inequality through addressing what we call the social and economic determinants of health. There is a lot of work underway already to address issues such as school attendance and educational attainment, to improve employment opportunities, to provide good housing and to increase the levels of income that households have. We have some good examples of local work where we are supporting communities to address immediate issues such as food insecurity - ensuring that families have enough food to eat and that the food they have is healthy. We also have good examples of preventative work in local areas such as community based youth work which provides children and young people with trusted adults that they can speak to and a safe space to build relationships with their peers - all of which contribute to good health and well-being.

We have recently embarked on some work to pull together our Team Public Health for Fife – this includes having some common goals across the Public Health Department, Health Promotion and Environmental Health as our core public health workforce. We already work together with and for communities but we need to strengthen this joint effort in the coming year to enable us to become more effective in meeting the needs of the people of Fife.

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Clinical Governance Committee

DATE OF MEETING:	2019
TITLE OF REPORT:	Radiation Protection committee
EXECUTIVE LEAD:	Dr Chris McKenna
REPORTING OFFICER:	Jeanette Burdock

Purpose of the Report (delete as appropriate)		
		For Information

SBAR REPORT

Situation

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

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

Background

IR(ME)R is derived from the European Council Medical Exposures Directive 97/42/Euratom. The regulations are designed to ensure those individuals undergoing medical exposure to ionising radiation are protected from the associated hazards. IRR is designed to protect staff and the public. The regulations in Great Britain are enforced under section 15 of the Health and safety at Work Act 1974.

NHS Fife, as a duty holder under IR(ME)R, has a statutory responsibility for providing a framework within which professionals undertake their functions. This framework is provided through written procedures, written protocols and quality assurance programmes. These documents should be regularly updated. The Board also has a responsibility to ensure that practitioners and operators are adequately trained to perform the tasks in their scope of practice.

Assessment

- The Committee received reports from the nominated Radiation Protection Advisors (RPAs) confirming that annual radiation protection reviews were completed with no major issues
- Considered the radiation incidents that had taken place over the last 12 months
- Staffing competencies are up to date
- The Administration of Radioactive Substances Advisory Committee (ARSAC) license is current
- New radiology radiation equipment was purchased and assessed to be safe for use. All

current equipment is under service contract and maintained by the respective manufacturers or alternative under contract with NSS to their specification
Recommendation • **For Information**– the Committee is asked to note the Minutes of the Radiation Protection Committee and IR(ME)R Board.

Objectives: (must be completed)	
Healthcare Standard(s):	
HB Strategic Objectives:	Clinically Excellent

Further Information:	
Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Clinical Governance Committee

Impact: (must be completed)	
Financial / Value For Money	
Risk / Legal:	The Board is required to demonstrate it is complying with IR(ME)R regulations and the Health and Safety legislation. These Committees ensure compliance with the statutory requirements.
Quality / Patient Care:	Radiation incidents are investigated appropriately.
Workforce:	The workforce has the appropriate competencies to carry out this work.
Equality:	No issues

MINUTES OF THE IRMER BOARD HELD ON THURSDAY 26 JUNE 2018 IN THE VIDEO CONFERENCE ROOM, VHK 10.30AM

Chair: Dr Frances Elliot

In Attendance:

Dr Frances Elliot (Chair) (FE)	Medical Director, Acute Services Division/Executive Lead Radiology
Jeanette Burdock (JB)	Radiology & Diagnostic Services Manager
Claire Parry (CP)	RPA/MPE
Eleanor Bathgate (EB)	Theatres Manager

Apologies:

Dawn Adams	Clinical Director, Public Dental Service
Steven Monaghan	Clinical Director, Woman & Children
Hamish Richardson	Nuclear Medicine MPE
Murray Cross	General Manager, Planned Care

NO	HEADING	ATTACHED	ACTION
1.	**APOLOGIES FOR ABSENCE** As noted above.		
2.	**MINUTES OF THE IRMER BOARD MEETING 20th JULY 2017** Accepted as an accurate record.	IRMER BOARD MINUTES 20_07_201	
3.	**MATTERS ARISING** • **Mini C-arm, communication with surgeons.** SM has emailed surgeons and breast surgeons to confirm entitlement to use c-arm.		Complete
	Dr Reid to complete and sign form as ARSAC licence holder.		Complete
	Issues at QMH with using CRIS worklist and post processing have improved. Radiographers have been helping out with this. To be looked at again for further improvement as issues remain at VHK. EB was going to meet with Christine Lyon (QMH) and Emma Smith (VHK) to try and ensure the same procedures are in place on both sites. It was re-emphasised that these machines are the responsibility of Surgery not		**On going**

CONFIRMED

Radiology and Radiology staff helping out with the data entry on the CRIS system is a bonus rather than an expectation. List of users to be compiled.

EB suggested that our Clinical Manager attend the Consultants meeting when they are all together to better explain the process/procedure need to carry out the QA. JB to ask JA. Only takes 15 minutes once a month. Annual QA still carried out by Medical Physics. EB to inform JB of next date/time of meeting. **JB**

Health & Safety Policy – FE to contact Clinical Effectiveness Coordinator. **FE**

Review of Radiation incidents – nothing major, similar to previous years. There were 5 notifiable incidents.

4. CLINICAL AUDIT RESULTS/COMPLIANCE REPORTS.

4.1 Radiology

All compliant.

IRMER Procedure Clinical Audit Return

4.2 Public Dental Service

All compliant

2018 NHS Fife IRMER Procedure EP

4.3 Theatres

All compliant – c-arm issues noted and trying to resolve.

IRMER Clinical Audit Form Theatre Radioa

IRMER Clinical Audit Form Theatre Mini II

5. TRAINING AND ENTITLEMENT

IRMER Learnpro almost ready to go live.

Non Medical Referrer Learnpro CP to chase up.

CONFIRMED

6. IRMER POLICY

Up to date and on the Intranet

7. LEVEL 1 PROCEDURES

Being worked on – once complete can be signed off.

8. LEVEL 2 PROCEDURES

8.1 Radiology

Medical Physics are looking at all procedures – AJ knows they are being worked on.

Risk Communication Requirements – Domestic and Porter staff made aware and posters on display throughout.

8.2 Theatres

As above

8.3 Dentistry

As above

9. STATUS OF DIAGNOSTIC REFERENCE LEVELS 1

DRLs to be checked every 3 years. AJ wants them to be recorded in 'Document Control' form now, by Modality and Adult and PAED separately. Please see attached summary.

2017-2018 NHSF Dose Audit Summary

20 audits have been carried out and the results compare well nationally. Have pulled all the figures together for the Imaging Optimisation Team meeting at the beginning of July

10. A.O.C.B.

None

14. DATE AND TIME OF NEXT MEETING

Proposed date of Thursday 23rd May 2019 at 10.30am in the VC Room, VHK.

CONFIRMED

MINUTES OF THE RADIATION PROTECTION COMMITTEE HELD ON WEDNESDAY 19TH DECEMBER 2018 WITHIN THE RADIOLOGY DEPARTMENT VHK.

Chair: Dr Francis Elliot

In Attendance:

Jeanette Burdock (JB) Deputy Chair	Radiology & Diagnostic Services Manager
Christina Stewart (CS)	RPA/Lead MPE
Eleanor Bathgate (EB)	Theatres Manager
Dawn Adams (DA)	Clinical Director, Public Dental Service

Apologies:

Dr Frances Elliot (Chair) (FE)	Medical Director, NHS Fife/Executive Lead Radiology
Stephen Pye	Laser Safety Advisor
Hamish Richardson (HR)	Nuclear Medicine MPE
Nick Weir (NW)	MR Safety Advisor

NO	HEADING	ATTACHED	ACTION

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

Jeanette welcomed everyone to the meeting.

3. APOLOGIES FOR ABSENCE

As noted above

4. MINUTE OF MEETING HELD ON 17/11/2016

Accepted as an accurate record

5. MATTERS ARISING

- **RPS Training Sessions to be held on 27/11/17 –** Training sessions carried out successfully.
- **OMFS, NMD to check if they still use a laser at QMH –** Laser no longer used at QMH.

6. RADIATION PROTECTION SERVICE RISK ASSESSMENT

DRAFT

In theory there are 2 full time RPA's CMI comes back from maternity leave when NMD commences hers. CS came back in February. Change of personnel rather than provision

Radiation Protection Service Risk Assessm

The risk assessment highlights areas we are covering less well. Services marked red are only so because they get the least time allocated. Please see attached for more in-depth detail.

7. RADIATION INCIDENTS AND NEAR MISSES

No major Incidents but near misses regularly identified. Repeat examinations and equipment failure are most common.

NMD explained that 'near miss' helps to identify high risk areas and take appropriate action. You can expect to see 10 times more near misses than incidents – it is difficult to collect 'true' near miss data. No obvious pattern, near misses are spread across modalities/equipment/abbreviations/referrals.

Near Miss January 2017-Oct 2017.docx

Please see attached report.

8. NUCLEAR MEDICINE LOCAL RULES

A set of Local Rules for Nuclear Medicine is attached for the committee's approval. These are based on NHS Lothian's generic document. They have still to be formatted. The Committee approved them.

Radioisotope Local Rules - VHK NucMed F

SH, HR and Simon are updating their risk assessments.
Most SOPs for new camera complete, Mebrofenin (gall-bladder test) still outstanding.
There were 2 weeks downtime in October 17 due to equipment failure, relating to high-voltage power supply problems.

As Dr Reid has indicated his intention to retire in 2018 there would need to be a plan NM reporting for the future.

9. MINUTES FROM THE RADIATION PROTECTION SUPERVISORS MEETING.

To Follow

Good teamwork from the supervisors committee ie the mini c-arm.

QA on mini c-arms – this is still not being done. It has still not been identified who would be carrying out these checks, with the different parties

(surgeons/nurses/radiology) not yet agreeing on this. Medical Physics can offer support in terms of training, setting up spreadsheets etc but have not yet been contacted.

10. REPORTS FROM MANAGERS

10.1 Radiology

Please see attached report.

Radiology report 2017.doc

10.2 Theatres

No update/report

10.3 Dentistry

No update/report

11. REPORTS FROM ADVISORS

- **RPA**

  - Concentrating on discussing compliance for new regulations so short report. Please see MPE/RPA report attached.

- **MPEs**

RPA & LPA report.docx

  - X-ray

    Concentrating on discussing compliance so short report. Please see MPE/RPA report attached.

    Dose audits have been carried out over the past year – all acceptable except room 4, QMH, being worked on now.

    Room 9 calibration showed higher dose

    DRLs – member of staff going to Western GH to observe technique to see if different from Fife. DRLs are set as average, high levels have come down.

    OPG audited in phase 3, issues with parameters – to be turned down.

  - Dental

    Work being done on OPGs now being carried out in the community too.

  - Nuclear Medicine

    Please see under item 8. On the agenda.

- **LPA**

DRAFT

Please see attached report.

MRI_update_to_Fife ARPC_2017-11-29.pc

- **MRSE**

  Please see attached report.

- **RWA**

  Please see attached.

Radioactive Waste Adviser Report.docx

12. COMPLIANCE WITH NEW IRMER REGULATIONS

The warranted inspector wants to meet with IRMER Boards re changes to legislation ie IRR 17 and IRMER 18. He wants to make sure everyone understands the changes.

Impact to NHS Fife of IRMER18.docx

The implications for Fife were discussed fully – please see attached summaries of changes, training requirements and cost implications

Impact to NHS Fife of IRR 17.docx

NMD and JB to go over level 1 Procedures re 'Fellow' GPs requesting CTs there will be small changes to accommodate this.

13. IMAGING OPTIMISATION TEAM

Papers from recently formed IOT Group focussing on CT (for information)

IOT Drivers + Leads2.pptx

Terms of Referen of NHS Lothian an

IOT notes of meeting 2017-11-06.docx

14. A.O.C.B.

MRI – informed consent re contrast – hoping to provide an updated info sheet soon, patient could refuse exam.

RWA Inspector – cobalt flood source stored in basement – HR and SH trying to source company to dispose of this safely.

SEPA under new structure next year, details still unclear, as thresholds unknown. To be reviewed.

15. DATE AND TIME OF NEXT MEETING

Thursday 8th November 2018 at 10am in the Video Conference Room, Radiology Phase 2, VHK.

DRAFT

Acute Services Div Clinical Governance Committee
Radiation Protection Annual Report
April 2019

1. Introduction

The IR(ME)R Board covering IR(ME)R compliance and the Radiation Protection Committee all other aspects of Radiation safety are both chaired by the Medical Director for NHS Fife and have met in line with its agreed role and remit. Minutes of these meetings are included in the appendix.

2. Radiation Protection Advisors (RPA) reports

The Committee has received reports from the nominated Radiation Protection Advisors.

The highlights from these reports are as follows

- Annual radiation protection reviews completed with no major issues.
- All areas have appointed RPS's
- IRMER Clinical Audit forms show compliance to the regulations.

3. Radiation Incidents

2018
There were 5 IR(ME)R reportable incidents over the 12 months:
4 were referral errors of an incorrect patient (2 CT, 1 DXA, 1 x-ray)
1 was an administration of Sentinel Node Radioisotope before the notification of ARSAC license extension had officially been notified.

These have been reported to Scottish government in line with the policy.

4. Staffing

All staff competencies are up to date

There remains a national shortage of radiologists which is compounded by an increasing workload.

5. Nuclear Medicine

The ARSAC license is current.

No other issues.

6. SEPA

There has been no SEPA inspection since March 2018.

7. Equipment

Radiology Equipment Replacement 2017/18

The following equipment has been replaced/purchased since the last report:

- General Ultrasound machine SACH.
- Mobile Image Intensifier VHK x1, QMH x 1

All equipment is under service contract and maintained by the respective manufacturers or alternative under contract with NSS to their specification.

8. Local Rules

The local rules are up to date but will be reviewed this year.

9. MRI safety

No issues.

9. Laser Safety

No issues

10 Recommendation

The Committee is asked to **note** the contents of the Radiation Annual report

Appendix

IRMER BOARD
14th February 2019, 26th June 2018

RADIATION PROTECTION COMMITTEE
December 2018

RADIATION PROTECTION SUPERVISORS COMMITTEE

RADIATION PROTECTION SUPERVISORS MEETING

MINUTES OF THE MEETING OF THE RADIATION PROTECTION SUPERVISORS MEETING HELD ON THURSDAY 26 APRIL 2018 IN THE VC ROOM, VHK / DISCUSSION ROOM 2, QMH

Present:

Jane Anderson (JA)	Clinical Lead Radiographer Education and Quality
Gail Taylor (GT)	Superintendent Radiographer (General) VHK
Christine Lyon (CL)	RPS Supervisor QMH, Charge Nurse, General Orthopaedic Theatres
Irene Hanevy (IH)	Community Dental Service Co-ordinator
Lesley Henderson (LH)	Superintendent Radiographer (General) QMH
Laura Cluny (LC)	Trainee Clinical Scientist
Helen Doran (HD)	Lead Radiographer, Mammography
Sally Hay (SH)	Superintendent Radiographer Nuclear Medicine/ North East Fife

Apologies:

Wendy English (WE)	VHK CT, Deputy QMH CT
Ann Milne (AM)	Day Intervention and Theatre Non Mini C-Arm
Alison Whyte (AW)	QMH Theatres Sentinel Node

UNCONFIRMED

NO.	HEADING	ACTION
1	**APOLOGIES**	
	Apologies noted as above.	
2	**MINUTES OF LAST MEETING** Accepted as an accurate record.	RPS SEPT 17 MINUTES - confirmed
3	**MATTERS ARISING** Please see Action Plan.	
4	**RP UPDATE** No one currently requires training just updates there will be a course in October.	
5	**IRMER UPDATE** NMD informed the group an IRMER visit was undertaken. The inspector spent time in Glenrothes Hospital. Draft report as been received, awaiting final report. No non compliances identified. 9 recommendations were stipulated in the report. These are high policy level recommendations relating to wording	

6	**PATIENT DOSE AUDIT UPDATE** On going Audits • Mobile AP chests • Paediatric chests and pelvis • Generic Justifications o Upper Limb o Lower Limb o Pacings	
7	**RADIATION INCIDENTS & NEAR MISS UPDATE** NMD circulated to the group a summary statistics report detailing radiation incidents and near miss findings. Please see attached reports for more in depth detail. Have started feeding these into Performance Review every month. Numbers not decreasing, all referrer error. JA to collate figures to take to Clinical Governance Committee (CGC). Lothian have a feedback group who take a one week snapshot (quarterly) and feedback to referrers. Referrers in Fife don't bother when informed or given feedback, JA to take this to CGC also.	
8	**UPDATE REPORTS FROM EACH SITE** Dentistry – Cupar OPG not working – Carestream and IT got together and fixed problems. CS to come and inspect. Glenwood out of action at the moment. Radiographs audit carried out 1/1/17 – 31/12/17 – IH to send results to CS Mammo – no issues – see attached. VHK – Theatres VHK – Issues discussed under matters arising (action plan). QMH – Detector has settled down following upgrade from Carestream. Few lines requiring to be to be investigated. No other issues to report Interventional AM –.	 RPS Update Report MAMMO APR 18.doc
9	**A.O.C.B.** **Imaging Optimisation Team (for information)**	
10	**DATE & TIME OF NEXT MEETING**	
	Wednesday 19 September 2018 at 10am in the VC room VHK	

UNCONFIRMED

UNCONFIRMED

NHS FIFE
CLINICAL GOVERNANCE COMMITTEE

DATE OF MEETING:	8 May 2019
TITLE OF REPORT:	Waiting Times Improvement Plan
EXECUTIVE LEAD:	Ellen Ryabov
REPORTING OFFICER:	Andrea Wilson

Purpose of the Report (delete as appropriate)		
		For Information

SBAR REPORT

Situation

In October 2018 the Scottish Government published their Waiting Times Improvement Plan focused on reducing the length of time that people are waiting for key areas of health care.

It was indicated that significant additional recurring investment of £535 million in resource and £120 million in capital over the next three years would be made available to make a sustainable and significant step-change on outpatient, diagnostic, inpatient/day case and cancer waiting times.

NHS Boards were asked to outline the steps, clear deliverables and additional investment required to achieve significant improvements in their waiting times position over the next 30 months.

A national Operational Performance Board was set up to consider and agree the Board plans and funding proposals.

Background

Timely access to care is a critical aspect of delivering better quality health and care and it is recognised that performance in key areas such as waiting times must improve substantially and sustainably.

Plans were asked for which would deliver sustainable capacity to achieve zero patients waiting over 12 weeks for outpatients and TTG, zero patients waiting over 6 weeks for key diagnostic tests and improved performance for cancer waiting times by March 2021.

Assessment

NHS Fife Performance 2018/19

Outpatients

Performance in 2018/19 against the 12 week outpatient standard improved throughout the year with 264 patients waiting greater than 12 weeks to be seen at end of March compared to 1032 at the end of January. We delivered our trajectory for the outpatient standard by the end of March 2019, however, there continue to be challenges in sustaining this whilst we wait for a decision on what waiting times funding is available for 2019/20 and how much will be recurring funding.

TTG Inpatients and daycases

Performance in 2018/19 against the 12 week TTG standard improved in Quarter 4 with 330 patients waiting greater than 12 weeks to be treated at the end of March down from 604 patients in January. This presents the biggest challenge for NHS Fife in year and going forward whilst we wait for a decision on what waiting times funding is available for 2019/20 and how much will be recurring funding.

Diagnostics

Performance in 2018/19 against the 6 week standard has improved throughout the year with around 2 patients (endoscopy patients) waiting greater than 6 weeks at the end of March. It is anticipated that this improved position will be maintained in 2019/20, however it is difficult to continue to sustain this with the year on year increase in demand and uncertainty around the funding available for 2019/20.

Waiting Times Plan 2019-2021

Work was undertaken to project the demand and capacity gap for outpatient, diagnostic and inpatient/day case waiting times through to March 2021 and develop a Waiting Times Improvement Plan based on guidance provided by the Scottish Government. This was considered and approved by EDG in December 2018. This plan was to deliver sustainable capacity to achieve zero patients waiting over 12 weeks for outpatients and TTG, zero patients waiting over 6 weeks for key diagnostic tests and improved performance for cancer waiting times by March 2021.

Following the issuing of new guidance on the development of the waiting times improvement plan in early March 2019 a revised waiting times plan has been

developed and will be discussed with the Scottish Government team in May 2019.

The position for FY 2019/20 and beyond is of some concern as the funding expected to be provided to NHS Fife from the Scottish Government Waiting Times Improvement Plan (October 2018) is less than had been hoped, and there continue to be issues relating to the availability of capacity in the independent sector and staffing both locum, and within our own staff groups to undertake waiting list initiatives which we expect to fall in the next year. None the less, we will continue to work with our teams to improve, or at the very least sustain our current position and work with the Scottish Government team to secure additional funding to enable an improved trajectory to be delivered.

Discussions are ongoing with the Scottish Government around the level and timing of funding available.

Recommendation

- **The Clinical Governance Committee is asked to note the progress with the waiting times improvement plan and the challenges in sustaining performance.**

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

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

Impact: (must be completed)	
Financial / Value For Money	e.g. - Financial impact or capital requirements
Risk / Legal:	e.g. - Completion of a risk assessment with plans in place to mitigate any risks identified - Likelihood of legal challenge
Quality / Patient Care:	e.g. - Inequity of provision (postcode lottery/commissioning) - Consequences of delaying/denying treatment - Consideration of exceptional circumstances
Workforce:	e.g. - Impact on existing staff - Potential for clinical/staff opposition - Consideration of Organisational Change Policy (HR15) - Identification of training requirements
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)

Healthcare Improvement Scotland Care of Older People in Acute Hospitals (OPAH)
Unannounced inspections to Victoria Hospital, NHS Fife (4-6 September 2018)

Improvement Action Plan Declaration

It is the responsibility of the NHS board Chief Executive and NHS board Chair to ensure the improvement action plan is accurate and complete and that the actions are measurable, timely and will deliver sustained improvement. Actions should be implemented across the NHS board, and not just at the hospital inspected. By signing this document, the NHS board Chief Executive and NHS board Chair are agreeing to the points above. A representative from Patient/Public Involvement within the NHS should be involved in developing the improvement action plan.

NHS Board Chair

Signature: Tricia Marwick

Full Name: Tricia Marwick

Date: 12.11.18

NHS Board Chief Executive

Signature:

Full Name: Paul Hawkins

Date: 12.11.18

Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1.	**Area for Improvement:** NHS Fife must ensure that all older people who are admitted to hospital are accurately assessed within the national standard recommended timescales. This includes frailty assessment, nutritional screening and assessment, falls assessments, and moving and handling assessments.	31.12.2018	ADoN / HoNs	Documentation audit tool developed and testing underway for use. Planned site wide audit in February 2019.	Ongoing – revised completion 31.03.2019

Healthcare Improvement Scotland Care of Older People in Acute Hospitals (OPAH)
Unannounced inspections to Victoria Hospital, NHS Fife (4-6 September 2018)

Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	Action Planned: To introduce a documentation audit that provides assurance of compliance with the timely completion of care assessments within the national standard recommended times, including (but not limited to) frailty assessment, nutritional screening and assessment, falls assessments and moving & handling assessment.			17/01/19 FFN group Nutritional Screening Update: Nutritional Screening compliance in acute hospital is collected electronically and a revised paper tool to be developed for community hospitals as perfect 10 tool considered to be outdated. Additionally FFN group considering developing the OPAH screening tool for audit purposes, and work ongoing to improve linkage to GTKM . 25.04.2019 Documentation audit undertaken – report on outcomes and recommendations regarding audit tool collated and for review at ASD CGC.	Complete - 25.04.2019

Healthcare Improvement Scotland Care of Older People in Acute Hospitals (OPAH)
Unannounced inspections to Victoria Hospital, NHS Fife (4-6 September 2018)

Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
2.	**Area for Improvement:** NHS Fife must ensure clinical staff consistently comply with the national policy on do not attempt cardiopulmonary resuscitation (DNACPR). **Action Planned:** NHS Fife undertakes a monthly audit of DNACPR policy compliance. The audit will be extended to include completion of senior clinician signature with 72 hours of DNACPR order to measure and monitor compliance, with audit feedback via clinical leads and the relevant Clinical Governance routes.	31.12.2018	HoN (Quality)	The monthly DNACPR audit for November 2018 included an additional question to determine if a senior clinician signature had been include within 72 hours of a DNACPR form being put in place. From November 2018 a sample of 94 DNACPR forms from across ASD, 89% of DNACPR forms had a senior clinician signature and 95% of those were within 72 hours (locally agreed standard), which equates to 85% compliance. From December 2018 a sample of 116 DNACPR forms from across ASD, 99% of DNACPR forms had a senior clinician signature and 97% of those were within 72 hours (locally agreed standard), which equates to 96.5% compliance.	Complete 31.12.2018

Healthcare Improvement Scotland Care of Older People in Acute Hospitals (OPAH)
Unannounced inspections to Victoria Hospital, NHS Fife (4-6 September 2018)

Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
				The results will be shared at the Acute Services Division Clinical Governance Committee. The results to date are reassuring, however this additional question will be included in the Fife wide audits for a minimum of 3 months more to identify trends and inform the need for any additional improvement work.	
3.	**Area for Improvement:** NHS Fife must ensure that for patients assessed as not having capacity to make decisions, the principles of the Adults with Incapacity (Scotland) Act 2000 are applied. This includes ensuring full and accurate completion of AWI certificates. **Action Planned:** To develop an AWI Procedure to support clinical practice. To review current practice in regard of AWI completion to ensure compliance with legislation. To provide staff with educational updates reflecting agreed	 31.12.2018 31.12.2018	 ADoN / Alzheimer Scotland Nurse Consultant / AMD	The Fife Wide Adults with Incapacity Procedure was finalised following consultation and launched on 07.01.2019. Updated version of AWI Capacity Document launched alongside procedure. The AWI audit tool has been updated to reflect the standards within the NHS Fife	Complete 07.01.2019 Complete 07.01.2019 Complete 07.01.2019

Healthcare Improvement Scotland Care of Older People in Acute Hospitals (OPAH)
Unannounced inspections to Victoria Hospital, NHS Fife (4-6 September 2018)

Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	changes and in support of the NHS Fife AWI Procedure. To review the AWI audit to ensure it captures compliance with any revised guidance.	28.02.2019 28.02.2019		Wide Adults with Incapacity Procedure Awareness of new Capacity Document and Procedure disseminated through Intranet and *Dispatch* email. Screen shot of Intranet Post.pdf AWI education session content updated to reflect new Capacity Document and Procedure. National discussion ongoing regarding practice of AWI completion and compliance with legislation.	Complete 07.01.2019 Complete 17.12.2018
4.	**Area for Improvement:** NHS Fife must ensure that patients have person centred care plans in place for all identified care needs. These should be regularly evaluated and updated to reflect changes in the patient's condition or needs. The care			Documentation audit tool developed and testing underway for use.	Ongoing – revised completion date

Healthcare Improvement Scotland Care of Older People in Acute Hospitals (OPAH)
Unannounced inspections to Victoria Hospital, NHS Fife (4-6 September 2018)

Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	plans should also reflect that patients are involved in care and treatment decisions.			Planned site wide audit in January and February 2019.	31.03.2019
	Action Planned: As per item 1, introduce a documentation audit that reviews care planning and evaluation relevant to patient need.	31.12.2018	ADoN / HoNs	25.04.2019 Documentation audit undertaken – report on outcomes and recommendations regarding audit tool collated and for review at ASD CGC.	Complete 25.04.2019
	To audit current practice in relation to MUST care plans, and identify a specific improvement plan accordingly.	28.02.2019	ADoN / HoNs	Nutritional care plan audit undertaken on 27.09.2018 and action plan developed. The inpatient Food, Fluid & Nutrition Group has reformed and reviewing current documentation in response to the care plan audit, to ensure the documentation support clinical practice.	Complete 27.09.2018

Healthcare Improvement Scotland Care of Older People in Acute Hospitals (OPAH)
Unannounced inspections to Victoria Hospital, NHS Fife (4-6 September 2018)

Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
				17/01/19: FFN Group Feedback SLWG has been convened to look at MUST care planning with a view to replacing the 3 separate care plans currently in use and adopting an decision tree/algorithm process. Discussion also on the benefit of a prompt on Patientrak to address the potential disconnect between electronic screening and paper care planning.	
5.	**Area for Improvement:** NHS Fife must ensure that food record and fluid balance charts are commenced and accurately completed for patients who require them, and appropriate action is taken in relation to intake or output as required. **Action Planned:** Support current improvement programme related to fluid management, including Fluid balance Chart completion. Test electronic fluid balance chart within Patientrack to evaluate impact on compliance. As per item 1, include completion of food and fluid charts as	Ongoing 31.01.2019 31.12.2018	ADoN / HoNs ADoN / HoNs ADoN/ HoNs	Fluids project ongoing. PDSA approach to project. Testing of electronic system underway in Ward 54. Food and fluid charts were included in the nutrition care plan audit (27.09.2018), and will be part of the wider documentation audit underway	Ongoing project. Complete 31.12.2018. Complete 27.09.2018

Healthcare Improvement Scotland Care of Older People in Acute Hospitals (OPAH)
Unannounced inspections to Victoria Hospital, NHS Fife (4-6 September 2018)

Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	part of documentation audit.			(as per item 1). 25.04.2019 Documentation audit undertaken – report on outcomes and recommendations regarding audit tool collated and for review at ASD CGC. Update 17.01.2019: FFN group Plan to link the criteria for a food record chart to the MUST care planning work and then link to prompt within Patientrack for areas with electronic recording.	Complete 25.04.2019
6.	**Area for Improvement:** NHS Fife must ensure that where falls alarms are in use that consideration is given to the Mental Welfare Commissions Rights, Risks and Limits to Freedom (Good Practice Guide, March 2013, page 29) to ensure that the individual's human rights are met. They must also ensure that systems are in place to ensure the correct maintenance and use of the falls alarms.	31.12.2018	Head of Nursing (ECD)	First meeting held on 17.10.2018. Development of draft paperwork completed, and testing ongoing within clinical area. Ongoing evaluation with completion anticipated in	Ongoing – Revised completion 31.03.2019 Complete – 25.04.2019

Healthcare Improvement Scotland Care of Older People in Acute Hospitals (OPAH)
Unannounced inspections to Victoria Hospital, NHS Fife (4-6 September 2018)

Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	Action Planned: NHS Fife has commissioned a short life working group to review current practice and related documentation to ensure there is an appropriate risk assessment and person centred care plan for use to support the use of falls alarms, and ensure compliance with the Mental Welfare Commission for Scotland's guidance for those patients who lack capacity.			February 2019 and roll out thereafter. 25.04.2019 New documentation has been tested with evaluation complete. Falls toolkit updated with new documentation. Awaiting formal approval via NHS Fife Clinical Governance Committee on 8th May 2019. In the interim, the clinical teams are using the draft revised guidance.	
7.	**Area for Improvement:** NHS Fife must ensure that where SSKIN bundles are required they are put in place and are consistently and accurately completed. The results of skin inspection and any changes made to the indicated repositioning times should be documented. **Action Planned:** As per item 1, include SSKIN bundle compliance as part of documentation audit. Implement the revised PURA and SSKIN bundle to support staff with consistent and accurate documentation of care planned & delivered. Continue to support education and training opportunities to	31.12.2018	ADoN / HoNs	Revised PURA and SSKIN bundle documents in use within pressure ulcer collaborative wards with roll out to all areas by 31.12.2018. Special edition of the Tissue Viability times highlighting new PURA and SSKIN bundles with key changes and messages.	31.12.2018

Healthcare Improvement Scotland Care of Older People in Acute Hospitals (OPAH)
Unannounced inspections to Victoria Hospital, NHS Fife (4-6 September 2018)

Ref.	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	ensure pressure ulcer prevention and management remain a nursing priority.			TV Times SSKIN BUNDLE 2018 - versic Tissue Viability education event held on 22.10.2018. Stop pressure ulcer awareness sessions planned for November 2018 in support of Stop Pressure Ulcer Day. Planned site wide documentation audit in January and February 2019. 25.04.2019 Documentation audit undertaken – report on outcomes and recommendations regarding audit tool collated and for review at ASD CGC.	22.10.2018 30.11.2018 Revised completion 31.03.2019 Complete - 25.04.2019

DATE OF MEETING:	29.04.2019
TITLE OF REPORT:	Unannounced OPAH Inspection 4-6 September 2018 – Action Plan Update
EXECUTIVE LEAD:	Lynn Campbell, Associate Director of Nursing and Dr Rob Cargill, Associate Medical Director, Acute Services Division.
REPORTING OFFICER:	Kathryn Brechin, Head of Nursing (Quality), ASD

Purpose of the Report (delete as appropriate)		
For Information		

SBAR REPORT

Situation

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

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

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

Background

As part of quality assurance HIS undertake scrutiny visits to inspect Health Boards against the Care of Older People in Hospital: Standards (2015).

Health Boards are required to submit a self assessment against these standards to HIS for their review. The most recent self assessment was submitted in 2017.

Assessment

7 areas for improvement were identified following the inspection visit, and an action plan developed to respond to the individual improvements identified.

A 16 week update was submitted to HIS in January 2019 confirming that 2 actions had been fully completed, 3 were partially complete and 2 remained outstanding with work in progress.

Work has continued to address the outstanding actions, and the action plan in response to the OPAH inspection is now complete.

As an outcome of these actions, there is further improvement work ongoing which will be reviewed by the NHS Fife Inspection Oversight Group specifically relating to documentation and Food Fluid & Nutrition standards.

Recommendation

To note the completed action plan specific to the outcomes from the unannounced OPAH inspection in September 2018 and the ongoing improvement work under review by the NHS Fife Inspection Oversight Group.

A NOTE OF THE ACUTE SERVICES DIVISION CLINICAL GOVERNANCE COMMITTEE HELD ON WEDNESDAY 13TH FEBRUARY 2019 AT 2.00PM WITHIN TRAINING ROOM 1, DINING ROOM, VICTORIA HOSPITAL

Present	**Designation**
Dr Annette Alfonzo	Acting Clinical Director – Emergency Care Directorate
Mrs Norma Beveridge	Head of Nursing – Emergency Care Directorate
Dr Robert Cargill	Associate Medical Director – Acute Services Division
Mrs Donna Galloway	Laboratory Manager - Women, Children & Clinical Support
Ms Aileen Lawrie	Head of Midwifery
Mrs Elizabeth Muir	Clinical Effectiveness Co-ordinator
Miss Arlene Saunderson	Head of Nursing, Planned Care Directorate

Apologies	**Designation**
Ms Jennifer Allison	Chief Registrar (Gynaecology)
Mrs Kathryn Brechin	Head of Nursing – Quality
Ms Jeanette Burdock	Radiology Manager – Women, Children & Clinical Support
Mrs Lynn Campbell	Associate Director of Nursing – Acute Services Division
Mrs Chrissie Coulombe	Infection Control Manager
Ms Gemma Couser	Divisional General Manager – Women, Children & Clinical Support Directorate
Dr John Donnelly	Interim Clinic Director – Planned Care Directorate
Mrs Carol Duncan- Farrell	Head of AHP
Mr Gregory Ekatah	Chief Registrar (Surgery)
Mr Scott Garden	Chief Pharmacist
Dr Hasnain Jafferbhoy	Acting Clinical Director – Emergency Care Directorate
Mrs Nicola Robertson	Head of Nursing – Planned Care Directorate

In Attendance:

Mrs Margaret Dodds	Senior Nurse – Quality & Risk – Emergency Care Directorate
Miss Lynn Godsell	PA to the Associate Medical Director (minutes)
Mrs Anne McKinnon	Quality Improvement Midwife Advisor

ACTION

1 Welcome and Introductions

Dr Cargill welcomed those present to the meeting.

2 Apologies for Absence

Apologies for absence were noted from the above named members.

3 Unconfirmed Minute of ASDCGC Meeting held on 6th November 2018

There were no comments or amendments regarding the previous minutes.

These were approved as an accurate record.

4 Matters Arising

4.1 Action List

Action 91 – Spinal Governance Procedure – c/f to April 2019 **LG**

UNCONFIRMED

Action 139 – Food Fluid & Nutrition Annual Report – Mrs Beveridge met with our new dietician, Elspeth Ryan who has re-established the group in Acute and Community Hospitals. Mrs Beveridge added that the risk was availability and there is a plan for that as part of the OPAH action plan so has been dealt with appropriately. Regard as complete.

Action 166 – Miss Saunderson provided the details for PCD. Regard as complete.

Action 170 – Schedule of reporting agreed with Directorate. Regard as complete.

Action 197 – Miss Saunderson advised that VTE day case work remain ongoing.

Action 199 – No feedback – Mrs Galloway to follow up. **DG**

Action 200 – Agenda item 13/2/19. Regard as complete.

Action 203 – Oncology – owing to maternity leave there is a development plan in progress – this will be an operational issue for the ECD. Regard as complete.

Action 210 – Included within the Directorate submission. Regard as complete.

Action 211 – David Pirie to present at a Grand Round. Regard as complete.

Action 218 – Dr Cargill advised that he would expect a New Interventional Procedure to be submitted for Botox injections in stroke spasms in patients if this procedure is going to be used. **ECD**

Action 219 – Duty of Candour stickers feedback given to the Adverse Events meeting. Miss Saunderson said this will be rolled out within the organisation with the assistance of Mrs Muir. **AS/EM**

Action 220 – Dr Cargill & Lynn Campbell to review the register. Action remains live. **RC/LC**

5 Hospital/Board or Population Level Reports
<u>Scheduled Governance Items</u> :

Dr Cargill spoke to Dr Alfonzo and provided an overview of the reports which are presented to the Committee under the various categories.

- **CDAD Update (Not submitted)**

This report was not submitted - carry forward to April 2019. **LG**

- **Acute Hospital Mortality**

Dr Cargill advised that the seasonal variation was less obvious last winter and the HSMR for Fife varies in a similar pattern to Scotland. Dr Cargill said the hospital had been performing better than in previous winters and the quality improvement work around deteriorating patients/DNACPR may contribute to this.

- **Patient Feedback reports**

The Patient Experience Feedback reports which contained feedback and stories

from Care Opinion, Your Care Experience and Emotional Touchpoints were noted.

- **Clinical Policies (new and for review)**

There were no Clinical policies for review.

- **Clinical Procedure**

Fife Wide Procedure for Adults with Incapacity was implemented in January 2019. It was noted that there will be a Fife Wide Adults with Incapacity audit taking place in April 2019.

- **Medical Education & Training Governance Report**

There were no reports submitted for discussion.

Dr Alfonzo advised that there was an impending visit next month from the SES Deanery.

<u>One Off Reports</u>

- **Fluid Standards Adherence**

Dr Cargill informed the Committee that Dr McDougall had attended the recent Inter-Specialty Clinical Governance event held in January 2019 and presented audit data around the new Fluid standards.

Miss Saunderson advised there was an IV Fluid study day planned for 13th March 2019. **LG**

Dr Cargill said that Fluid balance/standards would again be invited to provide an update for the next year within the Hospital wide reports. Add to workplan. **LG**

- **Pallative & End of Life Audit – c/f to April 2019**

The End of Life audit will be carried forward to April 2019.

- **Update re HACP Tool – N/A reported to Nov 18**

This was discussed at the November 2018 meeting.

- **National Cardiac Arrest Data**

Dr Cargill referred to the SBAR and NCAA report and advised that there are only two hospitals in Scotland that participate in this report and initial reporting has seen sequential improvements in cardiac arrest rates. Dr Cargill advised that this report is also presented to the Resuscitation Committee in NHS Fife, where it is fully scrutinised.

The NCAA report for Q2 indicates ongoing improvement in relation to cardiac arrest rates per 1000 admissions within NHS Fife, demonstrating a further reduction in cardiac arrest rates, and an improvement in relation to our position as benchmarked against other participating hospitals across the UK. **RC**

UNCONFIRMED

Dr Alfonzo commented that Fife are sitting in a good position within the charts included in the SBAR. Dr Cargill suggested that this be one of the items highlighted to the NHSF CGC.

The improved performance and report were noted.

- **FEWS/NEWS Update**

In Mrs Brechin's absence, Dr Cargill informed the Committee that the SBAR submitted described the comparator describing what we should do next regarding FEWS versus NEWS.

The report noted that during 2017 and 2018 an SBAR was presented to the this Committee reviewing the use of NEWS as a National Early Warning Score compared with the Fife Early Warning Score (FEWS) and seeking support to continue with FEWS rather than introducing NEWS. This was supported by the Committee.

Since this time a revised version of the National Early Warning Score (NEWS2) has been developed and Boards across NHS Scotland are being encouraged to more to NEWS2. There had been an expectation that NHS Fife would move to NEWS, however for a number of governance reasons this was not supported within NHS Fife and FEWS remains the tool in use.

It was noted that Dr Simpson wanted to do a direct comparator with NEWS2 scores and this remains work in progress although there were incompatibilities with Patientrack highlighted. Patientrack have been approached to assist with supporting a tool that could enable this data analysis to assess the impact of the change and inform a review of the current escalation process and reported to the Clinical Governance Committee. **GS**

The update was noted.

- **Mortality & Morbidity Report**

Dr Cargill spoke about the Mortality & Morbidity (M&M) review audit that was carried out during 2018. Dr Cargill advised that the results provided a snapshot as the teams were asked to self rate the type and output from the M&M activity captured.

Dr Cargill added that there may be some national direction re M&M activity and it was likely that we will require to describe the types of group based learning and review any Scottish standard that we may require to deliver on has not yet been communicated.

Dr Alfonzo asked if all the specialities were participating in this review? Dr Cargill said that all surgical specialities had provided data but not all the medical specialities had returned data. Dr Cargill added that the Emergency Bleep Group captures all cardiac arrests at their meetings.

The review was noted.

- **Tissue & Organ Donation Report**

UNCONFIRMED

Dr Cargill referred to the Tissue & Organ Donation report and the following summary points were noted:

- Numbers remain average for donations and recipients for solid organ donations.
- Committee to raise awareness about organ donation and potential donors. Dr Alfonzo commented that for the first time ever we more transplant patients than dialysis patients – this is good news for organ donation.
- In the first six months of 2018/19, from 3 authorised donors the Board facilitated 2 actual solid organ donors resulting in 5 patients receiving a life-saving or life-changing transplant. In addition, to the 2 proceeding donors there was one authorised donor that did not proceed.
- The Board referred 13 potential organ donors during the first six months of 2018/19. There were no occasions where potential organ donors were not referred.
- A Specialist Nurse in Organ Donation (SNOD) was present for 4 organ donation discussions with families during the first six months of 2018/19. There was 1 occasion where a SNOD was not present.
- If suitable patients are not referred, the patient's decision to be an organ donor is not honoured or the family does not get the chance to support organ donation.
- The authorisation rate in the UK is much higher when a SNOD is present.
- The number of patients receiving a life-saving or life-changing solid organ transplant in the UK is increasing but patients are still dying while waiting.

- **Annual Complaints Report 2017 - 2018**

Dr Cargill advised that over the last 6 months the process for handling, checking and signing off complaints has been transformed significantly and they are now being closed off more timeously. Dr Cargill added that this has improved the processes and the Directorates now take more ownership of their own complaints.

The detailed annual report contained information about learning from complaints, staff awareness and training, complaints closed, complaints upheld, partially upheld and not upheld and average response times to the various complaints (Stage 1, Stage 2 etc) as well as Care Opinion and other forms of patient feedback used within the wards.

The report was noted.

6 Emergency Care Directorate

6.1 Clinical Director/Head of Nursing Report

Mrs Beveridge presented the Directorate report.

Incidents

There were 1030 incidents reported during the quarter, 85 of these were categorised as major. There has been an increase in reported incidents including major and moderate harm from previous quarters. Factors affecting the increase include capacity issues and seasonality increases.

The major incident themes related to:

- On admission pressure damage

UNCONFIRMED

- On ward developed pressure damage
- Cardiac arrests
- Physical assault to staff
- Misdiagnosis of melanoma
- Delay in treatment
- PVC SABs
- CVC SAB
- Needle stick injury to staff – patient confirmed as BBV.

The needle stick incident raised confidentiality issues with OHSAS and there are now HSE improvement notices and a robust process to follow. Mrs Beveridge noted that evidence is required that staff have been trained appropriately.

It was noted that:

- there were 36 Tissue Viability incidents which relate to on admission pressure damage.
- there were 20 Cardiac Arrests all of which will be reviewed through the Emergency Bleep Group process.

The top 5 reported incident categories are consistently:

- Patient Falls
- Tissue Viability
- Medication
- Clinical
- Unwanted behaviours

It was noted that there has been an increase in Tissue Viability with a decrease in clinical and unwanted behaviours this quarter.

Patient Falls

Mrs Beveridge reported that there have been 252 falls this quarter, of which 35 resulted in harm. There has been an increase in the total number of falls and falls with harm this quarter.

Mrs Beveridge said that there has been a notable increase in the total number of falls with harm in Ward 32. Dr Cargill asked if this was due to the case mix/the environment or another factor? Mrs Beveridge advised that more of the patient cohort are in side rooms and many have acute delirium. Mrs Beveridge added that there were also lots of positives happening within the ward.

Dr Cargill suggested that an exercise be carried out to determine further information: side room falls versus slips from chairs and low blood pressure versus acute delirium etc. Mrs Beveridge and Mrs Brechin, together with Drs Kelman and Pound are currently looking at different chairs and chair alarms for the ward. **NB/ECD**

Tissue Viability

There have been 263 tissue viability incidents reported of which 59 were developed on ward. Of the 59 incidents, 7 were graded as major and will be reviewed as part of the cluster review process.

It was noted that ITU, SHDU and MHDU are showing an increase in the number of incidents of on-ward pressure damage and a review confirmed that the majority of these incidents are device related.

UNCONFIRMED

Mrs Beveridge added that Ward 22 shows an increase this quarter and all incidents were reviewed by the Senior Charge Nurse/Clinical Nurse Manager and confirms these are due to the clinical condition of the patient and end of life care. The improvement plan continues to be implemented.

Medication
There have been 129 reported medication incidents this quarter, which shows an increase of 25. 110 of these resulted in no harm.

The main sub-categories of medication are:

- Administration/missed doses
- Prescribing
- Supply (delayed/missing/wrong)

Mrs Dodds highlighted that there had been a lot of prescribing errors with reconciliation and two or three of these were significant errors. Dr Cargill reminded the committee that medication errors are not solely attributed to the pharmacy team. Dr Alfonso asked if there had been an increase in incidents since the reduction of pharmacy input? Mrs Beveridge responded that there has been less reporting for some areas and the majority of incidents are no harm, but on occasion it does happen.

Cardiac Arrests
There have been 20 cardiac arrests this quarter, an increase of 3 from the previous reporting period. 11 of these have been reviewed by the Emergency Bleep Group (EBG) and there is no further action required.

SABs
There has been 1 reported PVC SABs this quarter involving Theatre ward and SHDU. There have also been two CVC SAB's both involving renal inpatient and outpatient in Ward 22. Mrs Beveridge said that this will be a disappointment as it has been 497 days since the last CVC SAB was recorded.

Risk Register
Mrs Dodds maintains the Risk Register for the Directorate and there are no issues or outstanding risks for the Directorate this quarter.

Infection Control
There were no Infection Control SBAR issues/updates.

Complaints
Mrs Beveridge advised that the revised Stage 2 complaint process is sustaining an improved performance against the 20 working day target and the quality of responses has improved although there are still some issues.

The main themes were:

- Disagreement with treatment/care plan
- Co-ordination of clinical treatment
- Lack of a clear explanation

LEARN Summaries
Mrs Beveridge advised that the LEARN summaries related to falls and PVC's and the learning had been shared appropriately.

UNCONFIRMED

The summaries were noted.

Patient Feedback
Mrs Beveridge said that Care Opinion is working well but commented that there is no feedback from this service in terms of a report or anything.

COPFS Activity
There was nothing to report.

Live Claims
There have been two intimations of claim for the Directorate – both for clinical negligence.

OPAH Inspection
Healthcare Improvement Scotland carried out and an unannounced Older People in Acute Hospitals Inspection from 4 – 6 September 2018. Mrs Beveridge advised that a 16 week update has been provided to HIS on the improvements actions and recommendations made.

Dr Cargill praised the Directorate for the report adding that he liked the way in which it was written and structured.

The Directorate report was noted.

6.2 Directorate Governance – Specialty National Reports

- **Haematology**
- **Intensive Care**
- **Renal Registry Report**
- **Emergency Medicine (reports not submitted)**

Dr Cargill commented that these were grouped within the workplan over the last year and these reports will need to be re-aligned as some are delayed by almost a year. Directorate to update the workplan for 2019/2020 meetings. **ECD Team**

- **Gastroenterology – b/f from Nov 18**

Dr Alfonzo commented that she had read all the specialty reports and these were very good reports.

Dr Alfonzo highlighted that the Gastroenterology team cares for its patients in shared ward 44, apart from this provide in-reach service to AU1 and AU2. There is a 24 hour emergency upper GI bleeding service and they contribute to the medical on call service. Over the past year there have been challenges with Consultant shortages, seasonal pressures and staff illness.

Dr Alfonzo advised that the priority areas for improvement activity for 2017 for Gastrointestinal Medicine have been:

- Improving patient experience and early access to treatment by the development of a dedicated Ambulatory Room. This allows treatment to be undertaken in a timely manner not only improving flow but also ensuring our patients receive care in private space thus enhancing their experience.

UNCONFIRMED

- We have appointed an Advanced Nurse Practitioner to work collaboratively with the medical team which will improve patient care pathways. The ANP will achieve this by using advanced clinical practice and knowledge. Part of the role includes educating nursing staff, foundation doctors and medical students within the ward. The ANP will provide strong leadership for both nursing and medical staff and will also participate in research and audit to improve inpatient Gastroenterology services.
- The Nursing Team have adopted the LEAN Methodology and in particular the ethos of the well organised ward and have made improvements to stock, storage and efficient ways of working
- The Senior Nursing Team have attended a National Event focussing on Patient-centred care; this is influencing daily practice whereby there is focus on ensuring patients and their relatives work alongside nursing staff and feel involved in care planning and decisions

The new referral rate from 1/4/17 to 31/3/18 was recorded as 3154 which is a reasonable influx for only one specialty. The DNA rate was very similar for both the new and return patients at around 13%.

It was noted that there is a 2.4wte deficit in relation to supervision requirements for the cohort of patients. There is significant overspend of Band 2 staff and this is noted within budget reviews. A further tool is due to run at the beginning of October 2019.

Dr Alfonzo advised that the department has introduced a severe ulcerative colitis treatment bundle within AU1, ensuring timely treatment and management.

The report also detailed information around the number of incidents within the Ward which included Tissue damage, cardiac arrests, medication errors and SABs related to PVC. Dr Alfonzo added that a fair number of these patients will be alcohol dependant which increases the risk of violence & aggression incidents.

Dr Cargill commented that the report seemed to be lacking on audits and outcomes data. Mrs Beveridge to pick up with the department. **NB**

Overall, the report notes that GI seems to be in reasonably good form with the exception of the staff shortages.

- **Stroke Annual Report - b/f from Nov 18**

Dr Alfonzo presented the Stroke report. The following points were noted:

- The stroke service is provided by the MOE consultants on a rotational basis to the stroke service. Currently, we have 15 sessions of consultant time in stroke. Five consultants are involved in stroke activities, shared between the acute, on call, outpatients and the community. We also contribute to the acute medical rota in addition to the Stroke of the Day on activity. There is one acute stroke ward (Ward 41) within the acute hospital, with a bed complement of 21. The ward has one FY1 and two GPST grade doctors. Ward 41 continues to be below full establishment with trained nurses with several vacancies that we are actively trying to recruit to.

UNCONFIRMED

The priority areas for improvement activity for 2018 for the stroke team have been:

- Engaging with the community redesign team to work towards integrated neuro-rehabilitation service for all, according to their needs rather than age. This work remains ongoing.
- Working on improving multiple standards within the stroke bundle;
    - Working with bed managers in order to improve access to the stroke unit within 24 hours.
    - Ongoing training in water swallow especially at the medical assessment unit
    - Working with A&E in delivering timely thrombolysis

The report contained comprehensive data around:

- Admission to stroke unit within 24 hours from admission – 90%
- Swallow assessment being carried out within 4 hours of admission – 100%
- CT scan within 24 hours of admission – 95%
- Aspirin given within 1 day of admission – 95%

Dr Alfonzo added that we now have dedicated "swallow champions" who disseminate knowledge and learning to other team members/ward staff. The department have developed a fully operational guidance in Atrial Fibrillation pathway for stroke patients. Dr Alfonzo said that the Outpatient clinics (TIA) target is to see all the TIAs within 4 days of receiving the referral.

The department has problems with staff shortages and Ward 41 continues to be below full establishment for both Consultant time (8 sessions) and trained nurses. It was highlighted that the band 5 retention and recruitment is a constant challenge and the department has tried to be innovative and have been proactive in organising a stroke awareness session for student nurses, so they can have a more informed understanding and experience of what a stroke unit is about. Mrs Beveridge disputed the issue around the retention of Band 5 nursing staff as being incorrect.

The report was noted.

- **Scottish Trauma Audit Group – b/f from Nov 18**

LG

The Scottish Audit Trauma Group report was carried forward to April 2019.

- **Cardiology – b/f from Nov 18**

Dr Alfonzo presented the Cardiology report. The following points were highlighted:

The cardiology service is delivered by 5 cardiologists with different job plans currently accounting for 3.7 wte. Work is divided between commitment to inpatient work and outpatient clinics with one colleague having sessions in Edinburgh. Recruitment of consultants remains difficult and the shortfall continues to place pressure on both inpatient and outpatient services.

The priorities for the Cardiology team are noted as follows:

<u>Wards:</u>

UNCONFIRMED

- Provide care in a safe environment which minimises risk of harm
- Breakdown distinction between CCU and ward, train all staff to be able to work in both areas
- Provide education and mentoring to allow this training
- Optimise patient flow through better triage of patients
- Use of nurse specialists to facilitate early discharge.
- Improve case mix in favour of cardiology using in reach into AMAU and A and E

ECG department:

- Support pressured services which include echocardiography and pacing (implants and follow up)
- Improve capacity through establishment of echo suite

Outpatients:

- Work toward waiting times targets without use of WLI

Investigations:

- Support expansion of CTCA service
- Introduction of NT-proBNP (training still to take place)
-

Specialist clinics / services:

- Continue support for specialist clinics where demand is increasing GUCH and heart failure
- Develop palliative care for patients with heart failure
- Support redesign of cardiac rehabilitation to allow up skilling of staff and diversification of services offered.

Recruitment:

- Consultant staffing inadequate and recruitment to these posts is difficult. Create attractive job plans to allow recruitment of consultants and skilled physiologists.

The report highlighted that there were 2380 new referrals and this adds pressure to the service with longer waiting times for new patient appointments with the need to run Waiting List Initiative clinics in order to maintain the waiting times for appointments.

Dr Alfonzo advised that the Rapid Access Chest Pain Clinics are working well. This involves the chest pain service seeing in-patients. There are three clinics each week with appointments for 5 patients in each clinic. 556 patients were seen in the RACPC during the reporting period. 609 patients were seen as inpatients and 60% were discharged on the day of being seen thereby promoting efficient use of beds and patient flow.

SIGN endorses the use of CT coronary angiography in the assessment of patients who do not have typical angina. This service is well established and run by the Radiology department with support from a consultant Cardiologist. Since 2016, there has been a continual increase for this service.

The Committee is asked to note that the department require improved IT support to allow better communication of investigations, particularly echo and to promote establishment of registers, heart failure and GUCH.

UNCONFIRMED

The report was noted.

- **4 hr Performance Target**

Dr Alfonzo spoke to the 4 hour Performance report and advised that she could not find a previous report to compare data against.

Dr Alfonzo said that the national performance on the 4 hour A&E standard had a particularly challenging winter season of 2017 – 2018 across Scotland with the 4 hour performance falling to 85%. Dr Alfonzo advised that the percentage of patients in A&E seen within 4 hours for November 2018 achieved by NHS Fife was 95.6%. The national performance rate was 91.3% so NHS Fife compares favourable against other NHS Boards.

It was noted that over the last few weeks, there has been an increase in breaches due to patient flow throughout the hospital and patients waiting for a bed. Dr Alfonzo said that although work remains ongoing around flow and capacity the waiting times in assessment areas also needs to improve. The NHS Fife performance is better than most other boards in Scotland but there is still scope for improvement.

The report noted that in 2018 there were 25 patients who waited longer than 12 hours in A&E, 17 of these were in the month of January due to seasonal variation and the high demand for A&E services, so far there have not been any during 2019.

The report was noted.

6.3 Directorate level outcomes data:

- **Clinical Audit**

- **M&M Report – ECD**

Mrs Beveridge commented that the M&M report was very similar to the main one discussed under Agenda Item 5.

- **Cancer Reports:**

- **Acute Leukaemia**

The Acute Leukaemia cancer report was noted.

- **Lymphoma**

The Lymphoma cancer report was noted.

- **SAER Learn Summaries**

The SAER LEARN summaries were noted within the Directorate Report (Item 6.1).

6.4 Specialty/departmental audit & assurance data (incl guidance)

Clinical Quality Indicators

UNCONFIRMED

Mrs Beveridge said that the Improving Inpatient Care for In-Patients with Diabetes programme was launched in March 2017 with the aim to improve the quality of care for people living with diabetes admitted to hospital by improving glucose management and reducing the risk of complications during admission. Mrs Beveridge said Blood glucose recording and episodes of hypoglycaemia are reviewed daily by the Diabetes Inpatient Specialist Nurse but this information is not accessed by the ward nursing teams and added that a hypoglycaemic episode was an episode of patient harm and it was agreed by the specialist Diabetes team that a BM<4 mmols would be the trigger for a Datix within the Directorate. There have been a number of good practice and actions taken to improve the care for patients.

- **Compromised Swallow**

Mrs Beveridge presented the Compromised Swallow flow chart. This was in response to a Significant Event where the swallow flow chart and the stroke protocol were not clear. Mrs Beveridge said that this chart should be applied to any patients with swallowing difficulties as there are clear pathways. The flow chart/guidance also includes Power of Attorney information. This has been presented at the Inter Specialty Clinical Governance Event to share the information and learning and this version will be rolled out imminently. Dr Cargill commented that there is a separate flow chart for Stroke.

The information was noted.

6.5 New Interventional Procedures

There were no procedures submitted.

6.6 SPSO Recommendations

There was 1 current SPSO case which feedback was awaited from the SPSO.

Dr Cargill asked that the CHI numbers and patient names be omitted from future reports.

7 Planned Care Directorate

7.1 Clinical Director/Head of Nursing Report

Miss Saunderson presented the Planned Care Directorate report.

Incidents
Miss Saunderson advised there were 346 incidents reported between October – December 2018. Two of these were reported as extreme and 22 reported as major.

The major/extreme incident themes related to:

- Cardiac Arrest
- Clinical
- Healthcare Associated Infection
- Medication
- Patient Fall
- Theatre Surgery Incidents

UNCONFIRMED

- Tissue Viability

The top five key themes of all incidents are:

- Medication Incidents
- Patient Falls
- Tissue Viability
- Clinical
- Patient Information (Records/Test results etc)

Patient Falls
It was reported that there had been a reduction in falls this quarters. There had been 56 falls reported across the Directorate, 13 of these were reported with harm – 10 minor, 1 moderate and 2 major harm. The two falls with major harm occurred in the Cataract Unit and Ward 52 and LAERs have been commissioned for both these events.

Surgical Site Infection
Miss Saunderson reported that there was a total of 299 Orthopaedic procedures performed in Q3 2018 with 2 confirmed Surgical Site Infection (SSI) with the 30 day surveillance period.

SSI Patients
A patient was diagnosed with an organ space SSI upon readmission on Day 28 post elective total hip arthroplasty.

A patient was diagnosed with an Organ Space SSI upon readmission on Day 20 post hemi arthroplasty and removal of IM nail.

Large Bowel Summary
There were a total of 88 operations in Q3 2018 which fit into the planned large bowel surveillance programme, this resulted in 6 (5.28%) confirmed SSIs during the surveillance period. Dr Cargill asked if this was a large amount? Miss Saunderson to find out against historical comparisons. **AS**

Medicines Reconciliation
There were 72 medication related incidents reported with the highest theme (25) in Administration (missed dose/wrong dose). There were 2 major incidents reported over this period:

- Discrepancy in controlled drug register in Ward 54
- Controlled drug discrepancy in Theatre 6, VHK

LAER's are underway for both of these incidents.

Risk Register
There are no overdue risks within the Directorate. The Directorate has 1 major risk pertaining to the Orthopaedic Theatre in Phase 2 in relation to the risk of increased loss of service due to deteriorating fabric of building.

Laparotomy Audit
Miss Saunderson highlighted the Emergency Laparotomy report and said in summary:

- NHS Fife mortality is around national average (9.1%), which in general is better than the national mortality for Emergency Laparotomy.

UNCONFIRMED

- NHS Fife length of stay is better than national (around 10 days).
- Service considers there is good consultant presence in theatre for these surgical cases. Service considered it could improve documenting pre-operative risk - the pre-operative risk assessment for booking emergency laparotomy on to CEPOD (confidential enquiry into peri-operative deaths), this has now been included.
- The service is only expected to use the NELA (national emergency laparotomy audit) score now, as although it is not perfect, it is still better than P-POSSUM (peri-operative scoring) which tends to over-estimate risks. The service is now encouraging staff to use the NELA reporting tool which is more up to date in terms of predictive benefit.

Dr Cargill suggested that this report have a higher profile on the agenda and be included as a specialty report. Report to be brought back to the Committee in April 2019.

Theatre Improvement Work **AS/LG**

Miss Saunderson advised that Anaesthetists require to work with the assistance of an appropriately qualified anaesthetic practitioner, this is the recommendation of the Anaesthetics Association. Miss Saunderson said that there was currently a national shortage of Operating Department Practitioners (ODP's) as there have not been any courses offered in Scotland for a number of years. Miss Saunderson explained that we have been Agency ODP's and Anaesthetic nurses to fill the shortfall.

Miss Saunderson added that there is a current bid from NES to higher education institutions to deliver this diploma with the first course starting in September 2019 and the first candidates being ready in 2021. It was noted that the West of Scotland University has been successful and NHS Fife will support 2 students per year for the next 5 years.

The update was noted.

Day Surgery for Hip Patients

Miss Saunderson said that a team from NHS Fife visited Copenhagen during August 2018 to learn about new approaches, techniques and share experiences for enhanced recovery. NHS Fife has been a leading health board in Scotland in embracing ERAS over the years with an excellent team and length of stay.

Following several meetings and risk assessments, patients who had been appropriately supported were entered into the Day Case Hip program. It was reported as being an outstanding success and the feedback from patients and staff has been positive. The program has been the subject of national interest both via social media and television. Dr Cargill asked about the number of patients that had undergone hip surgery on a day case basis? Miss Saunderson was unsure of the number. Dr Cargill asked that we have explicit criteria for this in future and asked for the measures of success- i.e. what is working, is there an infection risk etc.

QFit Project **PCD**

Miss Saunderson advised that Neil Cruickshank (Consultant Surgeon) and Neil Greig were involved in the QFit Project which is the Utilisation of qfit stool test to vet and prioritise referrals and colonoscopy requests from primary care. It was noted that GP's were being encouraged to ensure that this test has been done.

UNCONFIRMED

The project commenced in June 2018 and is scheduled for a 2 year duration and current funding is up to April 2020.

The information from the data collection from July – November 2018 show that:

- GP Tests 1946 submitted
- Test failure rate 3-7% (repeat tests required)
- Positivity rate 21.6% - 421 patients
- Completed lower GI investigations – 277 pts

The report notes that data collection will lag test results by 3-4 months.
Qfit negative tests will lag by 12 months and 24 months for cancer registry data (national project).

Waiting times:
Preliminary results suggest that qfit allows 5-10% GP referrals to be rejected, 15% to be downgraded and reduces the burden on endoscopy by 50 urgent colonoscopies per month (thus allowing both bcsp & Endoscopy waiting times to be maintained).

Dr Cargill commented that this is a change in practice and will require to be tracked. Dr Cargill added that this will need to be reported back to the Committee as it progresses on a recurring basis and should be reported via Clinical Audit or such like but out with the Directorate report. Directorate to add to their workplan.

PCD

Standard Operating Procedures
There were two new Standard Operating Procedures developed and implemented by the Directorate during the reporting quarter. These are now available on the intranet.

Complaints
Miss Saunderson highlighted that the Directorate have received 27 Stage 2 complaints. There were 6 complaints fully upheld.

The main themes were identified as:

- Disagreement with treatment/care plan
- Co-ordination of clinical treatment
- Communications

Miss Saunderson added that the Service Managers are now the main point of contact for all Stage 1 complaints to ensure the target dates are adhered to. This process is under evaluation and further changes may be made.

Legal Claims
There have been 6 claims during the reporting quarter from October – December 2018. The claims related to clinical negligence (5) and employers liability (1).

LEARN Summaries
Miss Saunderson asked if all or just some of the LEARN summaries should be presented here as there were circa 30 for the Directorate during this reporting period. Dr Cargill asked where they would be reported/shared if it wasn't at this Committee? Miss Saunderson responded that the Directorate has a tracker and this is completed with where each SAER outcome has been shared eg: Senior Charge Nurse Forum, Inter Specialty Clinical Governance Event etc. Dr Cargill

UNCONFIRMED

suggested that for future meetings, that the tracker be presented at the meeting instead of the individual LEARN summaries as this Committee is for the assurance aspect and not learning. Miss Saunderson to follow up. **AS/PCD**

COPFS Activity
There was nothing to report.

7.2 Directorate Governance – Specialty National Reports

There were no national reports submitted for discussion.

7.3 Directorate level outcomes data:

- **Clinical Audit**

- **Cleft Care Report**

As there was no-one to present the report, the Cleft Care report will be carried forward to April 2019. **LG**

- **Cancer Reports**
- **Renal**

The Renal Cancer report will be carried forward to April 2019. **LG/PCD**

- **Bladder**

The Bladder Cancer report will be carried forward to April 2019. **LG/PCD**

- **Testis**

The Testis Cancer report will be carried forward to April 2019. **LG/PCD**

- **SAER LEARN Summaries**

The LEARN summaries were discussed within the Directorate report (Item 7.2).

7.4 Specialty/departmental audit, assurance data (incl guidance)

- **Clinical Quality Indicators**

- **M&M Review - PCD**

Miss Saunderson advised this has been covered under Agenda Item 5.

7.5 New Interventional Procedures

There were no procedures submitted.

7.6 SPSO Recommendations

There were three SPSO cases commissioned for investigation and one SPSO request for letter of apology.

8 Women, Children & Clinical Support Directorate

8.1 Directorate Report

UNCONFIRMED

Mrs Galloway presented the Directorate report.

Incidents
There were 145 incidents reported between 1 October and 30 December 2018 which was consistently 47 each month and was also a slight increase on the previous quarter. There were three major incidents reported – these related an equipment fault/failure, a CT angio and a CT scan. Investigations into these incidents are underway.

The top 5 themes of all incidents were namely:

- Patient Information
- Radiation
- Clinical
- Specimen Management
- Personal accident

Specimen Management Incidents
It was noted that there were 9 specimen management incidents – 4 of there were no harm, 4 minor harm and 1 moderate harm.

Personal Accidents
It was noted that there were 9 personal accident incidents – 6 of these with minor harm and 3 with no harm.

Radiation Incident Breakdown
It was noted that there were 28 radiation incidents and of that 24 were linked to Radiology and 1 was reportable to the HSE and all resulted in minor or no harm.

Falls
There was 1 patient fall with no harm.

Medication Incidents
There were no medication incidents.

Risk Register
There are 20 risks on the Clinical Support risk register. These are robustly reviewed on a monthly basis.

Health & Safety
There is 1 outstanding issue in Therapies & Rehab which relates to the lack of drinking water for patients in the department. AN SBAR has been submitted and feedback is awaited.

Patient Feedback
Patient feedback continues to be collected using variable methods through the Directorate.

Complaints
There were two Stage 2 complaints recorded this quarter – one of these being upheld.

8.2 Directorate Governance – Specialty National Reports

- **Maternity Unit Update**

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Ms Lawrie informed the Committee that the Women & Children/Maternity aspect of the Directorate report is under review and discussion with Gemma Couser is ongoing.

Ms Lawrie advised that Women & Children has:

- 4 current SAER's
- 7 current LAER's
- The main theme in Datix reporting is Haemorrhage.

- The SSI is a good news story and has fallen below the national average, it is reported to be 1.7% for Quarter 4 which has been a steady decrease from 4.5% at the start of 2018.
- Patient feedback is being discussed to be brought in line with the other Directorates, collated using iPads – Donna Hughes.
- There have been 4 complaints for the Directorate – the themes are communication and staff attitude.

- **Maternity Unit Intra Uterine Deaths**

Ms Lawrie advised that this report was requested in response to the stillbirth rate, which in Fife is below the national level. The unit is now one of 4 pilot sites undertaking work around "being open" and trialling the National PMMRT. The national Perinatal Mortality Review Tool (PMRT) process has been developed by Healthcare Improvement Scotland and is supported by Scottish Government with the aim of having a standardised process to conduct such reviews nationally that provides standardisation of the process.

The report advised that during 2018 there have been 16 stillbirths. Of the 16; 1 case involved a feticide for fetal anomaly and 2 cases, where all the care had been undertaken by other Health Boards, presented in Fife with intra-uterine death. Deducting these cases from our total gives a calculated stillbirth rate of 4.9 per 1000 births.

Mrs Lawrie said it has been suggested, by the senior management team, that all cases of intra-uterine deaths should now be reporte on Datix, in order to give assurance that reports are escalated to senior management team and will be completed within the PMMRT guidelines. .

The report was noted.

- **Fetal Medicine Report – b/f from Nov 18**

Mrs Lawrie referred to the Fetal Medicine report for 2017 which was produced by Dr Tydeman and Isobel Clegg.

It was noted that report includes obstetric ultrasound and fetal medicine activity within the NHS Fife catchment area which involves the majority of Fife as well as parts of Perth and Kinross; with occasional women from Lothian and Forth Valley. The data are mainly presented as the individual and cumulative totals for women who have given birth during the three years of 2015, 2016 and 2017 with some analyses extending back over the whole 15 years of data collection. The majority of the report focuses on fetal anomalies detected by ultrasound although there has

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been increased activity in DNA based prenatal diagnosis and other fetal disease such as severe growth restriction managed by the fetal medicine team as well as other fetal disease such as red cell antibodies; haemoglobinopathies and complications of multiple pregnancies.

Ms Lawrie highlighted that going forward there will be a redesign of neo-natal services and we will no longer have a designated Fetal Medicine Lead – THE Best Start recommendations state someone who has an interest in Fetal Medicine. The comprehensive report was noted.

- **McQIC SPSP – Paeds & Neonates**

Ms Lawrie advised that the purpose of this self-assessment is to describe, through the use of narrative and data, progress against aims of the McQIC Scottish Patient Safety Programme within NHS boards. It was noted that for assessment of progress the requirement is data is less than six months old and submitted as agreed via the reporting template for your identified priorities.

Ms Lawrie added that the headlines from the reporting templates are Haemorrhage and Stillbirth. Many of the outcomes were no change or some had insufficient data to provide a meaningful response at this time.

Ms Lawrie said that this is a Maternity and Neonatal quality collaborative and there is now a signed off partnership agreement with the relevant Directorate teams haveing identified the focus on for the next 3 years.

The quality report was noted.

- **NNAP Report – b/f from Nov 18**

Ms Lawrie advised that the National Neonatal Audit Project (NNAP) launched its 2018 Annual Report on 2017 data and parent/carer report 'Your baby's care', on 2 October 2018. The NNAP report provides an overview of how neonatal (and to some extent obstetric) practice within NHS Fife compares with Scottish and UK-wide neonatal units.

The local data is entered into Badgernet as part of the day-to-day management of the babies in the neonatal unit. Data completeness for NNAP and other audit projects is checked by a Neonatal Consultant and the Charge Nurse for the Unit cross-referencing other clinical data such as results, maternity notes, ophthalmology screening sheets.

Data completeness in 2017 was reported to be 91.5%.

The NNAP focused on the following areas of neonatal care in 2017:

- Antenatal steroids
- Magnesium sulphate
- Temperature on admission
- Consultation with parents
- Measuring rates of infection on neonatal units
- Measuring rates of infection with a central line *in situ*
- Retinopathy of prematurity (ROP) screening
- Bronchopulmonary dysplasia (BPD)

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- Mother's milk at discharge
- Clinical follow-up at 2 years of age

The Committee is asked to note the report – which, although published in 2018, is derived from admissions to the neonatal unit in 2017.

- **Update re Perinatal Morbidity & Mortality Review Group (PMMRG) – not submitted (to be discussed)**

Ms Lawrie informed members that the PMMRG have not yet undertaken sufficient reviews to provide a comprehensive and meaningful report. The national tool has been trialled a couple of times and feedback has been given.

Further update to come back to the Committee when further information available.

8.3 Directorate level outcomes data

Clinical Audit

- **Everlight Report**

Mrs Galloway said that Everlight are used by NHS Fife for both out of hours vetting and reporting mainly of acute emergency CT scans but also on occasion routine outsourcing of speciality examinations. Everlight reporting provide monthly reports to show activity, quality assurance and reporting discrepancies.

Mrs Galloway said that there was nothing remarkable to highlight from the reports**.**

- **Cancer Reports**
- **Cancer Waiting Times**

There was no-one present to speak to the report, hence it will be carried forward to the April 2019 meeting. **LG**

- **Gynaecology Cancer**

There was no-one present to speak to the report, hence it will be carried forward to the April 2019 meeting. **LG**

- **SAER LEARN Summaries**

Miss Saunderson advised that some of these LEARN summaries may have already been submitted due to the recent changes to the Directorate structure.

These included a long bone fracture incident and all actions have been undertaken.

The summaries were noted.

8.4 Specialty/departmental audit, assurance data and clinical guidance

- **Clinical Quality Indicators**

There were no Clinical Quality Indicators submitted.

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8.5 New Interventional Procedures

- TAMIS Outcome audit – not submitted – c/f to April 2019 **LG/PCD**

8.6 SPSO recommendations

Ms Lawrie commented on the SPSO recommendation which arose from a case in 2016 where there were failings with the timeliness in our response to the family. Our main learning point from the case is CTG interpretation and this is now included in Core Mandatory Training. The question arose if it should be reported here in future and it was noted that Ms Lawrie can update though performance.

9 Divisional Risk Register – Active Risks (for review)

Dr Cargill advised that he and Mrs Campbell are scheduled to review the Risk Register. **LC/RC**

10 Items for information only:

10.1 NHS Fife Activity Tracker

The activity tracker was noted.

10.2 ASD Clinical Effectiveness Update

Mrs Muir advised that this update had been submitted to the Committee for information. The update detailed what reports/improvements etc that the Clinical Effectiveness team were currently working on.

Dr Cargill said that this fits in well with the high quality profiles.

10.3 SIGN Guidance

Mrs Muir referred to the SIGN Guidance and it was noted that SIGN 152 had been published. SIGN 152 for Cardiac arrhythmias in coronary heart disease was with the Heart Disease MCN for review.

10.4 ASD CGC Workplan 2018/2019

The current workplan was noted.

10.5 ASD CGC DRAFT Workplan 2019/2020

D Cargill noted the change in management within the Emergency Care Directorate and advised that the draft workplan will be circulated and refreshed with the relevant reports for the coming year.

10.6 Infection Control Committee (5 December 2018 incorporating AMT meeting of w/c 31 October 2018)

The Infection Control Committee minutes were noted.

10.7 HAIRT Report

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The HAIRT report was noted by the Committee.

10.8 SRTC Minutes of 11th October 2018 & 11th December 2018

The SRTC Minutes were noted by the Committee.

10.9 NHS Fife CP&PAG Minute of 29th October 2018 & 10th December 2018

The NHS Fife Clinical Policy and Procedure Authorisation Group minutes were noted by the Committee.

10.10 Resuscitation Committee Minutes of 20th September 2018 & 7th November 2018

The Resuscitation Committee meetings from September and November were cancelled.

10.11 Hospital Transfusion Committee Minutes of 26th October 2018

The Hospital Transfusion Committee meeting from October was cancelled.

10.12 Patientrack Action Note of 13th December 2018

The Patientrack action notes were noted by the Committee.

10.13 Vascular Access Strategy Group Minutes of 29th November 2018

The Vascular Access Strategy Group minutes were noted.

11 AOCB

There were no matters raised for discussion.

12 Date of Next Meeting

The next meeting is scheduled to take place on Wednesday 24th April 2019 at 2.00pm within Training Room 1, Dining Room, VHK.

UNCONFIRMED

NOTE OF MEETING OF THE NHS FIFE CLINICAL GOVERNANCE STEERING GROUP HELD ON THURSDAY 14 MARCH 2019 AT 9.30AM IN RROM 521, LEVEL 5, HAYFIELD HOUSE

PRESENT

Dr Chris Mckenna (Chair)	Medical Director, NHS Fife
Nicky Connor	Associate Nurse Director, Health & Social Care Partnership, Fife Wide
Pauline Cumming	Risk Manager, NHS Fife
Cathy Gilvear	H&SCP Clinical & Care Governance Lead
Evelyn McPhail	Director of Pharmacy, NHS Fife
Helen Woodburn	Head of Quality & Clinical Governance, NHS Fife

In Attendance:

Catriona Dziech **(Minute)**	PA to Medical Director , NHS Fife

MINUTE REF	ITEM	ACTION
024/19	**CHAIRPERSON'S WELCOME AND OPENING REMARKS** The Chair welcomed everyone to the meeting and reminded them the meeting was being recorded with the Echo Pen to aid production of the notes. These recordings are also kept on file for any possible future reference.	
025/19	**DECLARATION OF MEMBERS' INTERESTS** There were no declarations of interest.	
026/19	**APOLOGIES FOR ABSENCE** Lynn Barker, Lynn Campbell, Dr Cargill, Dr McCallum, Elizabeth Muir, Helen Wright	
027/19	**MINUTES OF PREVIOUS MEETINGS HELD ON 21 FEBRUARY 2019** The notes of the meeting held on 21 February 2019 were approved subject to clarity being noted against Minute Ref 020/19 Page 4 (NC) the H&SCP don't not review SAERs the same as NHS Fife it is Social Care that is not part of health. Social Care do not have an SAER process and that is why there is a difference around the duty of candour management.	**CMcK**
028/19	**ACTION LIST**	

All outstanding items were updated on separate Action List.

029/19 QUALITY REPORT

Helen Woodburn advised she had recently attended network event where it had been highlighted there will only be three of four Boards formally reviewed per year. This does not stop us putting things in place as it is about self assessment and we need to be confident we have processes in place to allow us to continue self assessment.

030/19 UPDATED TERMS OF REFERENCE

Further changes to be tracked on the original document for the Group to consider before final sign off. **HWo/ CMcK**

031/19 ITEMS FOR INFORMATION

8.1 QUALITY OF CARE APPROACH

The Group noted the update from Healthcare Improvement Scotland. It was agreed we should feedback to HIS the process is onerous. **HWo**

032/19 MINUTES FROM LINKED COMMITTEES

It was agreed the above agenda title would be changed to "Minutes from Linked Groups".

HWo

Helen Woodburn to consider groups which will feed in to this Group.

i) NHS FIFE ADVERSE EVENTS GROUP
26 February 2019
No available.

033/19 SUMMARY POINTS FOR CHAIR TO RAISE AT NHS FIFE CLINICAL GOVERNANCE COMMITTEE

- **Areas of Good Progress**
  None
- **Risks**
  None

034/19 AOCB

There was no other competent business.

035/19 DATE OF NEXT MEETING

Thursday 11 April 2019 at 9.30am in Staff Club, VHK

NOTE OF MEETING OF THE NHS FIFE CLINICAL GOVERNANCE STEERING GROUP HELD ON THURSDAY 21 FEBRUARY 2019 AT 9.30AM IN THE STAFF CLUB, VHK

PRESENT

Dr Frances Elliot (Chair)	Medical Director, NHS Fife
Lynn Barker	Head of Nursing
Dr Robert Cargill	Associate Medical Director, Acute Services Division
Nicky Connor	Associate Nurse Director, Health & Social Care Partnership, Fife Wide
Pauline Cumming	Risk Manager, NHS Fife
Evelyn McPhail	Director of Pharmacy, NHS Fife
Elizabeth Muir	Clinical Effectiveness Coordinator, NHS Fife
Helen Woodburn	Head of Quality & Clinical Governance, NHS Fife

In Attendance:

Catriona Dziech **(Minute)**	PA to Medical Director , NHS Fife

MINUTE REF	ITEM	ACTION
012/19	**CHAIRPERSON'S WELCOME AND OPENING REMARKS** The Chair welcomed everyone to the meeting and reminded them the meeting was being recorded with the Echo Pen to aid production of the notes. These recordings are also kept on file for any possible future reference.	
013/19	**DECLARATION OF MEMBERS' INTERESTS** There were no declarations of interest.	
014/19	**APOLOGIES FOR ABSENCE** Lynn Campbell, Dr McCallum	
015/19	**MINUTES OF PREVIOUS MEETINGS HELD ON 24 JANUARY 2019** The notes of the meeting held on 24 January 2019 were approved subject to the following amendment: Brenda McFall to be removed from attendance list.	
016/19	**ACTION LIST** All outstanding items were updated on separate Action List.	
017/19	**QUALITY REPORT**	

Dr Elliot advised minor amendments had been made to the Executive Summary to try and give key points for the Committee and what is actually being done. It will then be considered if it should be developed further. We will then come on to a potential format for a new Quality Report which is aligned to the HIS Quality Framework and the domains applicable to clinical governance.

This March report will be taken to the NHSFCGC on 6 March 2019.

Nicky Connor advised a Quality Report is prepared for C&CG but does not contain some of the topics in this Quality Report as they are not relevant. Nicky Connor asked if it would be helpful for the C&CG Quality Report to come to this Group so both reports can be considered.

It was agreed to circulate the latest report. **NC**

No particular issues were highlighted within the report that should be reported to NHSFCGC on 6 March.

Cathy Gilvear suggested a Fife review of HSMR may be helpful. Dr Elliot highlighted this will be the last publication reporting on progress towards the current Scottish Patient Safety Programme aim of reducing hospital mortality. We will then need to wait on new guidance coming out to see if new targets will be set. Helen Woodburn suggested we go back to individual groups and ask them to establish local targets. These could then be amended once HIS / ISD issue more information.

It was noted there had not been an update on Care experience for a while.

Helen Woodburn highlighted an area of good practice had been the compliance with updating clinical policies.

018/19 QUALITY OF CARE REVIEWS

Nothing additional to report.

019/19 TERMS OF REFERENCE FOR CLINICAL GOVERNANCE STEERING GROUP

Dr Elliot asked members if they were content with the current Terms of Reference for the Group which had been approved in May 2018 or whether we need to look at them again in advance of the May 2019 NHSFCGC meeting.

Following discussion the following amendments were agreed:

Under Section 2.1 – Composition

Following to be added;
Head of Nursing, Health & Social Care Partnership (Lyn Barker)
Associate Director of Nursing, Acute Services Division (Lynn Campbell)
Head of Midwifery (Aileen Lawrie)
Lead Pharmacist for Governance (Geraldine Smith)
Associate Director AHPs (Carolyn MacDonald)

Under Section 2.3 – Support for Committee to be considered.

Under Section 3 – Role & Remit

First bullet point to be amended to include "and provide assurance to the Clinical Governance Committee and NHS Fife Board".

Under Section 4 – Meetings & Reporting Arrangements

4.1 – meet monthly (if possible)

4.4 - "local operational management groups to be changed to Local Governance Groups

020/19 MINUTES FROM LINKED COMMITTEES

i) SPSP STAKEHOLDER GROUP
8 February 2019 - Cancelled
It was noted the role and remit of SPSP was under discussion and if there was a need for this group.

ii) NHS FIFE ADVERSE EVENTS GROUP
9 January 2019
The minutes were noted.

020/19 Nicky Connor raised her concern that Social Care within the H&SCP do not review SAERs in the same way as NHS Fife and sometimes limited information is provided to enable a decision to be taken on whether it is a duty of candour issue. The partnership's process for investigating and review does not match health and Nicky Connor has no locus on advising on those. Therefore being able to advise on the information provided on whether it is duty of candour or not feels like quite a responsibility.

Dr Elliot said Nicky Connor was raising a important point of principle given Fife Council does not employee healthcare professionals then Nicky Connor was taking on a responsibility and maybe when we get to the point of finalising our annual report we need to go back to Fife Council and advise this is how it has felt in the first year and there are a number of issues. It would then be helpful to discuss the issues and how they can be resolved. Nicky Connor agreed to take forward with Dougie Dunlop. **NC**

021/19 SUMMARY POINTS FOR CHAIR TO RAISE AT NHS FIFE CLINICAL GOVERNANCE COMMITTEE

- **Areas of Good Progress**
  Updating of clinical Policies.

- **Risks**
  None

022/19 AOCB

Quality of Care Report (Mock Version)

Dr Elliot advised there had been discussion about how we would align our reporting with the HIS Quality Framework.

The Quality of Care Report is one key component of the quality of care framework; it helps to provide a vehicle for continual self assessment in key domains which are of specific interest to this committee.

The framework is broken down into the nine areas of focus called domains as follows:

1 Key organisational outcomes
2 Impact on patients, service users, carers and families
3 Impact on staff

022/19

4 Impact on community
5 Safe, effective and person-centred care delivery
6 Policies, planning and governance
7 Workforce management and support
8 Partnerships and resources
9 Quality improvement-focused leadership

This report will focus specifically on domain 2 and 5 which are of specific interest to the committee. This report is designed to support self-evaluation and to provide assurances to the Clinical Governance Committee and Board on the overall position in relation to identified indicators and priorities in each of those domains.

For each domain, the Quality report will identify quality indicators that will be used for the purposes of self-evaluation and for quality assurance of service provision.

A full report will be presented at each Clinical Governance Committee, with an integrated executive summary from the Medical Director and Board Nurse Director which will be presented at the Board.

Dr Elliot asked that members track changes and feedback any comments to Helen Woodburn. Helen Woodburn will map to groups in first instance. **HWo**

In closing the meeting the Group took the opportunity to thank Dr Elliot for her support during her time as Chair of the Group and wished her well in her retirement.

023/19 DATE OF NEXT MEETING

Thursday 14 March 2019 at 9.30am in Room 521, Hayfield House

Update to NHS Fife Clinical Governance Committee of 8th May2019

Reporting Period: Meeting 14th March 2109

The purpose of this report is to provide the NHS Fife Clinical Governance Committee (and possibly other stakeholders) with a summary of the meeting.

The Reporting Officer/Chairperson/Accountable Person of the Group uses this report to advise the NHS Fife Clinical Governance Committee of any potential problems or areas where the quality of care or service delivery is compromised and presents a risk/issue to the organisation.

The NHS Fife Clinical Governance Committee will use the report to provide the NHS Fife Board with the assurance that clinical governance mechanisms are in place to provide and support safe, effective clinical care.

Section 1	
Title of Group/Sub-committee	NHS Fife Clinical Governance Steering Group
Date of Group/Sub-committee Meeting:	**14th March 2019**
Release: draft/final	Unconfirmed minute
Author/Accountable Person:	Dr C McKenna
Agenda item Title and Number:	Item 11.5
Date of Report:	30/04/2019

Section 2
Summary of Meeting The content of this meeting was to continue the discussion about the Quality of Care reviews and how this may link to revisions in reporting through the Quality Report. There is further clarity on the formal reviews, that there will only be 3 or 4 Boards reviewed formally per year, as Healthcare Improvement Scotland will be reflecting and learning on each review and will amend processes accordingly.
The terms of reference were reviewed for the group, with discussion on the role of the group. These will be approved as final at the next meeting.

Section 3	
Summary of risk/issue to be escalated/highlighted to NHSF CGC.	None
Action taken To date?	None
Accountable person for actions taken to date?	N/A
Other identified risks?	None
Action/s required from NHSF CGC?	None
Areas of good practice?	None

Update to NHS Fife Clinical Governance Committee of 8th May 2019

Reporting Period Meeting 21 February 2019

The purpose of this report is to provide the NHS Fife Clinical Governance Committee (and possibly other stakeholders) with a summary of the meeting.

The Reporting Officer/Chairperson/Accountable Person of the Group uses this report to advise the NHS Fife Clinical Governance Committee of any potential problems or areas where the quality of care or service delivery is compromised and presents a risk/issue to the organisation.

The NHS Fife Clinical Governance Committee will use the report to provide the NHS Fife Board with the assurance that clinical governance mechanisms are in place to provide and support safe, effective clinical care.

Section 1	
Title of Group/Sub-committee	NHS Fife Clinical Governance Steering Group
Date of Group/Sub-committee Meeting:	Thursday 21 February2019
Release: draft/final	Unconfirmed
Author/Accountable Person:	Dr C McKenna
Agenda item Title and Number:	Item 11.5
Date of Report:	30/04/2019

Section 2
Summary of Meeting Quality Report Initial discussions to think how to align our reporting within the Quality Report to the HIS Quality Framework. The Quality of Care Report is one key component of the quality of care framework; it may help to provide a vehicle for continual self assessment in key domains which are of specific interest to this committee.
For HSMR Boards are approaching the last publications of reporting on progress towards the current Scottish Patient Safety Programme aim of reducing hospital mortality. The methodology will be updated and Boards wait on new guidance coming out. Terms of reference review began.

Update to NHS Fife Clinical Governance Committee of 8th May 2019

Section 3	
Summary of risk/issue to be escalated/highlighted to NHSF CGC.	None.
Action taken To date?	None at present time
Accountable person for actions taken to date?	Dr McKenna
Other identified risks?	None
Action/s required from NHSF CGC?	None
Areas of good practice?	None

Update to NHS Fife Clinical Governance Committee of 8th May 2019

The purpose of this report is to provide the NHS Fife Clinical Governance Committee (and possibly other stakeholders) with a summary of the eHealth Board held 26/02/19

The ~~Reporting Officer/Chairperson/~~Accountable Person of the Group uses this report to advise the NHS Fife Clinical Governance Committee on decisions made at this governance group.

The NHS Fife Clinical Governance Committee will use the report to provide the NHS Fife Board with the assurance that clinical governance mechanisms are in place to provide and support safe, effective clinical care.

Section 1	
Title of Group/Sub-committee	eHealth Board
Date of Group/Sub-committee Meeting:	26th February 2019
Release: draft/final	Draft
~~Author/~~**Accountable Person:**	Frances Elliott
Agenda item Title and Number:	
Date of Report:	April 2019

Section 2
Summary of Meeting (An overview at this time)
The eHealth Board meet 4 times a year and provide update to Clinical Governance Committee on decisions made. At the eHealth Board meeting on 26th February 2019, the following points are for note: **Operations** The eHealth Board were informed that the critical systems list required updated and that this was currently being reviewed with an anticipated end date with three months. L Donovan informed eHealth Board that they are working towards the creation of a Board Assurance Framework. **Programmes / Projects** It was highlighted in the eHealth Board that the GDPR status had gone from green to amber due to resourcing issues. eHealth Board were presented with an SBAR from AHP services which outlined concerns around the replacement of Tiara with Morse. It has been reported that Morse will not fully support the needs of AHP services. The SBAR sought reassurance from the eHealth Board that no AHP service will be in a detrimental position following the introduction of a new data system. **New Proposals** An SBAR was reviewed which outlined the process for new eHealth proposals; there are currently 120 individual ongoing request. The SBAR looked for approval regarding the prioritisation of work load and this was **approved.**

Finance

L Donovan reported on eHealth financial position; an optimistic view is a break even position however the more realistic view is that there will be a 60k overspend.

Section 3	
Summary of risk/issue to be escalated/highlighted to NHSF CGC.	eHealth own 7 High Risks which are reviewed and discussed monthly at eHealth Management Meetings. RAG status monitored and changes reported at the eHealth Board Meeting(s), as well as an update on status. No risks have been closed since the last meeting.
Action taken To date?	Risks are reviewed and discussed monthly at eHealth Management Meetings
Accountable person for actions taken to date?	L Donovan
Other identified risks?	N/A
Action/s required from NHSF CGC?	**Note** eHealth Board
Areas of good practice?	

Fife NHS Board
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MINUTE OF THE EHEALTH BOARD HELD ON 26TH FEBRUARY AT 1400 HOURS WITHIN TRAINING ROOM 1(DINING ROOM), VHK

Present:

Dr Frances Elliot (FE)	Medical Director
Lesly Donovan (LD)	General Manager – eHealth & IMT
Ellen Ryabov (ER)	Chief Operating Officer
Scott Garden (SG)	Chief Pharmacist
Nicky Connor (NC)	Associate Nurse Director
Carolyn McDonald (CM)	Associate Director of AHP's
Andy Brown (AB)	Principal Auditor
Margaret Pirie (MP)	General Manager, Mental Health & Disability Service
Philip Duthie (PD)	General Practitioner
Grant Forrest (GF)	eHealth Clinical Lead

In Attendance:

Claire Neal (CN)	(Minute) PA to General Manager – eHealth & IMT
Marie Richmond (MR)	Head of Strategy and Programmes
Allan Young (AY)	eHealth Head of ICT Operations
Carol-Anne Rougvie (CR)	Programme Support Officer

Apologies:

Janette Owens (JO)	Associate Director of Nursing
Miriam Watts (MW)	General Manager – Emergency Care
Dr Seonaid McCallum (SM)	Associate Medical Director, Fife H&SC Partnership
Dr Gordon McLaren (GM)	Consultant in Public Health
Dr Philip Duthie (PD)	General Practitioner
Claire Dobson (CD)	Divisional General Manager – West Division
Eileen Duncan (ED)	Social Care Directorate Solutions Manager, Fife Council

ACTION

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

Frances Elliott (FE) opened the meeting by welcoming those in the room and advised that this will be their last meeting and advised that Dr Chris McKenna will take over from FE.

2 APOLOGIES FOR ABSENCE

The apologies are listed above and were **noted** by the eHealth Board.

3 MINUTE / ACTION LIST FROM PREVIOUS MEETING – 23/11/18

The minute from the meeting held 23rd November was reviewed and accepted by the eHealth Board.

The Action List was reviewed and updates provided. It was noted by FE that on the action list the name was incorrect. It should be Les Bisset and not Liz.

4 eHEALTH BOARD WORKPLAN & TERMS OF REFERENCE (ToR)

LD advised the Board regards to the attendees and who should attend the meeting to have the correct quorum.

LD advised that this requires to be updated and add Marie Richmond (MR) post to

Item 2, Membership, Head of Strategy & Programmes. **CN**

CM advised the Board the AHP should not have an apostrophe and S in the title and this has been updated. **CN**

AB) suggested to the Board that Item 5.2 under Authority & Reporting, should state "The eHealth Board will provide an annual assurance statement, cover report and minutes to NHS Fife Clinical Governance Committee". This was agreed. **CN**

LD briefly advised the Board of the eHealth Board Workplan 2019/2020.

5. OPERATIONS

5.1 eHealth Performance

Allan Young (AY) introduced the quarterly eHealth Performance Report dating from October 2018 to December 2018 and explained to the Board that account provisioning is now steady and meeting SLA target.

Scott Garden (SG) had queried if critical systems were on the report? LD & AY advised the Board that they require to update the critical list and hope for this to be completed within 3 months.

AY also explained that he was currently working on a service catalogue, our current service catalogue was out of date and insufficient to meet recent changes in regulations. **LD AY**

AB queried why an IG incident was not reported to the SIRO before being reported to the ICO. LD advised that at that time there was no appointed SIRO .

LD advised the Board that the systems chart required to be updated and include EMIS and DOCMAN. **LD**

5.2 eHealth Risk and Summary Report

FE discussed with the Board the risk register and noted that no risks have been closed as yet.

LD advised the Board that Risk 1497 – GP Practices – GDPR compliance, they are currently working closely with GP Practices to bring them up to date.

LD advised the Board that GPDR compliance is only for that point in time and needs to be continually monitored.

LD advised the Board that Risk 1519 Scanners are being carried under the tech refresh and they are looking to purchase scanners.

Ellen Ryabov (ER) queried with the Board why there are still some risks from 2015. If they have been on there since then they can't be high risk. The Board discussed what high risk was

LD advised that the risks are due to be updated very soon. **LD**

FE asked for a refresh then rescore for the next meeting. SG did advise the Board that the cover document is better at describing what the risks are. **LD**

5.3 Draft eHealth BAF

LD presented a Draft eHealth BAF for comment. LD explained that discussions around cyber security had highlited the absence of any eHealth BAF.

AB advised the Board that it is a good idea to focus on cyber security but also need to focus on overarching eHealth risks, the board agreed and a new draft will be

produced and sent for comment via email.

LD confirmed with the Board that all staff are abiding by confidentiality.

6 PROGRAMMES / PROJECTS

6.1 General Project updates

MR presented to the Board the general project updates and briefly spoke about each project on this paper.

- GDPR – the status has moved from green to amber due to a resourcing issue.
- SQL Update / SQL infrastructure system improvement – still ongoing and hope to complete by December 2019
- Community System – This has gone from red to amber expected completion date of September 2020.
- Core Network Switch Replacement – this is near completion with switch complete first week of March.
- Trackcare eIDL – MR advised Board this is being discussed in a later item.
- Cyber Resilience Project – all staff have now been employed and work is now continuing.
- HEPMA – MR advised the Board that this will be covered in later item.
- Orion Health & Social Care Portal – MR advised this is on target for completion by March 2020.
- Modernising Patient Delivery – MR advised of updates and is currently speaking with Scottish Government with to regards to patient self booking.

6.2 AHP eHealth SBAR

CM presented to the Board an SBAR with regards to the replacement of TIARA & MIDIS. CM highlighted to the Board concerns that the proposed new system MORSE would not be able to fully support the needs of AHP services. CM advised the Board that eHealth have been very supportive within this process. General discussions took place about services that use TIARA. FE thanked CM for producing this document to the board and this was very helpful.

The SBAR was seeking reassurance from the eHealth Board that no AHP service will be in a detrimental position following the introduction of a new data system

LD advised the Board that we needed to maximise on what has been invested in. Discussions are ongoing as to what the users will converge to

ER queried with the Board the use of TRAK and how it is currently being used. A lengthy discussion took place with regards to its purpose.

7 PROPOSALS / BUSINESS CASES

7.1 Draft Digital Strategy

MR presented to the Board the draft digital strategy and spoke briefly regards to document. MR advised that this is draft and there are subjects to be discussed and completed. MR asked the Board to look at draft strategy and come back with any suggestions. LD stated that the key feedback looked for is 'are we going in the right direction'. FE feedback to the Board that this was a good document. NC raised a concern that H&SCP was not included and making this one plan and not two. MR

stated that it did include 'health' activity within H&SCP, however, concerns were raised that H&SCP as a whole are not forthcoming and NC offered assistance with that. LD advised the board that initial discussions with her fife council counterpart and H&SCP have taken place with workshop planned. CM queried with the Board who the target audience was for the strategy document and thought it was quite long and could maybe be shortened for all.
FE raised concerns with Page 11 – Objectives. It was agreed that work still required to be carried out on this document.

All asked to forward any comments to MR.

7.2 C Business Case

MR presented to the Board the business case for replacing the community system MIDIS with MORSE. MR has a meeting scheduled with Claire Dobson and Margaret Pirie to discuss what is required from their services.

LD spoke to the Board regards to the finances for Morse and this being the favoured replacement for MiDIS. LD briefly explained the figures within the business case. These figures have been scrutinised and agreed. LD also advised that they have strategic funds from Scottish Government for implementing the new enabling Systems However , recurring funds h av estillto be agreed with H&SCP. LD is seeking approveal subject to the recurring funds source is agreed.
LD explained to the Board briefly regards to the eHealth budgets and what this covers e.g. Infrastructure, network, telecoms, activities server systems for NHS Fife & the health part of H&SCP.

ER queried the eHealth budget and LD advised that this was 11 Million. There were further discussions on the expenditure.

7.3 eIDL SBAR

LD briefly spoke to Board with regards to eIDL. Scott Garden (SG) also gave a description of eIDL and clarified the concerns raised to the group. The board supported the SBAR

MR advised the Board that they have a meeting scheduled for Monday 4th March with further feedback from team regards to eIDL.

7.4 Digital Health & Care Requests SBAR

MR presented to the Board an SBAR for Digital Health & Care Requests and gave some background feedback to SBAR. MR advised there were currently 120 individual projects ongoing.

Board **approved** the prioritising methodology and sense checking within the SBAR. M Richmond said that further communications would follow. **MR**

ER advised the Board of comments from members of clinical staff with concerns about data entry into TRAK system and that they feel this should be admin and not clinical. Approximately 35% of outcomes are recorded timely.

It was agreed that there should be a conversation outside this meeting to discuss further.

8 FINANCE

LD explained to the Board about the current financial expenditure required with replacing hardware to work with Windows 10. LD advised of purchasing SSD and extra RAM, this was working well. LD advised of the current revenue budget with health records now coming under eHealth. LD advised that an optimistic view is they break even but realistic is a 60k overspend.

9 UPDATE FROM OTHER COMMITTEES / GROUPS

9.1 <u>eHealth Project Board(s) Decision Log</u>

LD presented to the board for information the decision logs and briefly spoke regards to these.

LD asked for headings to be put on each document next time rather than on the tab on the excel spreadsheet. **CN**

The document was noted by the eHealth board and no further updates were required.

10 eHEALTH BOARD STATEMENT OF ASSURANCE

The board briefly discussed the Annual Statement of Assurance.

It was noted that 6.1 requires to be updated. To state “adequate and effective system as opposed to effective system. **CN**

The board queried the attendance record and what meant by dashes. CN to check with MC for reference and update the table of attendance once clarified. **CN**

11. AOCB

Margaret Pirie (MP) advised the board that they are retiring at the end of March and no replacement has been found but this is ongoing. If no replacement has been sought by the next scheduled eHealth Board meeting in May then Mental Health & Disability Service will send a Deputy. FE thanked MP for work and input and wishes MP all the very best. LD also thanked MP for their work and advised it was a pleasure working with her.

FE also announced that they are retiring and also gave thanks to all for support. LD also offered thanks for support with chairing the eHealth board and will miss.

12 DATE OF NEXT MEETING

Friday 24th May 2019, 1400 hours, Training Room 2 (Dining Room), VHK

FIFE RESEARCH GOVERNANCE GROUP MEETING
MINUTES
LH2, EDUCATION CENTRE,
QUEEN MARGARET HOSPITAL, DUNFERMLINE

	28 MAR 2019	**ACTION**
	Present: Dr Chris McKenna, Medical Director (CMcK) Prof. Alex Baldacchino, R&D Director (AB) Dr Amanda Wood, Assistant R&D Director (AW) Jennifer Tait, Senior Pharmacist, Clinical Trials (JT) Gwen Stenhouse, Management Accountant (GS) Tara Graham, Research & Development Psychologist (TG) Dr Fay Crawford, R&D Senior Research Advisor (FC) Julie Aitken, R&D Trials Facilitator (JA) Tricia Burns, Senior Research Governance Manager, TASC (TB) Agnes Tello, Programme Manager- Electra, St. Andrews University (AT) Dr Richard Malham, Research Policy Officer, St. Andrews University (RM) Lesly Donovan, General Manager e-Health & IM&T (LD) Tamara Lawson, Research Policy Officer, St. Andrews University (TL) Prof. Colin McCowan, Professor of Health Data Science, St. Andrews University (CMcC) Anne Haddow, Lay Advisor (AH) In Attendance: Roy Halliday, R&D Support Officer – minutes (RH)	
1.0	**CHAIRPERSON'S WELCOME/APOLOGIES AND OPENING REMARKS** Dr Mckenna welcomed all and advised that this was his first time chairing this Group,all introduced themselves. **Apologies;** Amirah Aslam, Scientific Officer, East of Scotland Research Ethics Service Lorraine Reilly, Office Manager, East of Scotland Research Ethics Service Prof. Frank Sullivan, Director of Research, St. Andrews University Helen Woodburn, Head of Quality & Clinical Governance Helen Wright, Director of Nursing	
2.0	**MINUTES OF THE LAST MEETING** 4.2.2 The James Mackenzie Centre for Early Diagnosis opening date should read September 2019 and not 2020, 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. AB highlighted recent success stories from the minutes.	
4.0	Agnes Tello and Prof. Colin McCowan gave the following presentation on the "ELECTA" project A discussion took place with regards to governance of this project and ongoing funding for projects such as these. CMcK requested that a paper detailing the governance around such a project and LD suggested the paper	

	be presented to the Information Governance and Security Group.	**AB**
	RESEARCH GOVERNANCE	
4.1	**RESEARCH WITHIN GOVERNANCE FRAMEWORK**	
4.1.1	TERMS OF REFERENCE RESEARCH GOVERNANCE GROUP AW advised that this is updated annually. A discussion took place with regards to deputies attending this meeting in place of core members and the fact that it is should only an immediate deputy who should be deputising at this meeting. CMcK to discuss further with the appropriate parties.	**CMcK**
4.1.2	DRAFT RESEARCH GOVERNANCE GROUP WORKPLAN AW advised that this has been reviewed and updated for the year. The workplan was accepted.	
4.1.3	R&D POLICY, SOP AND WI UPDATES & APPROVALS JA discussed her report that had been attached to the agenda.	
4.1.4	EAST OF SCOTLAND RESEARCH ETHICS SERVICE UPDATEISSUE GOVERNANCE AW updated from the report that had been attached to the agenda.	
4.1.5	NHS RESEARCH SCOTLAND BIOREPOSITORY ACCREDITATION AW advised the group of NHS Lothian's tissue process and that NHS Fife had been approved by Lothian to be one of its Biorepository satellite sites and included within the Lothian Accreditation process, rather than being accredited in it's own right since Fife doesn't bank tissue for research.	
4.1.6	RISK BASED PROGRAMME OF MONITORING JA advised that there were two studies still being actively monitored and once outstanding documentation has been received all monitoring actions will be closed.	
4.1.7	MHRA INSPECTION READINESS PLAN AW outlined the background to these inspection workplans - although Fife does not currently sponsor Clinical Trials of an Investigational Medicinal Product (CTIMPs), it was felt important that we try to meet the required standards where possible therefore limiting the amount of work required were an inspection be announced, since we do host CTIMPs led by other organisations. (i) ELECTRONIC PATIENT RECORD PLAN Allyson Bailey had met with Lesly Donovan (LD) General Manager eHealth & IM&T to discuss example findings from MHRA inspections of NHS organisations, and to determine areas where NHS Fife is compliant / identify work required to enable compliance. It was established that Fife currently complies with 4 of the 14 potential MHRA e-health related findings. Although work is ongoing to progress against the remaining 10 examples, there are instances where it is acceptable for Fife to have an alternative plan in place. (ii) INSPECTION PLAN 15 actions are currently outstanding with work ongoing to have these completed.	
4.1.8	PHARMACY UPDATE & COST AVOIDANCE JT updated the group of the current cost avoidance figures of £326,779.91. A discussion took place with regards how to make "inroads" with area's such	

	as Haematology and Neurology and keeping the Chief Investigator's on board. One investigator had to pull out of a study as he did not have the capacity to participate, AB asked what would be the best way to escalate this to the Clinical Directors, asking how do we encourage, support and inform them of the benefits. CMcK and AW will have a discussion on how to best to take this forward.	**CMcK/ AW**
4.1.9	PHASE II REVIEWS 2019 AW updated the group for the report that had been attached to the agenda.	
4.1.10	MANAGEMENT OF "GREY AREA" QUERIES AW discussed the new process for deciding whether projects were research, audit or service evaluation and the helpful documentation that Tara Graham had put together over the last few months. This has enabled a more efficient process for deciding whether proposed studies were "research". To date all studies reviewed were handed over to the IMPACT team for them to log as audit or service evaluation with the plan being that the IMPACT team will oversee the process of governance of "none research" projects which lies outside the well documented process of research governance within the organisation in future. CMcK asked that if in future updates included an overview in the form of SBAR, and items for noting only were included at the end of the agenda.	
4.2	**PUBLIC PARTNERSHIP WORKING**	
4.2.1	SHARE AW advised that the total registration was now just short of 250k, 37K of which is from Fife (representing 13% of the population.) AB advised that SHARE leaflets are on display at GP practices and in the St. Andrew University canteen.	
4.2.2	R&D/FIFE COMMUNITY ADVISORY GROUP AH gave a short update and advised that the group had not met since last October. The next meeting takes place on 25th April at St. Andrews University.	
4.2.3	TASC ANNUAL REPORT FOR CLINICAL AND CARE GOVERNANCE COMMITTEE. For noting.	
4.3	**FINANCIAL SUPPORT / RESOURCES**	
4.3.1	R&D BURSARIES/INNOVATION GRANT UPDATES FC advised that there had been 8 bursary applications with the decision process having only just been completed. Five high quality grants were being awarded, which is the largest number R&D have ever been able to support.	
4.3.2	CSO ALLOCATION AW advised that the details of a draft allocation had been received. This was down slightly on the previous year, a full update will be brought 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 RM introduced Tamara Lawson, Research Policy Officer at St. Andrews who would deputise when he is unable to attend. They are currently concentrating on the production of policies and guidelines - AW advised that they are more than welcome to use NHS Fife R&D policies and SOPs as a guide.	
5.2.2	HIC UPDATE RE NHS FIFE DATABASES R&D has been investing with HIC over the last 10 years; since all available clinical datasets have now been uploaded we need to review how our relationship with HIC changes and identify the next steps.	**AB**
5.3	**DEVELOPING RESEARCH KNOWLEDGE/SKILLS OF STAFF**	
5.3.1	R&D EDUCATION PROGRAMME FC discussed the education programme for this year. To date 5 training sessions have run with 18 attendees. FC has met 26 times with staff looking for advice.	
5.4	**AWARENESS RAISING** The Lead Nurse has been visiting different area's building relationships and discussing forthcoming projects. CMcK thought that the DVT service would be an area to visit as there could be opportunities there. It was felt that meetings with Service Managers would also be beneficial.	**RH**
5.5	**INNOVATION** There had been some recent activity led by NHS Lothian to set up an infrastructure – creating positions and a steering committee. AB and AW have been approached to participate. AB also noted that although NHS Fife does have an identified Innovation Champion they are not currently active.	
6.0	**AOCB**	
	AW discussed the Quality of Care Approach, HIS Quality Framework by which the Board is assessed. It was felt that there are 8 of the 9 domains which R&D could potentially input into.	
7.0	**DATE AND TIME OF NEXT MEETING** Thursday 27th June 2019, 10.00 – 12.00, Lecture Hall 2, Education Centre, QMH	

DRAFT

Update to NHS Fife Clinical Governance Committee of 09 May 2019

The purpose of this report is to provide the NHS Fife Clinical Governance Committee (and possibly other stakeholders) with a summary of the meeting **NHS Fife R&D Research Governance Group on 28th March 2019**

The Reporting Officer/Chairperson/Accountable Person of the Group uses this report to advise the NHS Fife Research Governance Committee of any potential problems or areas where the quality of care or service delivery is compromised and presents a risk/issue to the organisation.

The NHS Fife research Governance Committee will use the report to provide the NHS Fife Board with the assurance that clinical governance mechanisms are in place to provide and support safe, effective clinical care.

Section 1	
Title of Group/Sub-committee	Research Governance Group
Date of Group/Sub-committee Meeting:	28th March 2019
Release: draft/final	Draft
Author/Accountable Person:	Dr Chris McKenna
Agenda item Title and Number:	8
Date of Report:	05th April 2019

Section 2

Summary of Meeting (An overview at this time)

Oversight of Research Governance Group.

Oversight of delivery against R&D Strategy with updates on:

1) R&D Policies, SOPs and WI – 1 new SOP issued, 2 new WIs, 6 SOPs withdrawn since December.

2) ELECTRA presentation - Governance and funding issues discussed re the "ELECTRA" project, with a paper to go to the Information Governance & Security Group.

3) Tissue Governance – NHS Fife is currently being approved by NHS Lothian as one of their biorepository Satellite site.

4) Terms of Reference Research Governance Group - Annual update agreed. Discussion re appropriateness of deputies attending in place of core members.

5) Draft Research Governance Group workplan – Updated version for 2019 agreed.

6) Risk Based Programme of Monitoring – Two NHS Fife sponsored studies still being actively monitored.

7) MHRA Inspection Plan – (i) Electronic Patient Record Plan – Meetings have taken place with General Manager eHealth & IM&T to identify areas of compliance and those we need to progress.

8) MHRA Inspection Plan – (ii) Inspection Plan – 15 actions are now outstanding; with ongoing work to ensure their completion.

9) Pharmacy update – Current cost avoidance figure for 2018-19 due to research activity is £326,780.

10) Management of "grey area" queries – Development of documentation to help categorise projects as research, audit or service evaluation continues. After extensive piloting in R&D it was agreed that this review process should be transferred to the IMPACT team which is responsible for Service evaluation/Audit.

11) SHARE – Total registrations for Scotland is now 250k, 37k of which are from Fife.

12) Awareness Raising – R&D team and Lead Nurse have been visiting clinical areas to build relationships and discuss support available via R&D. This will be extended to include Service Managers.

13) R&D Bursaries – 5 out of 8 high quality applications submitted to the NHS Fife R&D Bursaries were agreed to be funded.

14) Fife Community Advisory Group – Excellent Lay involvement and input continues, reporting on expansion of the Advisory group via Fife Peoples Panel

Section 3	
Summary of risk/issue to be escalated/highlighted to NHSF CGC.	Lack of capacity of staff in clinical areas to become involved in research with the associated lack of opportunities for Fife patients and loss of potential resources to the organisation.
Action taken to date?	Professor Alex Baldacchino, Amanda Wood and Dr Chris McKenna to meet to discuss how to take this forward.
Accountable person for actions taken to date?	Professor Alex Bladacchino
Other identified risks?	Current capacity within Pharmacy to support Clinical Trials, particularly Oncology trials which are currently not able to be opened due to Pharmacy capacity issues.
Action/s required from NHSF CGC?	For noting at current time
Areas of good practice?	1. Expansion of public involvement via Primary Care Research Advisory Group 2. 5 R&D bursaries have been awarded 3. SHARE

Minutes of the Health & Safety Sub Committee held on Friday 14th December 2018 at 13:30 within Estates Meeting Room, Phase 1, Victoria Hospital

Present:

Dr Frances Elliot, Medical Director
Mr Andrew Fairgrieve, Director of Estates, Facilities and Capital Services
Ms Barbara Ann Nelson, Director of Workforce
Mr Conn Gillespie, Staff Side Representative

In attendance

Mr Craig Webster, Health & Safety Manager
Mr David young (minute taker)

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

Mr Fairgrieve welcomed members to the Health & Safety (H&S) Sub Committee meeting. Mr Fairgrieve tabled revised Terms of Reference for the Sub Committee. The revisions reflect changes at Director level and also include addition of Staff Side Representation. The Sub Committee Chair is now Director of Estates, Facilities and Capital Services and Vice Chair is Director of Workforce.
Members were happy with the proposed changes.
Mr Fairgrieve welcomed Mr Gillespie as Staff Side Representative.

2. APOLOGIES

Apologies were noted from Mr Paul Hawkins, Chief Executive.

3. MINUTES OF PREVIOUS MEETING

3.1. Approval of previous minutes

The minutes of the previous meetings were reviewed for accuracy.
Members were satisfied that minutes were an accurate reflection of the meeting.

3.2. Actions List Update

The Action Log was reviewed. It was suggested by AF that in the future, all completed actions should be "greyed out". ACTION: CW

3.3. Matters arising not on agenda

There were no further matters arising from the minutes of the previous meeting

4. WORKPLANS

4.1. H&S Sub Committee Workplan

The Sub Committee workplan had been submitted at the previous meeting. Mr Webster noted that the Annual Statement of Assurance had been added for the March 2019 Meeting. The H&S Champions project had also been removed from the workplan.

4.2. Health & Safety Team Workplan

The H&S Team Workplan had been updated to reflect progress against activities but there were no significant additions or deletions to the content.

5. NHS FIFE ENFORCEMENT ACTIVITY

5.1. HSE Improvement Notices (Sharps Management Issues)

Mr Fairgrieve informed the group that the feedback from HSE inspection in October was reasonably good but that there were still some outstanding issues related to training. The Improvement Notices had therefore been extended to the end of March 2019.

Mr Webster reported that the "Sharps Policy" and associated procedures were now approved and in place. To move the training issues forward, training packs have been developed and will initially cover the 5 most commonly used devices. Training will be delivered in the form of a "Sharps Box" talk. It is envisaged that Senior Charge Nurses will deliver the training at ward level.
Attendance and devices covered in training will be recorded and completed records held locally. A copy will also be sent to the Health & Safety Department so training can be recorded electronically on the eESS database The Maternity Department will pilot the training. ACTION: CW

After some discussion, the group agreed that new staff and Junior Doctors must be included in the sharp box talks.

Dr Elliot agreed to contact the education centre to organise the inclusion of sharps training in Junior Doctors Induction.

5.2. Any other enforcement activity

No further activity to report

6. INCIDENTS

6.1. Incident Statistics Report

Mr Webster presented a report showing the quarterly incidents statistics from 01 August to 31 October 2018. Mr Fairgrieve said that he thought that the information within the report was good and added that he would now like to focus more on what can be done with the data at the next meeting.
Dr Elliot asked if Mr Webster could contact the Clinical Governance team regarding the format and the use of infographics. ACTION: CW

Mr Webster also tabled benchmarking data for the majority of NHS Boards in Scotland. He noted that this data was compiled through the NHS Scotland H&S Heads of Service Group. He noted that graphs relating to total staff incidents should be treated with a degree of caution as the nature of incidents recorded in electronic systems varies across boards. For specific incident types noted in the report, the benchmarking was felt to be more accurate and showed NHS Fife as comparable for both overall number and incidence rates with similarly sized boards.

6.2. RIDDOR Incidents Overview / Update

A report showing RIDDOR figures was presented to the subcommittee.

CW explained that plans are in place to stop the practice H&S team will stop chasing 30 weeks check.

Occupational Health and H&S are currently reviewing internal systems for ensuring that staff who have visited occupational health have also completed a Datix record.

There was some discussion regarding the use of the 'not yet known' category on Datix. It was suggested that it may be beneficial if the improper use of the "not known" in category in DATIX should be highlighted in the Datix News Letter and H&S Bulletin. ACTION: CW

7. OTHER BUSINESS

7.1. Sharps Strategy Group

CW informed the group that the first meeting for Sharps Strategy Group is scheduled to take place at the end of Jan 2019. Invites have been issued asking for staff to participate. Mr Webster noted that Dr Ainsworth, Consultant in SCBU was unfortunately unable to be involved, leaving a gap in medical representation on the group.
Dr Elliot to discuss with Dr McKenna regarding suitable nominee. ACTION: FE

Dr Elliot also suggested that Mr Webster should contact Practice and Professional Development and ask if someone will attend. ACTION: CW

7.2. Adverse Weather and PPE

Mr Webster advised the committee that during the winter months, NHSF staff, (particularly staff working in the community), often contact the H&S Team regarding the supply of overshoes.
Mr Webster tabled an SBAR which had been discussed with Mr Fairgrieve. The SBAR proposed that NHS Fife do not routinely issue overshoes and suggested that a more reasonable and proportional approach should be taken with a Risk Assessment being carried out in the first instance and equipment supplied required.

After some discussion, the group agreed that they are happy to support this proposal. It was also suggested that a generic Risk Assessment should be made available on the intranet. ACTION: CW

7.3. NHS Fife H&S Policy

Mr Webster advised that the NHS Fife H&S policy has been completed and circulated to the committee members for comments. Mr Fairgrieve requested that Appendix 2 of the policy be updated to include Sharps Strategy Group. Otherwise there were no additional amendments and members were happy for Policy to be submitted to General Policies Group. ACTIONS: CW

7.4. Policy / Procedures Update

Mr Webster noted that a number of policies and procedures were included in the subcommittee workplan for submission in December. However, the documentation was requiring more extensive reworking even just to bring it in line with current template. Mr Webster apologised for the length of time this work was taking.

7.5. Governance Structure Update

Mr Webster noted that the November meeting of the Acute Services Division/ Corporate Directorates Local Partnership Forum had incorporated a longer H&S section in the agenda. This amendment had previously been proposed as a trial process for 2019 to see if the LPF could be utilised as a suitable H&S Committee. Following the November LPF however, it was agreed in discussions with Mr Webster, Mr Gillespie and Mr Fairgrieve that this was not going to be a workable proposition. To this end Mr Webster advised that that he plans to set up a separate Health & Safety Committee for Acute Services Division and Corporate Directorates. The first meeting should take place sometime in February / March. Mr Webster will chair the committee and will write to LPF members requesting nominations ACTION: CW

7.6. H&S Champions Update

Mr Webster and Mr Fairgrieve noted that they had discussed the H&S Champions project. They advised that this had been requested by Jann Gardner, Chief Operating Officer. With Ms Gardner's departure however, it was agreed that this work would be halted for the time being. Subcommittee members agreed to this proposal.

7.7. Risk Register

Mr Fairgrieve noted that the use of the risk register for H&S issues required further work and this would be managed in conjunction with Mr Webster. ACTION: CW/ AF

7.8. Health & Social Care Partnership Manual Handling Update

Mr Webster noted that there were currently no further concerns being raised within the HSCP with regards to access to manual handling training but this situation would be monitored. Mr Fairgrieve noted that he had attended the HSCP Health & Safety Forum. He commented that the meeting was well organised.

7.9. H&S Clinic Update

Mr Webster advised that the Health & Safety team had previously run H&S "Clinics" (similar to the "clinics" run by MPs) in 2018. However team absences had affected development of these. Mr Webster & Mr Fairgrieve are keen to raise the profile of the H&S team within NHS Fife and reintroduction of the clinics will be considered for 2019/ 2020.

8. ANY OTHER COMPETENT BUSINESS

8.1. Waste contingency plans.

Mr Fairgrieve updated members with regards to the waste management contingency plans following withdrawal of this service by Healthcare Environment Scotland (HES). Mr Fairgrieve reported that Mr Jim Rotherham (Facilities Manager) is overseeing the contingency arrangements and NHS Fife currently has clinical waste uplifts under control. Mr Webster advised that he is involved in regular meetings of key departments involved with contingency arrangements.

9. DATE OF NEXT MEETING

Friday 29th March 2019, Training Room 2, Dining Room VHK at 13:30

Update to NHS Fife Clinical Governance Committee of (insert date)

Reporting Period December 2018 to Febrary 2019

The purpose of this report is to provide the NHS Fife Clinical Governance Committee (and possibly other stakeholders) with a summary of the meeting …….. (defined by them).

The Reporting Officer/Chairperson/Accountable Person of the Group uses this report to advise the NHS Fife Clinical Governance Committee of any potential problems or areas where the quality of care or service delivery is compromised and presents a risk/issue to the organisation.

The NHS Fife Clinical Governance Committee will use the report to provide the NHS Fife Board with the assurance that clinical governance mechanisms are in place to provide and support safe, effective clinical care.

Section 1	
Title of Group/Sub-committee	Health & Safety Sub Committee
Date of Group/Sub-committee Meeting:	14 December 2019
Release: draft/final	Final
Author/Accountable Person:	Craig Webster, H&S Manager
Agenda item Title and Number:	
Date of Report:	16 April 2019

Section 2
Summary of Meeting (An overview at this time)
First meeting of H&S Sub Committee following move of H&S Team from Workforce to Estates Directorate. First meeting chaired by Mr And Fairgrieve. Terms of Reference for committee updated to include Staff Side Representation. Discussions and development of workplan for the subcommittee and for the Health and Safety Services Teams. Bulk of meeting around works related to the Improvement Notices from Health & Safety Executive (HSE). Review of proposed Sharps Training Pack and how it would be delivered, especially in Maternity Services as this was the area covered by the Improvement Notices. Discussion and review of Incident Data and RIDDOR reporting. No issues of significance to escalate at this time.

Update to NHS Fife Clinical Governance Committee of (insert date)

Discussion and update on the NHS Fife Health & Safety Policy. Agreement that a dedicated Health & Safety Committee should be set up for the Acute Services Division/ Corporate Directorates. Review of actions following withdrawal of contractor dealing with clinical waste services.

Section 3	
Summary of risk/issue to be escalated/highlighted to NHSF CGC.	Since the December meeting, the Improvement Notices relating to Management, Use and Training for medical sharps have been signed off as compliant by the Inspector (04 April 2019).
Action taken To date?	N/A
Accountable person for actions taken to date?	N/A
Other identified risks?	None at present
Action/s required from NHSF CGC?	None

Areas of good practice?	NHS Fife now has good processes and procedures in place for compliance with the Health & Safety (Sharp Instruments in Healthcare) Regulations 2013. Ongoing work now will be to embed these systems across NHS Fife and the Health & Social Care Partnership.

UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD ON WEDNESDAY 20 FEBRUARY 2019 AT 10.00 AM IN CONFERENCE ROOMS 2 & 3, GROUND FLOOR, FIFE HOUSE, NORTH STREET, GLENROTHES, FIFE, KY7 5LT

Present	Councillor Rosemary Liewald (Chair) Christina Cooper (Vice Chair) Non-Executive Members – Eugene Clarke, Dr Les Bisset, Martin Black, Margaret Wells - NHS Fife Wilma Brown, Employee Director, NHS Fife Dr Frances Elliot, Medical Director, NHS Fife Councillors David Alexander, Tim Brett, David Graham, Fiona Grant, David J Ross, Tony Miklinski and Jan Wincott - Fife Council Carolyn McDonald, Associate Director, Allied Health Professionals Debbie Thompson, Joint TU Secretary Ian Dall, Chair of Public Engagement Network Karen Mack, Independent Sector Representative Morna Fleming, Carer Representative Simon Fevre, Staff Representative, NHS Fife
Professional Advisers	Michael Kellet, Director of Health and Social Care/Chief Officer Jen McPhail, Chief Finance Officer Nicky Connor, Associate Nurse Director Dr Katherine Paramore, Medical Representative
Attending	Claire Dobson, Divisional General Manager (West) David Heaney, Divisional General Manager (East) Evelyn McPhail, Director of Pharmacy Seonaid McCallum, Associate Medical Director, NHS Fife Fiona McKay, Head of Strategic Planning, Performance & Commissioning John Mills, Head of Housing Services Norma Aitken, Head of Corporate Services Wendy Anderson, H&SC Co-ordinator (Minute) Belinda Morgan, Billy Bunce and Lesley Stewart for Person Story

NO	HEADING	ACTION

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Health & Social Care Partnership (H&SCP) Integration Joint Board (the Partnership Board).

Nicola Braid, a Staff Nurse at the Mayfield Unit at Lynebank Hospital has been awarded an honorary fellowship at the University of Edinburgh.

Dr Frances Elliot, NHS Medical Director is attending her final meeting. Dr Chris McKenna is taking over this role and will attend future IJB meetings. The Chair thanked Dr Elliot for her contribution to the IJB and wished her well for the future.

NO	HEADING	ACTION

CHAIRPERSON'S WELCOME AND OPENING REMARKS (CONT)

Jen McPhail, Chief Finance Officer leaves on 8 March 2019 to take up a new role with Borders Care. The Chair thanked Jen for her contribution to the IJB and wished her well for the future.

Karen Mack, Independent Sector Representative is attending her final meeting in this role as she is returning to the Care Inspectorate. The Chair thanked Karen for her contribution to the IJB and wished her well for the future.

The Chair advised members that a recording pen was in use at the meeting to assist with Minute taking.

2 PERSON STORY – HIGH HEALTH GAIN AND LOCALITY HUDDLES

Belinda Morgan, Billy Bunce and Lorna Stewart presented Elizabeth and Ian's story which illustrated how multi-disciplinary teams are making a positive difference to the lives of Fife residents who have complex health needs.

The slides used will be circulated to IJB members. **NA**

The presentation was well received and the Chair thanked Belinda, Billy and Lorna for attending the IJB.

3 DECLARATION OF MEMBERS' INTERESTS

Nil.

4 APOLOGIES FOR ABSENCE

Apologies had been received from Helen Wright, Julie Paterson, Dona Milne, Susie Mitchell, Dougie Dunlop, Steve Grimmond and Paul Hawkins.

5 MINUTE OF PREVIOUS MEETINGS

There was discussion on the content of the Minute of the meeting held on 20 December 2018. Margaret Wells suggested the minutes were shorter than they should be and should convey more of the discussion. She also asked for additional content to be added, which she will provide. Minute will be updated accordingly.

6 MATTERS ARISING

The Action Note from the meeting held on 20 December 2018 was agreed as an accurate record.

Joining Up Care Consultation – Michael Kellet gave an update on the two participation requests which had been received by NHS Fife. These have been

6 MATTERS ARISING (CONT)

accepted and NHS Fife is currently determining what this will entail. An update on the requests will be provided in due course.

David Heaney gave an update on the position with the Community Hospital Redesign element of the Joining Up Care project. An Options Appraisal meeting took place in December 2018. The consultation process has been extended, as previously agreed. Both this and the Urgent Care workstreams involve many of the same officers, but progress is being made. It has been suggested that workshop be held to assist this process. Weekly meetings are being held and clinical and financial modelling is being undertaken.

Claire Dobson updated on the Urgent Care (Out of Hours) workstream which had been discussed at the previous Integration Joint Board meeting. A process has been developed for the addendum and Claire is happy to share this with IJB members. A variety of meetings have been held in the North East Fife area and these will be replicated in each area of Fife. The Urgent Care Working Group has been reformed and meetings have been scheduled for March 2018 to look at ideas for Fife as a whole. **CD**

7 PERFORMANCE

7.1 Finance Report

Jen McPhail presented this report which gave the latest available financial position as at 30 November 2018. Jen gave an update on several items as at December 2018, these figures will be finalised in the near future.

Discussion was held in relation to pharmacy savings, the potential financial impact forecast in relation to Brexit, stockpiling medicines, the recent pay agreement and budget realignment.

The Board:-

- noted and discussed the financial position as reported at 30 November 2018.
- noted and discussed the key risks and challenges highlighted in the first section of the report.
- agreed that the Director of Health and Social Care discusses with the two parent body Chief Executives regarding the Homecare position reversal of savings as agreed in November 2018.
- noted the Chief Finance Officer, Associate Director of Nursing with Nursing Director and Director of Finance require to meet regarding the Workforce Planning Tool - Principle of Funding.

7.1 Finance Report (Cont)

- charged the Director of Health and Social Care and Senior Officers to deliver on bringing budgets back in line in year as far as reasonably possible.

- noted the additional funding approved to Homecare funded through winter monies and the pressure this has on the funding situation now the winter plan has been approved.

- noted the increased pay award offer and the potential impact to the IJB - £0.500m in year if approved

- directed escalation to partners of the financial position and comply in line with Integration Scheme to request additional funding.

- noted a detailed report on internal homecare performance including Finance and Impacts to be submitted to the February F&P Committee by DGM East Division.

- noted a detailed report on external Homecare performance including Finance and Impacts to be submitted to the February F&P Committee by Head of Strategic Planning, Performance and Commissioning.

7.2 Financial Outlook

Jen McPhail presented this report which was an update as final budgets have now been agreed for Fife Council and NHS Fife. The H&SC Budget report will be brought to the next IJB meeting and will bring forward suggestions on how to close the projected budget gap.

During discussions on Healthcare Technology it was suggested that this be the topic for a future Development Session. This was agreed and the appropriate staff from Fife Council and NHS Fife will be invited to deliver this. **MK**

The Board:-

- noted the Scottish Government funding Letter and the funding assumptions.

- noted the ability for the HSCP to deliver transformational savings projects in 2019-20.

- noted the proposal regards charging in terms of scenario 1 and current discussions.

- note the required investment in Healthcare Technology to make the long term financial strategy.

NO	HEADING	ACTION

7 PERFORMANCE (CONT)

7.2 Financial Outlook (Cont)

- agreed to use a future Development Session to discuss developments in tele-healthcare and technology. **MK/NA**

Prior to presenting his report (Item 8.2) John Mills advised that work is ongoing to secure a residential property in Kirkcaldy which will hopefully be adapted to use as a demonstration house for technology which can be used within Health and Social Care as well as other uses.

7.3 Audit Scotland – Integration Progress Report

Jen McPhail presented this report and advised that a Ministerial Review Group has been set up. This group has produced a report which will be circulated to IJB members prior to the IJB Development Session on 5 March 2019. **MK**

The Board agreed to:-

a) note the contents of this report; and

b) approve the proposal that an action plan will be developed in collaboration with partner organisations through the Chair of the IJB and the Director of Health and Social Care.

7.4 Performance Report

Fiona Mckay presented this report which was for information. Discussion was held regarding the significant pressures on Care at Home and START beds and the short term solution which is in place as part of the Winter Plan.

CAMHS waiting times were also discussed along with alternative therapies, Our Minds Matter and the introduction of a mental health nurse into each High School in Fife. Cllr Brett offered to send Morna Fleming the most recent review of CAMHS which went to Clinical and Care Governance Committee. **NA**

8 STRATEGY

8.1 Ethical Care Charter

Fiona Mckay presented a report on the Unison Ethical Charter which has been discussed at Clinical and Care Governance. The charter asks that Partnership commit to implement the principles within our care at home services and with our partner agencies and this was agreed.

8.2 Fife's Rapid Rehousing Transition Plan

John Mills, Head of Housing Services presented this report which was recently approved by the Community and Housing Services Committee at Fife Council on 14 February 2019. The Board:-

a) Noted the contents of the Plan and the direction of travel in homelessness service.
b) Supported the ongoing positive prevention work and collaborative approaches across Housing, Health and Social Care.
c) Discussed any areas the IJB can identify for further collaboration to generate transformational change.

8.3 Fife Health and Social Care Partnership Workforce Strategy 2019-2022 – Action Plan for Year 1

Michael Kellet presented this report which was requested at the IJB on 20 December 2018 when the Workforce Strategy was approved. Discussion around the Action Plan included the involvement of the 3rd and Independent sector and monitoring of the Plan. Les Bisset suggested only one Lead for each action would be more appropriate.

The Board noted the Fife Health and Social Care Partnership Delivery plan for implementation of the workforce strategy and that progress on the action plan would be reported to the IJB annually.

9 MINUTES FROM OTHER COMMITTEES & ITEMS FOR NOTING

The Chair asked the Chairs of the three governance committees if they had any issues they wished to highlight to the IJB.

9.1 Unconfirmed Audit & Risk Committee Minute from 30 January 2019

Eugene Clarke highlighted the discussion which had been held on updating the Terms of Reference to allow co-opting of people onto the Committee and also the deferral of the audit of Risk Management.

9.2 Confirmed Clinical & Care Governance Committee Minute from 9 November 2018

9.3 Unconfirmed Clinical & Care Governance Committee Minute from 25 January 2019

Tim Brett advised that the meeting held on 9 November 2019 was not quorate but with the addition of Martin Black and Jan Wincott to the Committee this should not be an issue in the future.

9.4 Unconfirmed Finance & Performance Committee Minute from 31 January 2019

NO	HEADING	ACTION

9.5 Unconfirmed Local Partnership Forum Minute from 31 October 2018

10 AOCB

Martin Black noted that the partnership does not have a group convened to discuss Brexit. Michael Kellet advised that officers from the partnership are represented on Fife Council and NHS Brexit groups as well as Local and East Region Resilience Groups.

11 DATE OF NEXT MEETINGS

IJB Development Session – Tuesday 5 March 2019 – 2.00 pm – Conference Room 2, Ground Floor, Fife House, North Street, Glenrothes, KY7 5LT

IJB Budget Setting Meeting - Thursday 28 March 2019 – 3.00 pm – Conference Rooms 2 & 3, Ground Floor, Fife House, North Street, Glenrothes, KY7 5LT. Please not change of date and time for this meeting.

Update to NHS Fife Clinical Governance Committee of (insert date)

Reporting Period (Date) to (Date)

The purpose of this report is to provide the NHS Fife Clinical Governance Committee (and possibly other stakeholders) with a summary of the meeting …….. (defined by them).

The Reporting Officer/Chairperson/Accountable Person of the Group uses this report to advise the NHS Fife Clinical Governance Committee of any potential problems or areas where the quality of care or service delivery is compromised and presents a risk/issue to the organisation.

The NHS Fife Clinical Governance Committee will use the report to provide the NHS Fife Board with the assurance that clinical governance mechanisms are in place to provide and support safe, effective clinical care.

Section 1	
Title of Group/Sub-committee	Integration Joint Board
Date of Group/Sub-committee Meeting:	20 February 2019
Release: draft/final	Final
Author/Accountable Person:	Michael Kellet
Agenda item Title and Number:	
Date of Report:	

Section 2
Summary of Meeting (An overview at this time)
Minute of the IJB meeting held on 20 February 2019.

Section 3	
Summary of risk/issue to be escalated/highlighted to NHSF CGC.	
Action taken To date?	
Accountable person for actions taken to date?	
Other identified risks?	

Update to NHS Fife Clinical Governance Committee of (insert date)

Action/s required from NHSF CGC?	
Areas of good practice?	

Fife NHS Board
UNCONFIRMED

Minute of the Information Governance & Security Group meeting held on Friday 1st March 2019 at 10:00am within Training Room 1, VHK

Present:
Ellen Ryabov (ER), Senior Information Risk Owner / COO - Chair
Lesly Donovan (LD), General Manager – eHealth & IMT
Dr Chris McKenna (CM), Medical Director & Caldicott Guardian
Margaret Guthrie (MG), Information Governance and Security Manager
Kirsty MacGregor (KM), Head of Communications
Janette Owens (JO) Associate Director of Nursing *(for H Wright)*
Torfinn Thorbjornsen (TT), Information Services Manager
Gail Watt(GW), Divisional Head of Health Records, Acute
Allan Young(AY), eHealth Head of Operations

In attendance:
Andy Brown (AB), Principal Auditor
Claire Neal(CN), PA to General Manager eHealth & IMT
Garry Taylor(GT), Information Security Manager
Heather Fernie (HF), Business Manager, H&SCP
Jane Mercer (JM), Legal Services Manager
Pauline Cumming (PC), Risk Manager

Apologies:
Bruce Anderson (BA), Head of Partnership
Donna Milne (DM), Director of Public Health
Kathleen Norris (KN), Radiology IM&T Systems Manager
Carol Potter(CP), Director of Finance
Michelle Smith (MS), Medical Records Manager, Mental Health Service
Amanda Wood (AW), Assistant Research and Development Director IMT
Seonaid McCallum (SM), Associate Medical Director, H&SC Partnership
Donna Hughes (DH),
David Gowans (DG), Primary Care IM&T Manager *(For Joyce Kelly)*
Stephen McGlashan (SM), Microbiology Service Manager
Lesley Gauld (LG) – Information Compliance Manager, IJB
Yvonne Chapman (YC), Risk Management Co-ordinator
Fay Crawford (FC), Senior Research Advisor

		ACTION
1.	**CHAIRPERSON'S WELCOME AND OPENING REMARKS**	
	Ellen Ryabov opened the meeting and welcomed those present and a round of introductions took place.	
2.	**APOLOGIES**	
	Apologies were noted.	
3.	**MINUTES OF PREVIOUS MEETING HELD 23rd November 2018**	

	Minutes from previous meeting were reviewed and the following observations we brought to the Board. Pauline Cumming (PC) advised their name had been spelt incorrect. Updated accordingly. Andy Brown (AB) advised that item 7.1 FOI update, the compliance rate was not reflected in minute.	
4.	**ACTION LIST** The Action List was reviewed and updated accordingly.	
5.	**IG & SECURITY PLAN UPDATE** Margaret Guthrie (MG) brought to the Board the following. • DPIA's – MG explained what these are and how they are completed. • The GDPR implementation is making good progress however this is not complete • Information Governance is now fully resourced with two additions to the team as previously advised in last meeting in November 2018. Ellen Ryabov (ER) asked if there was an Information Governance plan and Lesly Donovan (LD) advised there is but this requires to be reviewed as this was pre GDPR. LD to update actual plan.	**LD&MG**
6.	**IG TRAINING UPDATE** MG advised the Board that they still require to meet with Bruce Anderson (BA) to discuss how they implement IG training for new staff as well as refresher training for current staff. MG highlighted the importance for continued training. AB also spoke the regards to the importance of Cybersecurity.	**MG & BA**
7.	**INFORMATION REQUESTS** LD advised the Board that FOI's are split into 2 areas, IJB and NHS Fife **<u>7.1a FOI Figures – IJB</u>** LD presented to the Board paper item 7.1a and explained the purpose of this document. LD advised that the figures were from January to December 2018 and explained that there had been a steady increase in response rates from Q1 to Q4 with the percentage rate of response increased to 87%. ER queried if they don't respond to FOI's. LD said that NHS Fife always respond however sometimes it is a negative response if we do not have the information. AB asked how IJB & NHS Fife compliance rates compared with other Boards. LD advised the figures aren't published but would check. **<u>7.1b FOI Figures – NHS Fife</u>** LD spoke about item 7.1 b NHS Fife compliance figures and advised that these had improved from 54% in the previous quarter to 72% in this quarter which was an 18%	**LD**

	increase rate. ER queried how FOI's were received into department. LD advised that they are received within Corporate and then issued to relevant department but majority of FOI's are received within eHealth. MG advised the Board that there is a proposal currently to have an Information Team which would be a single point of contact to deal with all FOI's and SARS and this would manage the compliance. Kirsty MacGregor (KM) advised this is still being discussed. **7.2a SAR's – Compliance** MG produced item 7.2 to the Board and explained compliance figures with SAR'S. ER queried what is asked for in SAR'S. MG confirmed majority of SARS are health records. Gail Watt (GW) also confirms that they receive solicitor requests but again these are generally relating to health records. AB queried if SAR's are related to complaints, GW confirmed not all. Further discussions were had within Board to figures. MG advised the Board they are looking to streamline and reduce the amount of colleagues that deal with SAR's. ? queried why a SAR's could be delayed. LD advised that on occasion responses can be held back if another appointment is taking place or didn't have enough information at time. ? Heather Fernie (HF) queried the figures for East Division and were these correct. MG advised that each division updates themselves. **7.2b SAR's SBAR** MG presented to the Board an SBAR explaining that NHS Fife is failing to comply with SARS timescales which could incur a financial risk. MG gave background to SBAR and the request for a single point of contact (SPOC) to assist with the process of SARS. MG confirmed with the Board that there is lack of training or consistent training with respects to SARS. Primary Care still to have training. MG raised concerns with the Board that staff think this is an administrative task and not a legislative task. MG explained to the Board that one of the requests with GDPR is that SARS should be user friendly. MG confirmed with the Board that the intranet does require to be updated. MG confirmed with Board that we are 72% compliant and we should be aiming for 100%. Although this figure is not set with the ICO it is expected to be 100% compliant. ER queried if we know what the compliance rate is for other Health Boards. MG confirmed advised that we don't. Brief discussion within Board to compliance rates and also the expected time scale set for response to SARS. It was confirmed from this discussion that it is 30 calendars days and the target date is set from when all relevant information is received. RB queried if NHS Fife have been fined before and MG confirmed no. Garry Taylor (GT) queried with the Board when ICO would come and audit and MG confirmed that can appear at any time. There was further discussion regards to the SBAR and SPOC. MG confirmed there would be no staff changes IG department will control In/out SARS. After lengthy discussion within Board ER confirmed that they are unable to agree with the SBAR when there hasn't been enough information provided regards to possible implications, roles and responsibilities. ER asked for a further report from MG with regards and once this has been updated to bring back to Board and the can discuss and review again.	**MG**

	MG & LD tried to reconfirm any points of concerns but ER advised that further work requires to be done, possibly a short life working group. **The above request was declined.**	
8.	**DATA PROTECTION UPDATE (s)** MG confirmed that the Information Asset Register requires updating and centralising. LD explained briefly regards but explained that this is significant piece of work and extremely time consuming. Pre May 2018 this will be reviewed by contracts team. GDPR has created huge pieces of work. LD raised concerns that more communication requires to come from Leadership. ER queried if there is a workplan and has this been signed off. MG confirmed there is no workplan for GDPR but this is to be reviewed. Further discussion were had within Board regards to workplan as ER advised that this is a live document and if concerned members are not providing information then this requires to be escalated. LD confirmed that the escalation is within these produced papers.	**MG**
9.	**INFORMATION POLICIES UPDATES(s)**	
	9.1a – Policies Summary Report GT made a brief introduction to the Board regards to Information Policy Workplan.GT advised there are currently two policies for review and these have been approved by General Policy Group but are awaiting endorsement from EDG before publication. GT confirmed that all documents were under control and good work has been put into these. 9.1b – Policies Report GT advised the Board that there are currently 12 policies for review from May 2019 to Jun 2019 and these will be reviewed and advised where necessary. These will be brought to the Information Governance Group in August 2019.	
10.	**INFORMATION & SECURITY RISKS / INCIDENTS** **10.1 – Information Security Incidents** GT advised the group that under GDPR regulations they are required to records all incidents and these are reported in two systems called Datix and Cherwell. GT briefly spoke to Board to how these are filed and how data is report to the authority. GT confirmed if there were any eHealth risks they would be raised at the eHealth Board meetings. AB queried if ? was reported to ICO within 72 hours. MG confirmed this was. **10.2a Information Security Risks Summary** GT briefly spoke and advised that all risks are addressed. Staff are expected to	

	manage their own risks. ER queried why there are risks that have been on the list from some time and haven't been updated. GT advised that they are all relevant and these are on there to make aware. LD asked we do update what information is required for this Board as this information is taken from Datix. Further discussion to take place on which fields to pull from Datix to configure report. **10.2b Information Security Risks Report** This was discussed with the above item.	**GT/MG**
11.	**ICO UPDATE**	
	11.1 2X Breach – ICO Response MG briefly spoke to Board regards to two Data Protection breaches. ICO confirmed with NHS Fife have replied in time and that staff have received appropriate training. These have been closed and no fines have been incurred.	
12.	**APPROVALS** **12.1 Information Governance and Security Group Terms of Reference** MG discussed the ToR with Board. AB rose with the Board further suggestions to assurance statement to confirm that they have completed but this is in 19/20 workplan. AB also highlighted item 4.4 and adding if they have been responded. MG raised a concern with the Board regards to the non-attendance of this meeting and communication can be poor. ER advised that this meeting clashes with another meeting but will look at attendance. ER queried with Board after this meeting where these minutes go and it was confirmed that they are forwarded to Clinical Governance meeting. **12.2 Draft Workplan 2019-2020** This will be available by the next meeting **12.3 Draft Annual Assurance Statement for CGC – 2018-2019** This will be available by the next meeting. **12.4a IG Compliance Working Group SBAR** MG presented to the Board an SBAR raising concerns that there are issues with communication between IG and staff. It was suggested setting up a group for Information Governance Champions to help with this. Michelle Campbell (MC) would like to meet with staff once a month from different areas to discuss areas of DPA. Assist with any queries and assist with further training. HF advised that they are happy and would go out to other Business Managers within partnership. Above was agreed	

	12.4b Terms of Reference – IG Compliance Working Group MG asked for approval in Michelle Campbells absence and this was granted by the Board. **AOCB** No members brought anything other business to meeting. **DATE AND TIME OF NEXT MEETING**	
	The next meeting is on 28th May 2019, 14.00, Training Room 1, (Dining Room) VHK. Apologies noted Dr McKenna.	

Update to NHS Fife Clinical Governance Committee of 8th May 2019

The purpose of this report is to provide the NHS Fife Clinical Governance Committee (and possibly other stakeholders) with a summary of the Information Governance and Security Group meeting.

The ~~Reporting Officer/Chairperson/~~**Accountable Person** of the Group uses this report to advise the NHS Fife Clinical Governance Committee on decisions/issues raised at this governance group.

The NHS Fife Clinical Governance Committee will use the report to provide the NHS Fife Board with the assurance that clinical governance mechanisms are in place to provide and support safe, effective clinical care.

Section 1	
Title of Group/Sub-committee	Information Governance and Security Group
Date of Group/Sub-committee Meeting:	1st March 2019
Release: draft/final	DRAFT
~~Author/~~**Accountable Person:**	Ellen Ryabov
Agenda item Title and Number:	
Date of Report:	April 2019

Section 2
Summary of Meeting (An overview at this time)
The Information Governance and Security Group (IG&SG) meet 4 times a year and report to the Clinical Governance Committee, highlighting areas of note. **GDPR** M Guthrie, Data Protection Officer, updated the Group that the implementation of GDPR is not complete however has made good progress **FOI / SAR** The compliance to FOI timescales has increased within NHS Fife with Information Governance confirmed that there has been a steady increase in compliance to response deadlines, NHS Fife saw an 18% from the previous quarter. The Group **declined** an SBAR that recommended the centralisation of the Subject Access Requests, asking that a Short Life Working Group was initiated to address some of the concerns around compliance to timescales and outline further options for the IG&S Group to consider.

Update to NHS Fife Clinical Governance Committee of 8th May 2019

ICO UPDATE

The Group were informed that had been two data protection breaches but both had been dealt with the ICO were content with action taken and no fines were imposed.

APPROVALS

The IG&S Group approved the initiation of an Information Compliance Working Group, which will report up to the IG&S Group.

Section 3	
Summary of risk/issue to be escalated/highlighted to NHSF CGC.	**MIDIS Replacement Risk –** MiDIS is still currently in use but is now out of support – the risk will be updated.
Action taken To date?	A national business case is being drafted.
Accountable person for actions taken to date?	L Donovan
Other identified risks?	N/A
Action/s required from NHSF CGC?	**Note** the update.
Areas of good practice?	

Fife NHS Board
UNCONFIRMED

MINUTES OF THE MEETING OF THE NHS FIFE PUBLIC HEALTH ASSURANCE COMMITTEE HELD ON THURSDAY 28 MARCH AT 11.00 AM IN MEETING ROOM 1, CAMERON HOUSE.

Present: George Brown, Emergency Planning Officer
Jacky Burns, StR in Dental Public Health
Cheryl Clifford, Acting Office Manager
Esther Curnock, Consultant in Public Health Medicine
Neil Hamlet, Consultant in Public Health Medicine
Paul Madill, Consultant in Public Health
Dona Milne, Director of Public Health (Chair)

In Attendance: Sarah Nealon, Personal Secretary (Minutes)

ACTION

PUBLIC HEALTH ASSURANCE

1. APOLOGIES

Nicky Connor, Associate Nurse Director H&SCP
Cathy Cooke, Public Health Scientist
Emma O'Keefe, Consultant in Dental Public Health
Lorna Watson, Consultant in Public Health

2. MINUTE OF THE MEETING – 29 NOVEMBER 2018

It was noted that there was a few changes to the minutes of the meeting. The confirmed minutes will be provided to the Clinical Governance Committee.

3. MATTERS ARISING

Remote Working Capacity

Unable to transfer PH phones to a mobile number, CC will follow up. **CC**

HPHS

DM mentioned the HPHS event on 17 April and that it would be good to have some representation at the event.

4. MENTAL HEALTH SCREENING INEQUALITIES PROJECT

Alicia Knight based in the Borders attended the meeting and gave a presentation on this pilot project.

Alicia reported that NHS Fife, Tayside and Borders are involved in the pilot for Mental Health Screening Inequalities. Lothian are involved but are not included in the pilot. AK reported on the outline of project outcomes.

Alicia explained what we know about the physical health of people with mental health problems. Patients are younger when they are becoming ill and they are dying younger. Medication can cause liver damage and diet is often poor as they are often on a low income. Patients cannot access appropriate health care.

This project will look at the screening needs of people with mental health problems. We will be looking at how we can support primary care to support and manage patients and to train mental health staff in issues related to screening to increase their understanding. There will be shared learning and joint working across the four areas and ultimately our goal is to consider how to reduce inequalities in screening programmes.

5. GOVERNANCE OF PREGNANCY AND NEWBORN SCREENING PROGRAMMES

Update from CHMT

This was noted.

6. PREGNANCY AND NEWBORN SCREENING

Notes of the last meeting (attached)

DM to speak to LW regarding producing a paper for EDG to flag up that there is a piece of work required in order to improve governance in this area.

The group agreed that this issue should go on the risk register – SN to provide LW with a risk form.

It was noted that a role and remit for this group is in progress and the notes of the meeting were also noted.

7. NHS FIFE INTEGRATED SCREENING ANNUAL REPORT

In CC's absence EC talked to this paper.

It was reported that there are new standards for Breast screening. There were no data available on breast screening. The national IT system is under development to ensure that data reported in the future are accurate. An ISD statistical report is expected soon.

Cervical screening is comparable with national figures. There is a change in the way that screening is done moving to HPV screening. The reconfiguration of the existing laboratories in Scotland to deliver both cervical cytology and Hr-HPV testing from two sites, one in NHS Lanarkshire and one in NHS Greater Glasgow and Clyde.

Two risks have been identified which may impact on service provision in Fife. Both have been assessed as 'moderate' and there is minimal risk in Fife at the moment. It was noted that there is national variation and there is a national group and a local group looking at the sustainability of the cervical cytology service in the lead up to the introduction of Hr-HPV primary screening.

DM reported that Sue Brechin, **Consultant in Sexual & Reproductive Health, NHS Fife** has commenced and is keen to look at cervical screening.

Bowel screening - overall Fife was 56.3% which is similar to Scotland but below 60%. The data reported cover a 2 year period before the implementation of the new FIT test. It was anticipated that there would be an increase in uptake and positives with the introduction of FIT and it was noted that there has been a doubling of colonoscopy and positives.

AAA - high uptake in Fife. Good work through the screeners catching people where they are less likely to participate. Two KPIs have proved challenging to meet and a number of actions have been put in place to improve performance. Work on inequalities needs to happen – no data to report at moment.

Diabetic retinopathy screening is changing the length of interval between screening tests from one year to two years for patients at low risk of sight loss.

CC

DM said that 8.2 should be reworded to explain what we mean by the low number.

DRS there are links with the MCNs. The DRS governance is changing – 6 monthly meetings have been agreed and PH will chair these. DM reported that Josie Murray, new Consultant in Public Health commences on 15 April will attend the MCN meetings and chair the diabetes prevention group.

DM has a few changes to make to the report before it goes to Clinical Governance Committee. **CC/DM**

A Screening handover meeting requires to be arranged once JM is in post. DM to join the screening meeting. SN to arrange. **SN**

If anyone has changes, we have a week to provide comments to CC. **ALL**

8. ASIG MONITORING AND EVALUATION SHORT LIFE WORKING GROUP SBAR REPORT

This was noted by the group and reported under Item 10 Vaccine Transformation Programme Risk.

RISK MANAGEMENT

9. IDENTIFIED NEAR MISSES, CRITICAL INCIDENTS

MERS – A debrief to be completed as there was a number of healthcare workers that perhaps should have taken precautions but didn't.

HPZone – it was reported that there was no access to HPZone one Monday morning for about 1.5 hours. It was noted that this should have been raised as an incident. EC will ask the nurses to add on DATIX. **EC**

10. NEW PROSPECTIVE RISKS

AAA Screening Programme Risk

Doesn't always go on the Emergency Care Summary – A&E they have new guidance about checking if someone turns up with stomach pains that they don't have a AAA. It was suggested that a letter be sent to the LMC. At the moment there is an expectation that they are putting it on the ECS but it's not happening.

Vaccine Transformation Programme Risk

This was tabled. It was felt that it should be taken to EDG. It was reported that we have lower uptake on under 65's and pre school children.

SLWG – we have overinflated denominators in some of our schools. Immunisation team have identified the issues and drafted a paper about what they are going to tackle. There is a small group checking that they are implementing what they have said they are going to be doing.

EC reported that this requires further work before it is submitted to Clinical Governance. LB has shadowed the team in the schools and will be meeting with Fiona Duff on a monthly basis.

DM said that the vaccination uptake was worrying and asked if it is being recognised by the management team in the partnership. EC said that she will speak to LG.

NH queried on the A3 document if the under 19 age group was correct and that he felt that it didn't read clearly.

EC and LB will tighten it up and progress this, with a general report to be submitted to EDG in the first instance. EC said that she would speak with NC.

DM also said that she would speak to NC regarding attendance at this meeting as it would be very helpful to have her here.

10. REVIEW OF CURRENT RISKS ON PH REGISTER

518 Resilience

This risk is to be reverted back to GB as owner rather than NH.
To be reviewed at next meeting as there has been no change.

528 Pandemic Flu

Short update last time – have updated datix and will do again. There was a meeting held in January and another one happening next week. There is lots of work in the operational plan and there are lots of actions.

Pan Flu Exercise to be held end of August. LRP taking that forward. The wording has changed and planning ahs improved and the risk has come down to 12.

1457 Occupational Health Clearance

Long term solution required - it is being added to the green book and this should help.

12. ANY ISSUES TO ESCALATE TO CLINICAL GOVERNANCE COMMITTEE

Maternity and screening and the Integrated Screening Report to be submitted to the meeting in May. Immunisation to go to EDG.

13. ANY OTHER COMPETENT BUSINESS

There was none.

14. DATE OF NEXT MEETINGS:

All meetings will be held at 10.30 am

Wednesday 31 July – Training Room, Ward 7
Thursday 28 November – Meeting Room 1

Update to NHS Fife Clinical Governance Committee of 8 May 2019

Reporting Period December 2018 to March 2019

The purpose of this report is to provide the NHS Fife Clinical Governance Committee with a summary of the Public Health Assurance Committee held on 28 March 2019.

Section 1	
Title of Group/Sub-committee	NHS Fife Public Health Assurance Committee
Date of Group/Sub-committee Meeting:	28 March 2019
Release: draft/final	Draft
Author/Accountable Person:	Dona Milne
Agenda item Title and Number:	
Date of Report:	15 April 2019

Section 2
Summary of Meeting (An overview at this time)
The PHAC reviewed the annual screening report and received a presentation on a screening inequalities project that has recently started. It also reviewed current risks and subsequent mitigating actions required to manage these risks.

Section 3

Update to NHS Fife Clinical Governance Committee of 8 May 2019

Summary of risk/issue to be escalated/highlighted to NHSF CGC.	There are concerns about pregnancy and newborn screening.
Action taken To date?	The risks identified previously regarding newborn screening have been discussed now at the Child Health Management Team and with the General Manager for women and children and the Head of Midwifery. Systems of reporting risks from operational services in relation to these screening programmes to the Pregnancy and Newborn Screening group need to be developed.
Accountable person for actions taken to date?	Dr Lorna Watson
Other identified risks?	Immunisation Uptake rates for some groups.
Action/s required from NHSF CGC?	None at present. A full assessment is underway and a proposal will go to EDG in the next few months.
Areas of good practice?	Pilot project on screening inequalities – a good piece of work to consider a long term problem.

MINUTES OF THE MEETING OF THE NHS FIFE RESILIENCE FORUM HELD ON TUESDAY, 12 MARCH 2019 AT 3PM IN MEETING ROOM 1, CAMERON HOUSE, WINDYGATES

Present:

Dona Milne (DM)	**Director of Public Health, NHS Fife (Chair)**
George Brown (GB)	Emergency Planning Officer, NHS Fife
Maggie Currer (MC)	A&E Consultant, NHS Fife
Neil Hamlet (NH)	Consultant in Public Health Medicine, NHS Fife
Alison Henderson (AH)	Health Protection Nurse, NHS Fife
Kirsty Macgregor (KM)	Head of Communications, NHS Fife
Chris McKenna (CMcK)	Medical Director, NHS Fife
Evelyn McPhail (EMcP)	Director of Pharmacy, NHS Fife
Barbara Anne Nelson (BAN)	Director of Workforce, NHS Fife
Ian Orr (IO)	Business Continuity Manager, NHS Fife
Avril Sweeney (AS)	Manager - Risk Compliance, Health and Social Care
Garry Taylor (GT)	Information Security Manager, NHS Fife

In Attendance:

Shona Lumsden (SL)	Personal Secretary, Dept of Public Health

ACTION

1. WELCOME & INTRODUCTIONS

DM welcomed everyone to the meeting and explained that the majority of the meeting will focus on Brexit. EMcP will give a presentation based on Medicines Supply Management in a No-Deal EU Exit Scenario.
Round the table introductions followed.

2. APOLOGIES

Apologies were noted from Lynn Campbell, Lesly Donovan, Andy Fairgrieve, Michael Kellet and Ellen Ryabov.

3. MINUTES OF PREVIOUS MEETING HELD ON 31 JANUARY 2019

The minutes of the previous meeting were accepted as an accurate record.

4. MATTERS ARISING

4.1 Training Session for EDG members

DM explained that the first training session took place yesterday. This was a short introduction for EDG members around resilience to identify some of the issues which can arise during major incidents, responses and On call. A list of practical things to consider has been identified and will be discussed at the Resilience Team meeting on Thursday morning.
It is hoped that EDG members will sign up to other training sessions through SCORDS.

4.2 Sharing SG Brexit Emails

It was noted there is some duplication in the information being shared however it was agreed to continue circulating emails as and when they arrive.

ACTION

4.3 SBAR

BAN confirmed that the SBAR went to EDG. A copy to be sent to SL who will circulate to members of the group. **BAN**

4.4 Settlement Scheme information on intranet

The HR Directorate Workforce Group are incorporating information being received via communication links on the Brexit area of the website and the intranet. A copy of the individual letter being sent to the staff who responded to the NHS Fife Brexit Survey will also be added to these sites

Directors will be asked to have discussions locally with staff in a proactive way to encourage them to apply for the settlement scheme. Communications should include information that this can also involve family members. BAN asked that any directorate colleagues aware of any risks should highlight these to herself or Brian McKenna. Further discussions with the Acute Division and the Partnership will take place around the numbers of those eligible to ensure they capture everyone involved.

Drop in sessions are being considered which will be based on NHS Lothian's successful model. NHS Lothian have access to an immigration lawyer and it is hoped to tap into this resource. DM asked if these sessions could be opened up to other health care workers. BAN confirmed this will be looked in to.

4.5 Medicine Wastage

This will be discussed under item 5.4

4.6 Data Protection – update

Nothing to add at this time, still waiting to see what issues might emerge.

4.7 Winter Planning - update

DM reported there will be a review of the Winter Plan.

A request was made for a copy of the plan to be circulated to the group. **DM**

5. BREXIT

5.1 Preparedness - update

DM reported that the Brexit Assurance Group met recently where the Terms of Reference were agreed and signed off. This group will be the oversight group with other groups feeding in. Discussions will be taken at this group to decide if and when a paper can be made public. Other Board committees will have Brexit as a standing item for the next few months. We have a good process in place to pick up any issues. In addition to NHS Fife Resilience Forum, Fife Local Resilience Partnership are holding teleconferences every second Wednesday at 5pm. DM/GB will be dialling in to these meetings.

There are a number of other meetings taking place to look at planning and preparedness for Brexit.

- GB attended a workshop held on the 6 March at Tulliallan to update agencies on any developments or changes to EU-Exit planning. Documents shared at this meeting were circulated to forum members on 11 March. It was noted there are no current changes to the planning assumptions.
- GB advised work is ongoing around reporting arrangements in particular around how to report, (1) through the MACC that Police Scotland are running, and (2) with Scottish Government Health Resilience Unit (SGHRU). These are the two options under discussion. A copy of the reporting template of what is expected in the report will be circulated to the group. **GB**

ACTION

- KMcG attends the weekly Board Communications Officers meeting with NHS Scotland. She went on to explain that NHS Lothian CEO plans to bring up issues around communications. It is hoped that a consistent message across the piece is considered.

  DM reported that previous concerns noted around disruptions/protests have been dispelled as they are more likely to take place in Edinburgh, Glasgow, Aberdeen and Dundee rather than locally, but they still, present issues for some of our partners.

5.2 Self Assurance checklist and updates from each lead

A copy of the checklist has been updated with comments received to date and was circulated for discussion. It was clarified that this document is for our use only and will not be required to be shared with other agencies. Any further comments to be sent direct to GB so that it can be shared with the Brexit Assurance Group. **ALL**

5.3 Brexit risks from risk register

A comprehensive list of overarching high level risks has been collated on to a spreadsheet, a copy of which was circulated to the group. Full details of the risk will be contained within the level below that on the spreadsheet.
Risk 1515 Nuclear Medicines supply – EM explained that there has been agreement that we will continue to receive supplies however this might need to be checked.
BAN reported she plans to review the risk which relates to the GP community.
AS reported that they have done something similar on the Fife Council risk register with the private and public sector agencies. They have written to partner agencies asking if they have looked at their business continuity plans.

DM advised that if we exit with no deal we will continue to be part of the cross border reporting arrangement for the management of Public Health Incidents. Rather than each board making their own arrangements, Health Protection Scotland (HPS) have made alternative arrangements to keep communication channels open during the first 6-12 weeks.

It was noted there are is a high number of EU pharmacists working within Fife.

GT reported he attended a meeting recently where there was some discussions in relation to data protection and possibly withdrawing our information from Europe. He noted no action is required at this time however he wanted to make us aware that this may be something which may need to be considered in the future.

AS reported that Fife Council are looking at their data sets as part of a secondary audit.

5.4 Brexit Medicines Supplies Presentation

EMcP was thanked for her presentation which highlighted some of the changes around medicine supplies. The following points were noted:

- There is uncertainty around planning assumptions
- There are a significant number of medicines that there is no alternative for
- NHS Fife do not routinely know stock levels in community pharmacies
- Alternative transport routes are being tested for medicines coming in to the UK

ACTION

- There has been limited work done at national level around therapeutic drugs
- The final impact is unknown
- 80% of our medicines are supplied through community pharmacies
- Civil contingency arrangements including security for community and hospital pharmacies is being looked at. There was a suggestion that the Police may be able to go round pharmacies however it was felt that they would not have the resources to do this. EMcP noted that the Police has assisted before in checking controlled drugs stored in community pharmacies. GB to flag this up at the next Fife LRP meeting. **GB**

A copy of the presentation to be circulated to the group for information. **SL**

6. Exercise & Training

GB reported that a exercise and training sessions has been delayed because of ongoing work around Brexit.

- The Care for People Workshop previously intimated as taking place on 6 June will now possibly take place on 4 June. Email communication around this event is expected to be sent out soon.
- Babcock Radiation Exercise will take place in September. Representation will be expected from NHS Fife A&E and Estates & Facilities departments.
- A generic exercise for all COMAH sites is being planned. GB will circulate information when it becomes available.
- Training for EDG members – GB to send DM a copy of the training prospectus for onward circulation to EDG members. **GB**
- Loggist Training is being organised for the Acute Division and will take place within the next few weeks.
- Major Incident Plan – the action cards are in the process of being updated and once complete the plan will be tabled at EDG. It was recommended to arrange some training around setting up the hospital control room and to involve 3 General Managers, 3 HSCP managers and some EDG members.
- Discussion ensued around how to get staff to work in the event of a major incident. DM explained she is hoping to have a half day familiarisation training session in April to look at this. Further discussion around this to take place at the Resilience Team meeting on Thursday.

7. Feedback from local and national meetings

- BAN provided feedback from the recent HR national meeting she attended.
- GT provided feedback from the National Security Forum he attended recently.
- DM provided feedback following the recent 'packages' incident last week. She encouraged everyone to ensure they had key contact numbers stored in their mobile phones for use in the event of an incident.
- Discussion ensued around creating a robust mechanism to store key contact numbers for staff in the acute division for use during an incident. It was agreed that this needs to be picked up as part of the Major Incident Plan. GT referred to password manager software which may be the way forward to keep contact numbers securely. **IO**

8. Report to Clinical Governance Committee and Brexit Assurance Group

It was noted that DM will meet with Dr Les Bissett, Chair of the Brexit Assurance Group on 25 March ahead of the scheduled BAG meeting on 2 April. DM explained that we need to feedback some of the discussions shared at this meeting and that she may need to do a quick trawl with everyone prior to the

25th to provide an update from this group.

9. AOCB

DM informed the group she will be on leave next week. BAN to be contacted for any EDG issues. GB/IO to be contacted with any issues relating to Brexit.

10. Date of future meetings

30 April at 2pm in the Seminar Room, Whyteman's Brae
30 May at 9.30am in the Meeting Room, Hayfield House
25 June at 2pm in Training Room 1, Hayfield House
24 July at 2pm in the Meeting Room, Hayfield House

Update to NHS Fife Clinical Governance Committee of 8th May 2019

Reporting Period February to March 2019

The purpose of this report is to provide the NHS Fife Clinical Governance Committee with a summary of the meeting of the most recent NHS Fife Resilience Forum.

Section 1	
Title of Group/Sub-committee	NHS Fife Resilience Forum
Date of Group/Sub-committee Meeting:	12 March 2019
Release: draft/final	Draft
Author/Accountable Person:	Dona Milne
Agenda item Title and Number:	
Date of Report:	19 February 2019

Section 2
Summary of Meeting (An overview at this time)
To consider the previous work of the Brexit Working Group and to agree future arrangements for the management of risks related to an EU Exit.

Section 3	
Summary of risk/issue to be escalated/highlighted to NHSF CGC.	1. The workforce group has been working on the Settlement Scheme and information is being made available on the intranet around this. It is anticipated that a 2½-3% impact is predicted for NHS Fife. 2. UK government are taking the lead in Brexit

	planning for medicines supplies. Around two thirds of medicine supplies come to the UK from the EU. Arrangements are in hand to increase stock levels to above normal for approximately 6 weeks. A number of contingencies are being brought in to deal with issues such as the cross border finalised products. The amount of refrigerated storage space is also being reviewed to accommodate additional supplies of medicines. 3. Terms of reference for Resilience Forum have been updated. They are attached to the minute.
Action taken To date?	1. Workforce Director and Chief Operating Officer coordinating response. 2. A working group consisting of GPs and community pharmacists has been established and will look at managing medicines shortages where possible. Other stakeholders will be invited to participate as and when required.
Accountable person for actions taken to date?	1. Workforce Director and Chief Operating Officer 2. Director of Pharmacy
Other identified risks?	Not at this time.
Action/s required from NHSF CGC?	To consider risks identified and mitigating action underway. To approve revised terms of reference for the NHS Fife Resilience Forum.
Areas of good practice?	Good initial assessment of EU Exit risks by the previous Brexit Working Group.

NHS Fife Activity Tracker Update to

NHS Fife Clinical Governance Committee

08 May 2019

1. **Inspections** (*Shading indicates the item has been noted at NHSF CGC*)

Inspection Title	Date of Inspection/ Review	Description	NHSF Lead/s	Reported to	External Link

2. **Consultations** (*Shading indicates the consultation period has closed*)

Consultation Title	Date of Issue	Deadline	Description	NHSF Lead/s	Internal Consultees	External Link

3. Reports and Publications – For information (*Shading indicates the item has been noted at NHSF CGC*)

Report Title	Date of Issue	Description	External Link
Quality of Care Approach Testing Exercises Learning Report: March 2019	06 March 2019	Healthcare Improvement Scotland's new quality of care approach is how they will design their inspection and review frameworks and provide external assurance of the quality of healthcare provided in Scotland. There are three components: ➢ the approach itself – the methodology, and the principles that underpin it, that they will use for all of their quality assurance work ➢ the Quality Framework – this outlines the quality indicators used for self-evaluation and external quality assurance, and ➢ our programmes of work – the inspections and reviews that they will undertake to deliver on their strategic objectives. The approach aims to shift the focus from quality assurance of services being "done to" organisations to an approach that, where possible, quality assurance and any resultant intervention is done with them. The emphasis is on regular, open and honest organisational self-evaluation using a common and shared Quality Framework. Self-evaluation is a process by which organisations and services reflect on their own current practice to identify areas where action could drive improvement in service delivery and ultimately, in outcomes for users of their services. Quality improvement on the basis of self-evaluation, rather than that which is solely mandated by external agencies can inspire greater local ownership of issues and design of more effective solutions. These self-evaluations, combined with other data and intelligence available from publically available papers and reports, and nationally held datasets, will form the basis of supportive improvement-focused review work with organisations to diagnose where	http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/qoc_reviews/learning_report_mar_19.aspx

		there are issues or difficulties in initiating, sustaining and spreading improvement. In addition to a programme of organisational reviews, Healthcare Improvement Scotland will also carry out planned thematic review work focusing on topics or services considered to be major priorities. Existing inspection, service review and independent healthcare (IHC) regulation work will continue, however, moving forward all of this will be underpinned by the Quality Framework. The document summarises the learning from this first phase of testing.	
Evidence Products Guidance for NHS Scotland and Integration Authorities	27 March 2019	Healthcare Improvement Scotland produce a range of evidence products. The document gives further guidance to NHSScotland and Integration Authorities on the purpose of their publications and how to use the advice.	http://www.healthcareimprovementscotland.org/previous_resources/policy_and_strategy/evidence_products_guidance.aspx
Mental Welfare Commission Hollyview Ward, IPCU, Stratheden Hospital Date of visit – 6 February 2019	17 April 2019	The reports highlight positive and negative findings from the Commission's visits. The Commission expects a response to each of its recommendations within three months of the reports being published.	https://www.mwcscot.org.uk/media/441156/for_print_stratheden_hollyview.pdf
Mental Welfare Commission Ravenscraig Ward Whyteman's Brae Hospital Date of visit – 12 February 2019	17 April 2019	The reports highlight positive and negative findings from the Commission's visits. The Commission expects a response to each of its recommendations within three months of the reports being published.	https://www.mwcscot.org.uk/media/441054/for_print_ravenscraig_final_report.pdf

4. Published Standards (*Shading indicates the publication has been noted at NHSF CGC*)

Title of Standard	Date of Issue	Description	NHSF Lead/s	Internal Consultees	External Link
General standards for Neurological Care and Support	28 March 2019	The standards have been developed to ensure consistency in approach to neurological care and support services and are applicable to all adults in Scotland regardless of their neurological condition, care setting, geographical location or personal circumstance.	Dr Saturno, Dr Spelmeyer, Dr Zeidler, Dr Benvenga, Dr Lassak and specialist nurses		http://www.healthcareimprovementscotland.org/our_work/long_term_conditions/neurological_health_services/neurological_care_standards.aspx
Cervical screening standards	29 March 2019	A request to revise the cervical screening standards was received from the Scottish Government and National Services Division in summer 2017. These standards apply to the services providing cervical screening within NHSScotland and cover the following areas. • leadership and	Dr T Mahmood, Dr S Monghan, Aileen Lawrie		http://www.healthcareimprovementscotland.org/our_work/cancer_care_improvement/programme_resources/cervical_screening_standards.aspx

		governance • information and support • call-recall • attendance and uptake • screening processes • laboratory service, and • colposcopy.			

NHS Fife Clinical Governance Committee Workplan
2019 / 2020

Month & Timing of papers	Medical / Nurse Director Reports	Governance Items	Annual Reports	For Noting	Executive leads reports and minutes from linked committees
Wednesday 8 May 2019 Papers circulated Wednesday 1 May 2019 Considered by EDG Monday 29 April 2019 Deadline to C Law Wednesday 24 April 2019 Deadline to C Dziech Friday 19 April 2019 Call for papers Monday 8 April 2019	• Quality Report (CMCK / HB) • IPR (HB) • BAF for Quality & Safety (HB) • BAF for Strategic Planning (ER) • Clinical Strategy (ER)	• BREXIT (D Milne) • Final Clinical Governance Statement of Assurance & Best Value Framework (EM) • Information Governance Annual Report, Framework and Workplan - Statement of Assurance (ER) • Annual Statement of Assurance of eHealth Board for 2018-19 (ER) • Annual Statement of Assurance Health & Safety Governance Board for 2018-2019 (BAN) • ~~Annual Statement of Assurance of PFPI 2018-2019 (HB) Removed as meetings suspended~~ HB will prepare SBAR • Annual Assurance Statement Health & Social care Partnership Clinical & Care Governance Committee 2018/19 (Tim Brett) • NHS Fife Equality Outcomes Progress Report 2019 c/f from March 2019) (HB) • Review of Terms of Reference / Remit for NHS Fife Clinical Governance Committee • SIRO (ER)? – *Now taken in Private Session*	• Radiation Protection Annual Report (CMCK) • Director of Public health Annual Report (DM)– Deferred from January & March 2019	• NHS Fife Activity Tracker (EM) • NHSFCGC Work Plan 2019-2020 (CDz)	• ASD CGC -13 February 2019 • ~~Area Clinical Forum - 13 March 2019 - CANx~~ • Area Drugs & Therapeutics (ADTC) – 13 February (CANx) & 17 April 2019 (c/f July 2019) • Clinical & Care Governance Committee – 29 March 2019 • Clinical Governance Steering Group – 21 February & 14 March • eHealth Board - 26 February 2019 • Fife Research Governance - 28 March 2019 • Health & Safety Sub Committee – 29 March 2019 c/f July 2019 • Infection Control Committee - 6 February & ~~3 April CANx~~ 2019 • Integrated Joint Board (IJB) 20 February 2019 • Information Governance & Security Group - 1 March 2019 • Joint Strategic Transformation Group – 27 February 2019 • Public Health Assurance Committee – 28 March 2019 • Resilience Forum - 12 March 2019

NHS Fife Clinical Governance Committee Workplan
2019 / 2020

Month & Timing of Papers	Medical / Nurse Director Reports	Governance Items	Annual Reports	For Noting	Executive leads reports and minutes from linked committees
Wednesday 3 July 2019 Papers circulated Wednesday 26 June 2019 Considered by EDG Monday 24 June 2019 Deadline to C Law Wednesday 19 June 2019 Deadline to C Dziech Friday 14 June 2019 Call for papers Monday 27 May 2019	• Quality Report (CMCK / HB) • IPR (SF) • BAF for Quality & Safety (HB) • BAF for Strategic Planning (ER) • Clinical Strategy (including Mental Health Strategy) (ER)	• BREXIT (D Milne) • eHealth Report (LD) • Medical Education Report (CMCK) • Mental Health Strategy (Julie O'Neill, H&SCP) • Winter Plan (ER) • Kincardine & Lochgelly IAD (MK) • SIRO (ER) ?– *now taken in Private session*	• Clinical Advisory Panel Annual Report 2018-2019 (CMCK) • Prevention & Control of Infection Annual Report 2018/19 (HB)	• NHS Fife Activity Tracker (EM) • NHSFCGC Work Plan 2019 - 2020 (CDz)	• Area Drugs & Therapeutics (ADTC) – 17 April 2019 (c/f from May 2019) • ASD CGC – 24 April 2019 • Clinical & Care Governance Committee – 24 May 2019 • Clinical Governance Steering Group – 11 April, 15 May & 13 June 2019 • Health & Safety Sub Committee – 29 March 2019 • Infection Control – 5 June 2019 • ~~Integrated Joint Board (IJB) – 26 April 2019~~ CANx • Information Governance & Security Group – 28 May 2019 • JSTG – 24 April 2019 • Resilience Forum – 30 April & 30 May 2019

Month & Timing of Papers	Medical / Nurse Director Reports	Governance Items	Annual Reports	For Noting	Executive leads reports and minutes from linked committees
Wednesday 4 September 2019 Papers circulated Wednesday 28 August 2019 Considered by EDG Monday 26 August 2019 Deadline to C Law Wednesday 23 August 2019 Deadline to C Dziech Friday 16 August 2019 Call for papers Monday 29 July 2019	• Quality Report (CMCK / HB) • IPR (SF) • BAF for Quality & Safety (HB) • BAF for Strategic Planning (ER) • Clinical Strategy (ER)	• eHealth Quarterly Report April – June 2019 (ER) • BREXIT (D Milne) • Winter Plan (ER) • SIRO (ER) ?– *now taken in Private session*		• NHS Fife Activity Tracker (EM) • NHSFCGC Work Plan 2019 - 2020(CDz)	• ASD CGC – 24 July 2019 • Area Clinical Forum 11 June 2019 • Area Drugs & Therapeutics (ADTC) – 19 June 2019 • Clinical & Care Governance Committee – 12 July 2019 • Clinical Governance Steering Group – 18 July & 15 August 2019 • Fife Research Governance – 27 June 2019 • Health & Safety Sub Committee – 28 June 2019 • Infection Control Committee – 7 August 2019 • Integrated Joint Board (IJB) – 21 June & 8 August 2019 • Public Health Assurance Committee – 31 July 2019 • Resilience Forum – 25 June & 24 July 2019

Month & Timing of Papers	Medical / Nurse Director Reports	Governance Items	Annual Reports	For Noting	Executive leads reports and minutes from linked committees
Wednesday 6 November 2019 Papers circulated Wednesday 30 October 2019 Considered by EDG Monday 28 October 2019 Deadline to C Law Wednesday 23 October 2019 Deadline to C Dziech Friday 18 October 2019 Call for papers Monday 30 September 2019	• Quality Report (CMCK / HB) • IPR (SF) • BAF for Quality & Safety (HB) • BAF for Strategic Planning (ER) • Clinical Strategy (ER)	• BREXIT (D Milne) • Medical Revalidation 2018 -2019 (CMCK) • eHealth Quarterly Report July – September 2019 (LD) • R&D Strategy Review (CMCK) • Winter Plan (ER) SIRO (ER) – *now taken in Private Session*	• R&D Annual Report (CMCK) • DPH Annual Report (DM) –	• NHS Fife Activity Tracker (EM) • NHSFCGC Work Plan 2019 – 2020 (CDz)	• ASD CGC – 16 October 2019 • Area Clinical Forum – 11 September 2019 • Area Drugs & Therapeutics (ADTC) – 21 August 2019 • Clinical & Care Governance Committee – 27 September 2019 • Clinical Governance Steering Group – 11 September & 10 October 2019 • Fife Research Governance – 12 September 2019 • Health & Safety Sub Committee – 27 September 2019 • Infection Control Committee – 2 October 2019 • Information Governance & Security Group – 28 August 2019 • Resilience Forum – 29 August & 12 September 2019

Month & Timing of papers	Medical / Nurse Director Reports	Governance Items	Annual Reports	For Noting	Executive leads reports and minutes from linked committees
Wednesday 15 January 2020 Papers circulated Wednesday 8 January 2020 Considered by EDG Monday 6 January 2020 Deadline to C Law Wednesday 2 January 2020 Deadline to C Dziech Friday 27 December 2019 Call for papers Monday 9 December 2019	• Quality Report (CMCK / HB) • IPR (SF) • BAF for Quality & Safety (HB) • BAF for Strategic Planning (ER) • Clinical Strategy (ER)	• BREXIT (D Milne) • Winter Plan (ER) • SIRO? – now taken in private session(ER)	• Fife Child Protection Annual Report 2018-2019 (HB)	• NHS Fife Activity Tracker (EM) • NHSFCGC Work Plan 2019 - 2020 (CDz) • Draft NHSFCGC Workplan 2020/2021 (CDz	• Area Clinical Forum – 3 December 2019 • Area Drugs & Therapeutics (ADTC) – 23 October 2019 • Clinical & Care Governance Committee – 8 November 2019 • Clinical Governance Steering Group – 14 November & 11 December 2019 • Fife Research Governance – 12 December 2019 • Health & Safety Sub Committee – 13 December 2019 • Integrated Joint Board (IJB) – 25 October 2019 • Infection Control Committee – 4 December 2019 • Information Governance & Security Group – 28 November 2019 • Public Health Assurance Committee – 28 November 2019 • Resilience Forum – 30 October & 19 November 2019

Month & Timing of Papers	Medical / Nurse Director Reports	Governance Items	Annual Reports	For Noting	Executive leads reports and minutes from linked committees
Wednesday 4 March 2020 Papers circulated Wednesday 26 February 2020 Considered by EDG Monday 24 February 2020 Deadline to C Law Wednesday 19 February 2020 Deadline to C Dziech Friday 14 February 2020 Call for papers Monday 27 January 2020	• Quality Report (CMCK / HB) • IPR (SF) • BAF for Quality & Safety (HB) • BAF for Strategic Planning (ER) • Clinical Strategy (ER)	• Nursing, Midwifery Allied Health Professional – Professional Assurance Framework (HB) • BREXIT (DM) • Draft Assurance Statement & Best Value Framework for NHS Fife Clinical Governance Committee • Final Committee Self Assessment Report 2019 – 2020 (GMcI) • Winter Plan (ER) • SIRO? – now taken in private session(ER)		• NHS Fife Activity Tracker (EM) • NHSFCGC Work Plan 2019 – 2020 (CDz) • Draft NHSFCGC Workplan 2020 – 2021 (CDz)	• ASD CGC – 22 January 2020 • Area Drugs & Therapeutics (ADTC) – 11 December 2019 • Integrated Joint Board (IJB) – 6 December 2019 • Resilience Forum – 18 December 2019