

NHS FIFE CLINICAL GOVERNANCE COMMITTEE

16 January 2020, 14:00 to 16:00
STAFF CLUB, VHK

Agenda

1

APOLOGIES FOR ABSENCE

Lynn Campbell

2

DECLARATIONS OF MEMBERS' INTERESTS

3

MINUTES OF PREVIOUS MEETING HELD ON 6 NOVEMBER 2019

(attached)



Item 3 - Unconfirmed Notes 061119 GM.pdf

(21 pages)

4

ACTION LIST

(attached)



Item 4 Action List 160120.pdf

(5 pages)

5

MATTERS ARISING

5.1

Surgical Site Infection Update

(verbal)

Chris McKenna/Helen Buchanan

5.2

Drug Related Death Report Update

(verbal)

Dona Milne

6

REQUESTED REPORTS

6.1

Organisational Resilience Standards

(attached)

Dona Milne



Item 6.1 Standards for Organisational Resilience
SBAR Report.pdf

(3 pages)



Item 6.1 NHS Fife - 2018 Organisational Standards -
SG Response.pdf

(3 pages)

7

QUALITY, PLANNING AND PERFORMANCE

7.1

Integrated Performance & Quality Report

(attached)

Chris McKenna



Item 7.1 IPQR Dec 2019.pdf

(43 pages)

7.2

Winter Plan Update

(attached)

Nicky Connor/Morag Olsen



Item 7.2 Winter Planning Performance Summary -
Nov v1.0.pdf

(13 pages)

8

GOVERNANCE

8.1

Board Assurance Framework - Quality & Safety

(attached)

Chris McKenna/Helen Buchanan



Item 8.1 SBAR Report Template NHSFCGC
061119.pdf

(2 pages)



Item 8.1 BAF V18.1 051219 - Quality & Safety.pdf

(1 pages)

8.2

Board Assurance Framework - Strategic Planning

(attached)

Susan Fraser



Item 8.2 SBAR CGC BAF 5 160120.pdf

(3 pages)



Item 8.2 BAF V16 0 160120 - Strategic Planning.pdf

(1 pages)

8.3

Board Assurance Framework - eHealth

(attached)

Chris McKenna



Item 8.3 SBAR BAF ehealth for CGC.pdf

(3 pages)



Item 8.3 NHS Fife Board Assurance Framework (BAF)
191224 - eHealth.pdf

(2 pages)



Item 8.3 BAF Risks - eHealth - Linked Operational
Risks as at 191224.pdf

(3 pages)

8.4

Brexit

(verbal)

Chris McKenna

8.5

Annual Accounts - Progress Update on Audit Recommendations

(attached)

Gillian MacIntosh



Item 8.5 SBAR cover Annual Audit Report
Recommendations.pdf

(2 pages)



Item 8.5 Annual Audit Report Recommendations
Update.pdf

(12 pages)

8.6

HAIRT

(attached)

Helen Buchanan



Item 8.6 HAIRT REPORT.pdf

(18 pages)

8.7

eHealth Governance Review

(attached)

Chris McKenna

 Item 8.7 SBAR eHealth Governance Review.pdf (3 pages)


 Item 8.7 SBAR Appendicies - eHealth Governance.pdf (2 pages)

8.8

Updated Workplan

(attached)
Helen Woodburn

 Item 8.8 311219SBARworkplanV1 1.pdf (3 pages)

 Item 8.8 311219CG Annual Workplan 2019 -20 v1 9.pdf (3 pages)


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TRANSFORMATION / REDESIGN / CLINICAL STRATEGY

9.1

Mental Health

(attached)
Nicky Connor


 Item 9.1 SBAR Report Template NHSFCGC mental health strategy update.pdf (3 pages)

 Item 9.1 MH STRATEGY AS AT 23 12 19 - FINAL HEH.pdf (93 pages)

9.2

Medicines Efficiency & Future Working

(attached)
Scott Garden

 Item 9.2 Medicines Efficiency Structure - 16th January 2020.pdf (4 pages)


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ANNUAL REPORTS

10.1

Fife Child Protection Annual Report

(attached)
Helen Buchanan

 Item 10.1 Child Protection annual report 291219.pdf (5 pages)


10.2


ADP Annual Report

Appendix 2 to follow

(attached)
Dona Milne

 Item 10.2 SBAR Report Template NHSFCGC ADP annual report.pdf (5 pages)

 Item 10.2 Appendix 1 - ADP SG Annual Report 2018-19.pdf (11 pages)

 Item 10.2 Appendix 3 - ADP Update on additional SG investment.pdf (3 pages)

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LINKED COMMITTEES

11.1

Acute Services Division Clinical Governance Committee

(attached)

 Item 11.1 Cover sheet ASD Minutes.pdf (1 pages)

 Item 11.1 ASD CGC Minute DRAFT 2611119v3.pdf (18 pages)

11.2

Area Clinical Forum

(attached)



Item 11.2 Cover sheet ACF Minutes.pdf

(1 pages)



Item 11.2 ACF Mins 121219.pdf

(5 pages)

11.3

Area Drugs & Therapeutics Committee

(attached)



Item 11.3 Cover sheet for Minutes NHSFCGC ADTC Meeting 231019.pdf

(1 pages)



Item 11.3 FIFE DTC CONFIRMED MINUTES 23 OCTOBER 2019.pdf

(9 pages)



Item 11.3 Cover sheet for Minutes NHSFCGC ADTC Meeting 111219.pdf

(1 pages)



Item 11.3 FIFE DTC UNCONFIRMED MINUTES 11 December 2019.pdf

(8 pages)

11.4

HSCP Clinical and Care Governance Committee

(not available)

11.5

Clinical Governance Oversight Group

(attached)



Item 11.5 Clinical Governance Oversight Group Reporting Template.pdf

(1 pages)



Item 11.5 Clinical Governance Oversight Group 141119.pdf

(8 pages)

11.6

Health & Safety Sub Committee

(attached)



Item 11.6 H&S Sub Committee Reporting Template.pdf

(1 pages)



Item 11.6 H&S Sub Committee 061119.pdf

(3 pages)

11.7

Infection Control Committee

(attached)



Item 11.7 Cover sheet ICC 041219.pdf

(1 pages)



Item 11.7 ICC Notes 04 12 19.pdf

(8 pages)

11.8

Information Governance & Security Group

(attached)



Item 11.8 Unconfirmed IG&S Minute - 12.11.19.pdf

(6 pages)

11.9

Integrated Joint Board

(attached)



Item 11.9 IJB Minute 25.10.19 - Confirmed.pdf

(9 pages)

11.10

Public Health Assurance Group

(attached))



Item 11.10 PHAC Cover sheet.pdf

(1 pages)



Item 11.10 PHAC minutes 101219.pdf

(3 pages)



Item 11.10 PH governance structure.pdf

(1 pages)

11.11

Resilience Forum

(attached))



Item 11.11 131219 Cover sheet for Resilience Forum minutes.pdf

(1 pages)



Item 11.11 Minutes 13 Dec 19.pdf

(3 pages)

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ITEMS FOR NOTING

12.1

Audit Report B14/20 Follow Up of Fire Safety

(attached)

Gillian MacIntosh



Item 12.1 Cover for IA report to CG - Fire Safety.pdf

(4 pages)



Item 12.1 B14-20 Fire Safety Follow-up.pdf

(10 pages)

12.2

Audit Report 21/20 Transport of Medicines

(attached)

Gillian MacIntosh



Item 12.2 Cover for IA report to CG - Transport of Medicines.pdf

(4 pages)



Item 12.2 B21-20 Transport of Medicines.pdf

(28 pages)

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ISSUES TO BE HIGHLIGHTED TO THE BOARD

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AOCB

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DATE OF NEXT MEETING

Wednesday 4 March 2020 at 2pm in the Staff Club

MINUTE OF NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON WEDNESDAY 6 NOVEMBER 2019 at 2PM IN THE STAFF CLUB, VHK

Present:

Dr Les Bisset, Chair	Martin Black, Non Exec Member
Cllr David Graham, Non Exec Member (until 3.15pm)	Rona Laing, Non Exec Member
Dr Chris McKenna, Medical Director	Dona Milne, Director of Public Health
Janette Owens, ACF Representative	John Stobbs, Patient Representative
Margaret Wells, Non Exec Member	

In Attendance:

Lynn Campbell, ADN, ASD	Dr Rob Cargill, AMD, ASD
Nicky Connor, Director of H&SCP	Scott Garden, Director of Pharmacy (until 4pm)
Dr Helen Hellewell, AMD, H&SCP	Gillian MacIntosh, Board Secretary
Helen Woodburn, Quality & Clinical Gov Lead	Catriona Dziech, Note Taker
Lee Cowie, Clinical Services Manager, CAMHS (Item 6.2)	Ian Wilson, Service Manager, Adult Services (Resources) (Item 6.2)
Audrey Espie, Consultant Clinical Psychologist (Item 6.2)	Andy Ballantyne, Orthopaedic Consultant (Item 6.7)
Julie Paterson, DGM H&SCP (Fife-wide) (Item 6.2)	Carol Potter, Director of Finance (Item 6.7)
Sharon Robertson, Diabetes Inpatient Specialist Nurse (Item 6.1)	

MINUTE

REF	ITEM	ACTION
075/19	APOLOGIES FOR ABSENCE Members: Wilma Brown, Helen Buchanan, Paul Hawkins Attendees: Susan Fraser, Barbara Anne Nelson, Ellen Ryabov, Linda Douglas	
076/19	DECLARATIONS OF MEMBERS' INTERESTS There were no declarations of interest.	
077/19	MINUTES OF PREVIOUS MEETING HELD ON 4 SEPTEMBER 2019 The notes of the meeting held on 4 September 2019 were approved.	
078/19	ACTION LIST All outstanding actions were updated on the separate Action List.	

079/19 MATTERS ARISING**5.1 Participation and Engagement Update**

The purpose of this paper was to update and inform NHS Fife Clinical Governance Committee of the Participation and Engagement Network (PEN) review, with a view to endorsing the proposed new structure.

After discussion, the Clinical Governance Committee approved the proposed structure for participation and engagement, as outlined in the report, as a suitable model to replace the previous Participation and Engagement Network (PEN) and Patient Forum Public Involvement structures.

This approach will meet the objectives defined within the Participation and Engagement Strategy for Fife (2016 – 2019), and the recommendations detailed within the Ministerial Group Action Plan on engagement.

Dr Bisset noted that this was an excellent report and took account of the previous comments from the Committee. Future updates will now be added to Workplan for feedback to the Committee in due course.

5.2 Surgical Site Infection Update

Dr McKenna advised he has discussed this issue with Helen Buchanan, as it is a recurring topic and it is important to decide the best way of dealing with it. They have agreed to go to the Clinical Team and ask where they are with the Obstetrics Improvement Plan. It was agreed a summary of where they are with the Plan, along with a rolling update going forward, should be provided by the Women and Children Directorate for the Committee in January 2020. The Committee were content with the suggestion.

CMcK/HB

5.3 Governance of the Transformation Group

Dr McKenna advised this paper was to make the Committee aware of the Terms of Reference for the revised Integrated Transformation Board. This Board will oversee all of the transformation groups.

Dr Bisset advised it had been raised at the first meeting about the appropriateness of his, Tim Brett's and David's position on the Integrated Transformation Board when they are Non Executive Members and they report into this Committee and others. It had been agreed it would be helpful for them to attend

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one or two meetings, to allow the group to be established, and then stand back.

It was noted the heading on the Terms of Reference should be changed from “Integration” to “Integrated” if this was the correct title. It was also agreed that clause 4.3 should be clarified, particularly if the Non Executive members will not remain long-term on the group. Dr Bisset agreed to take these queries back to the Integrated Transformation Board.

5.4 **Primary Care Improvement Plan – Governance arrangements and GMS contract**

Dr Hellewell advised this report is being brought to the attention of the NHS Fife Clinical Governance Committee to highlight joint risks in relation to the 2018 General Medical Services (GMS) Contract Implementation in Fife, specifically around GP Practice Sustainability, Workforce and Strategic Ability.

The Committee considered the implications of this report and the following recommendations:

- i) A Fife-wide joined up approach to workforce planning is necessary to understand the impact of transformation across Fife, and ensure the ongoing safe delivery of existing Primary and Secondary Care services during the transition stage of ‘shifting the balance of care’.
- ii) Support the early recruitment process of **125.10 WTE** Year 3 Primary Care Improvement staff in November 2019 with a start date of April 2020 to ensure Fife is in the best possible position to ensure it has the necessary MDT staff in post to deliver the Primary Care Improvement Plan priorities for 2020/21, contributing to the safe and sustainable delivery of GMS services in Fife. This approach has been discussed with the Chief Finance Officer for the Health and Social Care Partnership.

In taking comments, Margaret Wells asked that this report be taken to a future Staff Governance Committee, to cover the workforce issues detailed within. Scott Garden also asked that the issues around the Pharmacy workforce be taken account of.

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Dr Bisset noted this was a very helpful report and the

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Committee supported what is being proposed for workforce planning arrangements and recruitment and suggested it be moved forward rapidly. It was suggested for future updates that a brief report be prepared for being taken to all relevant Committees.

5.5 Pharmacy input to identification of SABs

Dr Hellewell advised the H&SCP is aware of the concerns around the provision of services for people affected by drugs and is keen to improve access to harm reduction and recovery services. In particular this paper is aimed at describing the potential for a service development that could impact on prevalence of wound management to reduce infection.

The Committee noted the progress of work in this area to address this need and that further details will be brought back to the Committee when the service specification is finalised and the service is underway.

Dr Bisset noted this was a very helpful report, that the Committee supported the proposal and would await a further update when the service specification was available.

080/19 REQUESTED REPORTS

6.1 Hypoglycaemia Report

Sharon Robertson, Diabetes Inpatient Specialist Nurse, attended to speak to the Hypoglycaemia Report prepared for the Committee.

In hospitalised patients hypoglycaemia (blood glucose level below 4 mmol/L) is associated with increased cost, length of stay, morbidity and mortality. The Committee had previously raised the issue around hypoglycaemia and why incidence of this is so high in the inpatient setting. The Diabetes 'Think, Check, Act' National project aims to improve the care of adult patients admitted to hospital. As part of this work NHS Fife set out to improve management of hypoglycaemia as local audit identified, despite having hypo boxes in all areas and a protocol to follow, first line treatment and timing of rechecking the blood glucose level following this was poor.

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It was noted that across all Directorates nurses now have to report incidents of hypoglaecemia through Datix. More recently Datix has been amended so staff must answer five mandatory questions in relation to blood glucose results, treatment given and time taken for hypoglycaemia to resolve. The questions are educational, thus prompting staff to treat patients according to protocol and to document event in patient's notes. Some staff are aware and have completed this, however the training is not currently mandatory.

It is hoped to improve on the current hypoglycaemia although it is unlikely the number of incidents will reduce if reporting increases. The following recommendations are being proposed:

- Quarterly audit looking at two identified areas for improvement
- Education targeting areas where management is poor
- Highlight areas of good practice
- Pop-up education sessions
- Possible introduction of prescribed bedtime snack to minimise risk of early morning hypoglycaemia

It is also being proposed that the "How to Prevent and Manage Hypoglycaemia" module be made mandatory for staff to complete on an annual basis.

In taking questions it was noted that documentation in notes has improved since the last audit but it is hoped this will continue to improve and will be picked up in a future audit scheduled to take place in January – April 2020.

In relation to mandatory training, Dr McKenna advised he would be looking to senior nursing staff to consider what is feasible. Lynn Campbell advised it may not be possible to make this part of the required training but there are possibly other ways to approach this. One way may be that as part of the initial induction processes, the nine core training aspects are covered within that, but within the pack that follows there is an outline of what should be completed within the following year. This discussion is being undertaken with senior nurses specific to the area. Further discussion could take place with the Practice and Professional Development Team to see how this fits with new staff.

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Dr McKenna highlighted that the recording of Incidents within Datix may cause the figures to rise, but this is not something to be alarmed about as it indicates improved awareness of the reporting protocols.

Dr Bisset thanked Sharon Robertson for her helpful report and noted that it gave the Committee clarity on the concerns they had expressed previously. It was agreed the future audit will be reported to the Diabetes Team then through the ASD Clinical Governance Group.

6.2 Learning Disability Update

Nicky Connor noted that the Committee had requested a progress report on the implementation of strategic intentions with specific reference to the Learning Disability Services.

Julie Paterson, Lee Cowie, Ian Wilson and Audrey Espie were in attendance to provide the Committee with a progress report and take any questions the Committee may have.

The national learning disability strategy, The Keys to Life 2019 - 2021, outlines four priority areas for future service development that reflect what people with a learning disability and their families have identified as the barriers and challenges they face in achieving equality of opportunity. The four priorities are: Living; Learning; Working; Wellbeing.

NHS Fife's Clinical Strategy, Transforming Healthcare in Fife 2016 – 2021, makes specific reference to learning disability services and highlights the importance of:

1. Further Tier 3 multi-disciplinary intensive support teams for those in crisis with complex needs in terms of mental health, forensic or challenging behaviour with extended hours availability
2. Continuing Tier 3 best practice development and pathway work around people with challenging behaviours in order to improve quality of life and reduce restrictive interventions
3. Review of how physical needs are best met for those with Profound Multiple Learning Disability (PMLD) in adulthood

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4. Review of Children and Young People's Learning Disability Services (CYPLD) so that a single CYPLD multidisciplinary team which has a single management structure and a single set of case notes which is colocated and works closely with other agencies is established.

The Assessment section of the report detailed further the work undertaken within the specific areas.

Julie Paterson advised there is a Development Session organised in December 2019 for the Learning Disability / Autism Strategy Implementation Group to take stock and to review implementation plan progress in relation to Keys to Life 2019-2021, NHS Fife's Clinical Strategy 2016-2021 and the Scottish Government's Coming Home Report 2019 recommendations.

In taking comments Dona Milne was pleased to see the work linked in to supported employment such as with Opportunities Fife, which looks at employability across Fife. It would also be helpful to have a discussion to best align with the work being taken forward by Barbara Anne Nelson (and her replacement Linda Douglas) around Apprenticeship First, such as how we increase the number of Apprenticeships within NHS Fife and how these are available to people.

Dona Milne was also pleased to see there is a Lead Clinical Services Manager for Repatriation and asked how many people there were outwith Fife. Julie Paterson noted the numbers were not high, but the cases were complex, and she would provide this information to Dona Milne after the meeting.

Dr McKenna highlighted GP colleagues were frustrated when they have a child with a problem, but are not sure what the problem is, or who the right person is to see this individual. Within Older People Services there are hubs with multi disciplinary teams who can identify who sees the patient. Dr McKenna asked how can we make this better and get the appropriate help for younger children. Audrey Espie advised there is a Fife Neuro Development Pathway of which Fife is the best in Scotland. Dr Hellewell advised she would be keen to link in with this work. It was agreed Dr Hellewell and Audrey Espie would discuss outwith the Committee to progress.

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The Committee noted the comprehensive update as set out in the report. Dr Bisset agreed this is a helpful report, which addresses the issues previously raised, and thanked Julie Paterson and her team for attending.

6.3 Quality of Care Framework

The purpose of this paper is to outline the options for NHS Fife to consider in order to be in a state of readiness for when notification of an external review visit is received, as requested by the Chair of the Clinical Governance Committee.

The implementation of the Quality of Care framework for continual self-evaluation requires careful thought and consideration. The aim is to bring consistency to Healthcare Improvement Scotland's (HIS) external quality assurance work and to support NHS Fife to evaluate its own care delivery.

There are two elements to this approach:

1. A continual self-assessment framework for the organisation, which takes cognisance of activities and structures which are currently in place. The process of evaluation and learning and improvement needs to become embedded and continuous. Quality Improvement activity will therefore be based upon self evaluation rather than that which is mandated by external agencies.
2. The external HIS Quality of Care (QoC) review.

The timescale for this is set out in the report.

Dr McKenna highlighted that we should not underestimate the amount of work that will be involved in these reviews. HIS have carried out two reviews to date, of much smaller Boards, and thus far have not yet produced a report for either of the visits.

Initial work to create a framework to support implementation of the Quality of Care framework has begun. Ideally, the self-evaluation process should be:

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1. Led by Executive Directors, with a supporting governance structure. Appendix 1 of the report outlines an executive framework which identifies and links an appropriate Executive Director and a committee to each of the domains to take on the lead role.
2. Co-ordinated across the organisation. This could be supported by a nominated member of staff. This person should be able to liaise with different levels in the organisation, from senior leaders to those involved in direct care delivery. The self-evaluation exercise/s will need a small team to support the process. The leader/co-ordinator will manage the process of collecting the data and evidence, and ensure that the right people are involved in interpreting it and making recommendations.

Dr McKenna advised it has been agreed we should develop the framework which facilitates pro-active continual self evaluation and places NHS Fife in a state of readiness for the external review process.

In order to be prepared NHS Fife should therefore consider taking the following steps:

1. Establish a short life working group, chaired by an executive to create a framework for assessment, reporting and monitoring mechanisms. This group would focus on understanding how NHS Fife are doing against each domain, focussing on what is being done to improve the impact and outcomes on those who deliver, use or engage with NHS Fife.
2. Collate relevant data and evidence and establish current levels of performance against the indicators in the Outcome and Impact section of the framework
3. Interpret the data and based on the evidence identify what NHS Fife need to do next, better or differently, create action plans and implement and monitor the changes.
4. Consider the internal reporting and monitoring of continual self assessment.

Dr Bisset commended the considerable amount of work undertaken thus far. The Committee noted the report and asked that the Committee be updated with brief reports.

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Helen Woodburn noted that she has been advised HIS is pausing for six months on any further organisational visits, as they need to take time to review the visits already undertaken.

6.4 Organisational Duty of Candour Annual Report 2018-2019

Dr McKenna advised that, in accordance with legislation, this report is the first NHS Fife Organisational Duty of Candour (DoC) Annual Report for the period 1 April 2018 - 31 March 2019. This report details the numbers of events in NHS Fife known to have activated the organisational duty of candour procedure, the outcomes associated with such events and the details on how well the procedure has been followed.

In the summary for the period 1 April 2018 - 31 March 2019, 46 events reported have activated organisational duty of candour. The specific detail of the number of events per outcome is detailed on Page 2 of the report.

The annual report is in the process of going through Board Governance routes, and once complete Scottish Government will be sent a copy and the report will be made available on NHS Fife public facing website.

Individual summary sheets by division are being prepared, which will provide details on numbers, types of outcomes resulting from the incident, types of adverse events and the compliance with the procedure. These will be shared with the divisional units once completed to support further improvements in the next coming year.

The Committee noted the content of the report.

6.5 Hospital Electronic Prescribing & Medicines Administration Outline Business Case

Scott Garden advised that the Hospital Electronic Prescribing Medicines Administration (HEPMA) is currently being implemented across NHS Scotland. NHS Fife's Outline Business Case is being submitted to the Committee for approval.

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The primary aim of HEPMA is to remove paper based processes from prescribing / medicines administration and significantly improve patient safety and quality of care. In addition, an electronic system will improve our medicines management processes and enhance medicines optimisation. This will enable greater control over what is prescribed, how it is prescribed and how it is administered. This will enable monitoring and feedback to prescribers and those administering medicines to address variation, minimise inefficiency and improve quality.

NHS Fife has undertaken an options appraisal to agree the short list of options. Under the current multi-supplier Framework agreement there are currently three accredited suppliers: JAC/Wellsky, EMIS and Dedalus. The existing NHS Fife pharmacy stock control system is provided by EMIS.

The HEPMA Programme Board agreed NHS Fife should undertake a mini competition subject to sign off in principle of the Outline Business Case to ensure best value.

The Scottish Government has confirmed that central eHealth funds will be made available to NHS Boards to fund non-recurrent revenue and capital costs (but not local hardware costs). This funding equates to £1.4m for NHS Fife – the profile over financial years is yet to be confirmed. In recent discussions with Scottish Government they advised there is the potential for £500k capital to be allocated to NHS Fife 2019/20, subject to NHS Fife agreement to proceed with HEPMA and spend within the financial year.

It was noted that, as had been discussed at the FP&R Committee, there is a need for NHS Fife to identify the source of both Capital and Revenue funding for this project, as the total would not be covered by external funding.

Dr Bisset noted that, from a clinical point of view, the Committee would support the introduction of HEPMA in principle through the Board.

6.6 Drug Related Death Report

Dona Milne advised there has been a lot of media coverage regarding drug-related deaths. The Scottish Directors of Public Health have been trying to escalate this issue and advocating for Government to

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see this issue as a Public Health emergency that requires additional attention. A new Taskforce has been formed Chaired by the Minister of Public Health. This is a multi disciplinary taskforce which will give the issue the attention it needs.

The report provided to the Committee was written by the Fife Alcohol and Drug Partnership (ADP) and provides an update on drugs-related deaths.

In addition, Fife ADP has just completed a local report, which compares the Scotland and Fife data, and draws conclusions on the key issues for Fife.

Dona Milne also highlighted the Dundee Drugs Commission report into high numbers of drug-related deaths in that city, which was published in August this year. It looked at evidence from local residents and organisations, but also sought examples of good practice from elsewhere, and expert advice from across Scotland. The Commission made 16 recommendations, including the requirement for improved leadership and governance; the need to challenge and eliminate stigma; a common level of accountability for all provider organisations; a holistic system, including integrated primary care provision; integration of mental health and substance misuse services. There is no reason to suggest that if this report had been prepared for Fife that it would say anything different on the way forward for tackling the issue.

In Fife, at the request of the ADP, Public Health has produced a draft report comparing local provision to the evidence base. The emerging recommendations mirror many of those in the Dundee Commission report.

Next steps include:

- Learning from all drug-related deaths is paramount and we need to ensure that there is a robust local system to achieve this.
- The Dundee Drugs Commission identified ADP governance as a crucial element of reducing drug-related deaths. Local governance is already under review. This is welcome, but we should also learn from any appropriate findings from this commission.
- The draft Fife Public Health report, though it was written before the publication of the Dundee

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report, made many similar findings. Its recommendations should also inform the development of not only drug and alcohol services, but also “mainstream” services in Fife, such as mental health, general practice, housing and criminal justice.

- The disproportionately high impact of drug-related deaths in areas of high deprivation in Fife, the increase in female deaths, and the ageing population in this group need to be addressed in designing and delivering service responses.

In taking comments it was noted:

- This report, along with the ADP report, will be taken to the Clinical & Care Governance Committee to consider
- In Public Health, in the last six months, a Registrar has been allocated to look at all of the recommendations made in Scotland in relation about drugs services and the types of services that should exist across partnership agencies. This has been pulled together for the ADP and has made a number of recommendations about things that should be changed within the services that are offered, including new initiatives.
- Public Health has just been notified of a cluster of drugs-related deaths within an area of Fife and there is an issue on how quickly the Health Board are told, as we were not notified for a significant number of weeks. A Public Health approach is being taken on this and a Problem Assessment Group has been called, which may become an Incident Management Team once all the information is collated.
- Although a drop in number (by 2) for Fife from the previous year is welcome, we should not be complacent as this is not significant
- Further work required on Gabapentin issue. Helen Hellewell to set up meeting to discuss and take forward.
- Focus needs to be on prevention but this is a large piece of work.
- This was a concerning report but there are lessons that could be taken from Dundee.
- More focus and whole new approach to harm reduction is needed.

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- Services need to be more accessible and respectful and work with service users. From recent needs assessment carried out this does not seem to be the case. There are good pockets of work in some areas e.g. Pharmacy and Primary, which we could build on. The specialist drug services need to be looked at and make changes along with the third sector.
- Governance sits within the Partnership. Concerns have been raised with Julie Paterson and Nicky Connor, but a meeting is required to take the issues forward quickly. It is hoped the Clinical & Care Governance Committee will endorse this. Dr Bisset said the Committee endorsed this suggestion and would be looking for an update to come to the Committee in January 2020, which sets out which actions are being taken forward and by whom, so that patient safety issues are being addressed and taken seriously.

HH/DM/NC

In closing Dr Bisset said that although he commends the current actions detailed within the report, he does not feel this is enough to deal with the scale of the problem and a whole new refocus is required. An arrangement thus needs to be put in place urgently to review and overhaul the whole management of the ADP situation in Fife. There is a lack of communication, lack of joined up planning and vision and it is a very concerning situation.

6.7 **Fife Elective Orthopaedic Centre – Outline Business Case**

Carol Potter advised NHS Fife has instigated the next stage of the Scottish Capital Investment Manual (SCIM) process for the development of a new Elective Orthopaedic Centre. This involves the production of an Outline Business Case (OBC) that needs to be submitted to the Scottish Government Health & Social Care Directorates (SGHSCD) Capital Investment Group (CIG) for consideration at their November meeting, in line with the current programme.

The OBC was presented to the Finance, Performance & Resources Committee the previous day, to provide overall assurance and governance of the project, with particular reference to the management, financial, commercial and economic cases.

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The OBC is presented to the Clinical Governance Committee for consideration of all clinical, quality and safety issues, with particular reference to the strategic and management cases.

The timeline is such that it has been considered through the Project Board, it has been to FP&R and this Committee today and then to the Board on 27 November 2019, if the Committee is in support. In parallel, the OBC has been submitted to the Scottish Government. They are very clear and aware that they received the Business Case subject to formal approval by the NHS Board.

The only feedback received thus far from the Scottish Government has been minor queries of clarity, which are reassuring.

In taking lessons learned from other major capital projects with other Boards across Scotland, subsequent to the OBC being finalised, Helen Buchanan and Dr McKenna have been added in to the membership of the Project Board to ensure there is Board-level oversight on the project in terms of infection control issues and looking at clinical models.

The OBC incorporates the addition of outpatient, pre-assessment and radiology services within the design that will support elective orthopaedic service. This was not originally anticipated at the Initial Agreement stage but we have managed to achieve this within the financial envelope.

Andy Ballantyne was asked to comment on the service's view of the OBC. He advised this process had been very well engaged across all areas, with stakeholder groups from Theatres, Wards and Outpatients. Since March the Groups have met over thirty times with full representation at each meeting. There have also been visits to other projects throughout Scotland to see what has been done and lessons learned.

The Committee noted the report, commended its contents and recommend approval of the Outline Business Case to the NHS Board on 27 November 2019.

081/19 QUALITY, PLANNING AND PERFORMANCE**7.1 Integrated Performance and Quality Report (IPQR)**

Dr McKenna highlighted the update within the Executive Summary for:

- Inpatient Falls
- Pressure Ulcers
- Caesarean Section SSI
- SAB (MRSA/MSSA)
- Complaints Stage 2

The Committee noted the IPQR and were content with the clinical aspects of the report. The Committee were also content that the approach to dealing with complaints is appropriate, but would like to see the response rate increase.

7.2 Winter Plan 2019-20 Update

Nicky Connor advised this paper provides the Clinical Governance Committee with the draft Winter Plan 2019/20. The Plan has taken account of lessons learnt from 2018/19 performance and from outcomes contained within the Winter Review Event held on 2 May 2019. The Plan has been developed collaboratively with NHS Fife and Fife Health & Social Care Partnership, focussing on priorities to manage the increased demands of the whole system.

Nicky Connor reported the plan has been submitted to the Government and the following feedback has been received: On the whole, NHS Fife's plan is robust and it is clear last year's successes have been copied into this year's plan. It is encouraging to see joined up working within the Acute side and FHSC Partnership.

Issues to be reviewed and reported back on are:

- Reinforce the importance of whole system working
- Notes additional resource and activity to support winter; however, there is a large funding gap between what has been allocated nationally and what is required to deliver this within Fife.
- Looking for additional information on how this will work within the organisation.
- Noted there were still amber actions which require updated.
- Further information regarding the festive period and public holidays, what the impact will be and how they will be addressed is needed.
- Delayed discharge - what support will there be to maintain good WTT for outpatients and day cases.

081/19

Members noted work is currently ongoing to provide a response to the feedback, which is required to be submitted to the Scottish Government by 14 November 2019.

Dr McKenna advised he has met with Geriatricians to discuss the Model of Care delivered at Glenrothes Hospital. Dr McKenna advised funding has been secured for a GP Practice to take over the in-patient running of Glenrothes Hospital. This will free up the Geriatricians' time to carry out acute assessment of older people as they come in to hospital.

The Committee noted the Winter Plan for 2019/2020.

082/19 GOVERNANCE

8.1 Board Assurance Framework – Quality and Safety

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 4 September 2019.

The Committee noted the changes (given in red in the revised draft).

8.2 Board Assurance Framework – Strategic Planning

This report provides the Committee with the next version of the NHS Fife BAF for Strategic Planning. This includes the development of the Joint Strategic Transformation Group being replaced by the Integrated Transformation Board.

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

082/19 8.3 Board Assurance Framework - eHealth

This report provides the Committee with the first version of the NHS Fife BAF specifically in relation to eHealth as at 4 October 2019.

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

8.4 Brexit

Dr McKenna advised this is an update to the previous version submitted to the Committee, and confirmed there has been no changes apart from a more explicit summary provided for eHealth mitigating actions.

083/19 TRANSFORMATION / REDESIGN / CLINICAL STRATEGY**9.1 Acute Transformation**

NHS Fife and the wider Health & Social Care system partners face unprecedented financial and service pressure as a result of:

- Supporting the care needs of an ageing population
- Patient expectations in light of new and expensive treatment options
- Impact of increased prevalence of long-term conditions
- Urgent workforce challenges, ageing workforce, persistent vacancies in some staff groups and recruitment/retention issues.

Transformational change, including the way in which organisations work, both individually and collectively will be required to address the above challenges and deliver the plan.

Four workstreams have been established and work is ongoing in relation to key prioritised objectives. The governance structure outlining these workstreams is illustrated in Appendix 1 of the report.

Appendix 2 outlines a schematic illustrating how the ASD Transformation Programme aligns to the ASD Efficiency Opportunity Assessment. Whilst some of the operational opportunities have been picked up through savings schemes with the Productivity & Efficiency Group, the larger transformational items identified will have project plans developed through the transformation workstreams.

083/19

The Committee noted the update from the Acute Services Transformation Programme and that an update on key objectives will be included in the next update to the Committee.

9.2 Medicines Efficiency

The Committee noted the paper and that a further paper proposing the structure and future working to will be provided for the next meeting of the Committee to conclude this project.

SG**084/19 ANNUAL REPORTS****10.1 Medical Revalidation 2018-19**

Dr McKenna advised this report provides the Committee with assurance that NHS Fife has a robust system around Medical Staff Revalidation and Appraisal.

The Committee noted and accepted the report and the actions being taken to respond to the recommendations.

10.2 R&D Annual Report

Dr McKenna advised this report describes activities within Research & Development (R&D) across NHS Fife, detailing progress made over the last twelve months in relation to ongoing work, previously identified challenges and identifying the key challenges currently facing R&D. The report covers the period April 2018 to March 2019.

The Committee noted the report, recognising the high level of engagement with local universities as detailed within.

10.3 R&D Strategy

Dr McKenna advised the Research & Development (R&D) Strategy has been reviewed and updated to cover the period April 2019 to March 2020. A number of strategic priorities, identified for 2018-19, are included annually to ensure delivery of the strategy. The report also includes the reported outcomes versus last year's strategic R&D priorities.

The Committee approved and agreed the report can be submitted to the NHS Fife Board to approve the update.

084/19 10.4 ADP Annual Report – *carried forward to a later date*

This item to be carried forward to January 2020.

10.5 NHS Fife Immunisation Annual Report 2019

Dona Milne advised the purpose of this paper is to provide an annual monitoring report of vaccine preventable disease surveillance data and vaccine uptake data, and summarise the key developments and learning in relation to the delivery of immunisation programmes in NHS Fife.

This is the second annual Immunisation Report for NHS Fife. Variation in data release timings and reporting intervals mean that the period covered in this report varies by programme.

The Committee noted the report.

085/19 LINKED COMMITTEE MINUTES

Dr Bisset advised that all items under this section would be taken without discussion unless any particular issues were raised. None were.

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

086/19 ITEMS FOR NOTING

There were no items for noting.

087/19 ISSUES TO BE HIGHLIGHTED TO THE BOARD

The following issues to be highlighted to the Board:

- Duty of Candour annual report (DoC)
- Hospital Electronic Prescribing & Medicines Administration (HEMA) – approval in principle
- Drug Related Deaths Report
- Fife Elective Orthopaedic Centre Outline Business Case

088/19 AOCB

There was no other competent business.

UNCONFIRMED



089/19 DATE OF NEXT MEETING

Thursday 16 January 2020 at 2pm in Staff Club, VHK

**TABLE OF ACTIONS FOR NHS FIFE CLINICAL GOVERNANCE COMMITTEE
UPDATED ON 6 NOVEMBER 2019
FOR DISCUSSION ON 16 JANUARY 2020**

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 59 Quality Report	3.7.19	Minute Ref 050/19 DM to arrange for the Committee to have sight of the Drug Related Death report.	DM	September 2019 November	4.9.19 Full report will come to NHSFCGC 6.11.19 – Main Agenda Item 6.6
Item 112 HIS Quality Framework	6.3.19	Minute Ref 022/19 CMcK agreed to take forward with HWr and HWo the elements of the framework which come to the specific Committees.	CMcK/HWo/HB	May 2019 July 2019 September 2019 November 2019	8.5.19 & 3.7.19 & 4.9.19 Work complete. Paper to come to NHSFCGC 6.11.19 - Main Agenda Item 6.3
Item 130 BAF for Strategic Planning	6.3.19	Minute Ref 020/19 Issue of East Region H&SC Delivery Plan to be raised with PH. Nicky Connor agreed to take back and discuss further with MK.	FME/NG	May 2019 July 2019 September 2019 November 2019	4.9.19 NC advised she had picked up at the time but will bring back update to NHSFCGC 6.11.19
Item 134 Report from Information & Governance Security Group on Compliance with General Data Protection Regulations (GDPR)	6.3.19	Minute Ref 022/19 Report to be brought to NHSFCGC in early March 2020.	CMcK	March 2020	

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 138 NHS Fife Activity Tracker - Victoria Hospital Older People in Acute Hospitals unannounced inspection report and action plan	8.5.19	Minute Ref 040/19 HB to raise the issue of content of final report with Ann Gow at HIS and feed back to the Committee following her discussion.	HB	July 2019 September November 2019	4.9.19 Main Agenda Item 5.7. HB to check with Ann Gow to see what actions have been taken forward with her staff.
	6.11.19	In HB absence LC advised there was no update on the specific actions. LB asked this was disappointing and would be looking for a specific update from Ann Gow which addresses and rectifies the way NHS Fife were treated.	HB	January 2020	
Item 140 Update Report on all strands of Clinical Strategy	6.3.19	Minute Ref 021/19 Nicky Connor to bring an update on Learning Disability.	NC	September 2019 November 2019	4.9.19 NC will bring back to NHSFCGC 6.11.19 Main Agenda Item 6.2
Item 142 Committee Self Assessment Report	6.3.19	Minute Ref 022/19 LB to meet with CMcK and GMaCl to formulate an action plan to address the issues within the report.	LB/CMcK/GMaCl	May 2019 July 2019 September 2019 November 2019	3.7.19 & 4.9.19 Meeting has not taken place. Still to be progressed. 6.11.19 – meeting took place 21 October 2019 areas identified for improvement.
Item 143 Update on Vaping report submitted to SGHD	3.7.19	DM advised the consultation should be available in July looking at secondary recommendations by November 2019. Hopefully the Consultation will be available for NHSFCGC in September 2019 to consider before a view is taken to the Board.	DM	September 2019 November 2019 January 2020	4.9.19 DM confirmed this has been delayed due to Brexit. 6.11.19 Draft taken to APF – will come to NHSFCGC in January 2020
	DATE				

MINUTE REFERENCE	OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 146 Annual Statement of Assurance eHealth Board 2018/19	8.5.19	Minute Ref 038/19 ER to share revised Terms of Reference with NHSFCGC when this is produced.	ER CMcK	July 2019 September 2019 November 2019 January 2020	4.9.19 ER to liaise with LD and bring to NHSFCGC 6.11.19 – CMcK to check with Lesly Donovan
Item 150 Surgical Site Infection Update	4.9.19	Minute Ref 06/19 HB & Keith Morris to liaise with Obstetricians, Midwives and GP Services about the preferred pathway. Update paper to come to NHSFCGC 6.11.19	HB	November 2019	6.11.19 Main Agenda Item 5.2
	6.11.19	Minute Ref 079/19 Women and Children Directorate to provide a Summary of where they are with the Obstetrics Improvement Plan.	HB/CMcK	January 2020	
Item 154 Primary Care Improvement Plan	3.7.19	Minute Ref 051/19 Short paper to be prepared setting out the clear governance responsibilities / arrangements.	HH	September 2019 November 2019	4.9.19 Main Agenda Item 5.4. Written report to come to NHSFCGC 6.11.19 Main Agenda Item 5.4
		Minute Ref 051/19 HH to prepare a paper setting out the issues which will come out of the Implementation Plan that will affect the GMS Contract.	HH	September 2019 November 2019	4.9.19 Main Agenda Item 5.4. Update report NHSFCGC 6.11.19 Main Agenda Item 5.4
	6.11.19	Minute Ref 079/19 For future updates a brief report to be prepared for being taken to all relevant Committees.	HH	January 2020	

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 155 Participation & Engagement Update	4.9.19	Minute Ref 064/19 Refreshed model and plan to be considered at NHSFCGC on 6.11.19.	HB	November 2019	6.11.19 Main Agenda Item 5.1
Item 156 Transformation Programme Workshop Update & Role & Remit of Joint Strategic Transformation Group	4.9.19	Minute Ref 064/19 Further paper will come to NHSFCGC on 6.11.19.	PH	November 2019	6.11.19 Main Agenda Item 5.3
Item 157 Update on Pharmacy input to Identifying SABS	4.9.19	Minute Ref 064/19 HH to bring a written paper to NHSFCGC on 6.11.19 which sets out the position with SABS in the Community.	HH	November 2019	6.11.19 Main Agenda Item 5.5
Item 158 HAIRT Report	4.9.19	Minute Ref 066/19 Report on the work of the catheter associated urinary tract infection group to be considered.	HB	November 2019	6.11.19 Remove – to be reported annually (prior to Board meeting)
Item 159 Brexit	4.9.19	Minute Ref 067/19 Explicit summary to be provided for eHealth Section.	CMcK	November 2019	6.11.19 Main Agenda Item 8.4
Item 160 Annual Workplan	4.9.19	Minute Ref 067/19 Director of Public Health Annual Report to be changed on the Workplan to report annually in May.	HW	November 2019	6.11.19 Actioned - Closed
Item 161 Mental Health Strategy & Board Feedback Paper	4.9.19	Minute Ref 068/19 HH and NC to ensure NHSGCGC comments are fed back as soon as possible and hopefully in advance of the planned “stage and gate” process.	HH/NC	November 2019	
	6.11.19	PH wrote to NC with comments on the paper. NC has responded and these comments will be incorporated into a further iteration of the Strategy that will go through the Transformation Board.			

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 162 Drug Related Death Report	6.11.19	Minute Ref 080/19 Further work required on Gabapentin issue. HH to set up meeting to discuss and take forward.	HH	January 2020	
	6.11.19	Minute Ref 080/19 Meeting required with H&SCP to quickly take forward issues.	HH/DM/NC	January 2020	

**NHS FIFE
CLINICAL GOVERNANCE COMMITTEE**

DATE OF MEETING:	16 th January 2020
TITLE OF REPORT:	Standards for Organisational Resilience – SG Response to 2018 Self Assessment
EXECUTIVE LEAD:	Dona Milne – Director of Public Health
REPORTING OFFICER:	George Brown – Emergency Planning Officer

Purpose of the Report (delete as appropriate)	
	For Information for noting

SBAR REPORT

Situation

A letter was received on the 2 December from the Scottish Government Health Resilience Unit providing us with feedback on our 2018 Self Assessment on the progress we have made and the work involved towards implementing their Standards of Organisational Resilience. Their comments in the letter were very positive but they also highlighted a few areas where we should focus our attention as a part of the overall implementation of the standards going forward.

Background

NHSScotland first issued the 41 Standards for Organisational Resilience in May 2016 at which point they posed **4 important questions**, based upon the increasing frequency and intensity of incidents and disruptive events, from severe weather and transport issues to more extreme terrorist incidents that have had a considerable impact on healthcare provision:

- are our services sufficiently robust to withstand these disruptions?
- are we sufficiently prepared to safeguard health services?
- how do we ensure the safety of staff and patients? and
- how do we protect our assets and our reputation?

The standards are assessed using 4 benchmarking criteria:

Level 1 – Planning

Action has been identified and planning arrangements have been started.

Level 2 – Implementing

An individual has been tasked to progress the action, a plan implemented and a methodology agreed and **to provide evidence** of the action being delivered.

Level 3 – Monitoring

An action has been implemented with an agreed process in place that is now being monitored over time and that any associated learning and improvement planning is in place to ensure delivery of the standard.

Level 4 – Reviewing

An action has now been mainstreamed into existing services and that quality assurance and performance management has been established to review the action on an on-going basis.

Since the standards were introduced in May 2016 we have made two self-assessment returns to the Scottish Government Health Resilience Unit (SGHRU), one in October 2016 and a second in August 2018 which relates to the letter received on the 2 December 2019 - we have continued to make good progress against the standards since they were introduced.

Assessment

The standards cover all areas of our business and they provide a great opportunity for us to enhance the overall resilience of our organisation.

The NHS Fife Resilience Forum monitors each of the 41 standards and each standard has been allocated to a lead person who is responsible to either progress the standard through the 4 bench marking levels shown above or keeping the standards under continual review once it has reached its highest benchmark level.

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

Recommendation

Clinical Governance Committee members are asked to note the progress update and feedback from Scottish Government.

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

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

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

T: 0131-244 2431
E: michael.healy@gov.scot

Chief Executive
NHS Fife
(by email)

Our ref: A26502918

02 December 2019

Dear Chief Executive

NHS SCOTLAND STANDARDS FOR ORGANISATIONAL RESILIENCE 2018 – FEEDBACK ON NHS FIFE SELF-ASSESSMENT REPORT

Thank you for submitting your NHS Boards' self-assessment report and your Statement of Progress and Assurance of Compliance with the Organisational Resilience Standards 2018.

I apologise for the delay in responding. I am pleased to say that we have now reviewed the content of your report and I am writing to provide you with feedback and to outline how we intend to proceed in relation to assessing performance against the Organisational Resilience Standards going forward.

Feedback

We acknowledge that the Board has been progressing various aspects of work in line with the Standards, so on this occasion we are accepting your self-assessment and accompanying comments at face value. We will not be seeking further evidence or information from you to substantiate how a particular benchmarking criteria has been arrived at but have reviewed your return and provide the following comments:

The Boards' self-assessment submission against the 41 Standards indicates that compared to the previous year's (2017/18) performance there has been:

- No change or progression in 36 of the Standards
- Progress against 4 of the Standards
- 1 Standard (30) has been assessed as 'not applicable'.

We have noted your comments explaining the rationale for awarding the respective benchmarking criteria.

We have noted that in your Statement of Progress and Assurance that the Boards' Business Continuity (BC) capability is being strengthened with a review of all its service and departmental BC plans to ensure that the organisations' BC and Major Incident plans dovetail. We note that there will be a focus on testing these plans in 2019.

Our review of the Boards' self-assessment report highlights:

- Robust governance arrangements in place to oversee the Boards organisational resilience at various tiers (the Strategic Group) and sectors (Acute Services and HSCP) within the organisation; these include submission of an annual report of performance against the Standards to the Clinical Governance Committee. There is clear evidence of leadership and corporate ownership of the resilience agenda within the Board. Fife Health and Social Care Partnership participates in NHS Fife's Resilience Forum, although it has its own resilience group.
- Positive work undertaken on Business Continuity (BC) within the Board. However, it seems that different arrangements are in place for 'Business Continuity' and 'Resilience' (we assume the latter term specifically refers to major incident planning and preparedness). It is difficult to understand the rationale for the separation of BC and Resilience, especially in relation to the potential challenges this separation might pose in terms of ensuring that (BC/MI) plans dovetail with each other. We note that a Corporate BC Plan is being prepared for submission to the Board's Resilience Forum. There appears to be separate Business Continuity Management (BCM) arrangements within the Board and it is not clear what role if any the Corporate Management Team has in overseeing them. However, we note the role to be played by the Boards' Risk Management Committee in overseeing BCM.
- The Board is developing a resilience framework document to clarify its structures and work programme. It is not clear whether this document will include business continuity.
- A considerable focus on major incident (MI) planning and preparedness that includes training and exercising as well as joint working with partners via the Regional / Local Resilience Partnerships. However, it is not clear whether the Boards' overall MI plan has been tested/exercised systematically recently in line with Standard 12 (12.2). We would wish to see clear evidence in the next submission that the MI plan has been systematically reviewed/exercised in line with the Standard and to be assured that relevant capabilities exist to implement the updated, agreed plan.
- Radiation Monitoring Unit arrangements do not appear to be in place and have yet to be progressed with partners. National guidance issued in 2017 by Scottish Government Health Resilience Unit expects that all Board areas should have arrangements in place for the provision of RMUs in their territory so that they can comply with REPPIR Regulations 2019. We recommend that action to address this issue is taken. Evidence of progress in relation to a RMU will be sought in the Boards' next self-assessment submission.
- A Climate Change Impact Assessment (CCIA) has been carried out (response to Standard 20) and that 'disaster recovery plans have been prepared'. In this context we assume the Board now has a better understanding of risks and vulnerabilities and is using this information to enhance its infrastructure resilience, if it is not already doing so. We recommend the use of the Climate Change Risk Assessment and Adaptation Planning Tool for Healthcare Assets (produced by NHS NSS earlier this year) when the Board embarks on the next CCIA. We also note the range of actions taken to mitigate the impacts of severe/extreme weather.

In summary, we recognise the considerable work being progressed on many fronts and on various levels both within the Board and with external agencies/partners to continuously enhance the Boards' organisational resilience but would note the areas outlined in this letter as part of the overall implementation of the standards going forward.

Assessment of Progress 2018-2020

We expect that your Resilience Committee has been monitoring progress against the Standards since you submitted this self-assessment report. To rationalise the reporting process, we will be asking NHS Boards to submit a self-assessment report on progress against the Standards for the period 1 April 2018 to 31 March 2020 by 10 April 2020.

We are currently reviewing the content of the Standards and the Measures/ Indicators (Second Edition, 2018). However, we do not envisage any substantial changes to the content of the Standards, except in relation to Digital Health (Standards 31-33) because of the important developments that have occurred in that area over the last year.

We will provide further information on the self-assessment reporting process as soon as possible.

In the meantime, I trust the feedback and information provided in this letter will be useful in your on-going implementation of the Standards. Please contact Ray de Souza, ray.desouza@gov.scot if you would like to discuss further any aspect of the feedback.

Yours sincerely



Michael Healy
Head of Health Resilience Unit

Cc: NHS Board Executive Lead For Resilience
NHS Board Resilience Lead
Ray de Souza, SG Health Resilience Unit



Fife Integrated Performance & Quality Report

Produced in December 2019



Introduction

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

The IPQR comprises of the following sections:

I. Executive Summary

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

II. Performance Assessment Reports

Clinical Governance

Finance, Performance & Resources
Operational Performance
Finance

Staff Governance

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

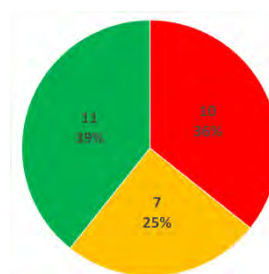
A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

I. Executive Summary

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

a. LDP Standards & Key Performance Indicators

The current performance status of the 28 indicators within this report is 11 (39%) classified as **GREEN**, 7 (25%) **AMBER** and 10 (34%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits or considerably below standard/trajectory.

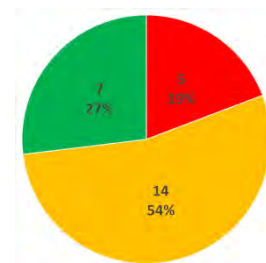


There are three indicators that consistently exceed the Standard performance; IVF Treatment Waiting Times (regional service), Antenatal Access and Drugs & Alcohol Waiting Times. Other areas of success should also be noted...

- Inpatients Falls with Harm, remaining significantly below the target level, at 1.37 per 1,000 Occupied Bed Days
- Rate of Caesarean Section SSI remaining at or under target level for second successive quarter
- Rate of SAB HAI/HCAI significantly below the new target measure
- Diagnostics (Patients Waiting over 6 Weeks at Month End), continuing to be very close to the 100% target
- Cancer 31-Day DTT achieving the Standard for the fifth successive month, with monthly improvement also noted for Cancer 62-day RTT

b. National Benchmarking

National Benchmarking is based on whether indicator is in upper quartile (▲), lower quartile (▼) or mid-range (◀▶); based on 11 mainland NHS Boards. The current benchmarking status of the 26 indicators within this report has 7 (27%) within upper quartile, 14 (54%) in mid-range and 5 (19%) in lower quartile. There are indicators where national comparison is not available or not directly comparable.



Indicator Summary

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

Benchmarking	
●	Upper Quartile
●	Mid Range
●	Lower Quartile

Section	LDP Standard	Standard	Target 2019/20
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A
	N/A	HSMR	N/A
	N/A	Inpatient Falls	5.97
	N/A	Inpatient Falls with Harm	2.16
	N/A	Pressure Ulcers	0.42
	N/A	Caesarean Section SSI	2.5%
	N/A	SAB - HAI/HCAI	20.2
	N/A	SAB - Community	N/A
	N/A	C Diff - HAI/HCAI	6.9
	N/A	C Diff - Community	N/A
	N/A	Complaints (Stage 1 Closure Rate)	80%
	N/A	Complaints (Stage 2 Closure Rate)	65%
Operational Performance	90%	IVF Treatment Waiting Times	90%
	95%	4-Hour Emergency Access	96%
	95%	New Outpatients Waiting Times	95%
	100%	Diagnostics Waiting Times	100%
	100%	Patient TTG (Ongoing Waits)	80%
	90%	18 Weeks RTT	84%
	95%	Cancer 31-Day DTT	95%
	95%	Cancer 62-Day RTT	94%
	29%	Detect Cancer Early	27%
	N/A	Delayed Discharge (% Bed Days Lost)	5%
	80%	Antenatal Access	80%
	473	Smoking Cessation	473
	90%	CAMHS Waiting Times	88%
	90%	Psychological Therapies Waiting Times	82%
	80%	Alcohol Brief Interventions (Priority Settings)	80%
	90%	Drugs & Alcohol Treatment Waiting Times	90%
	N/A	Dementia Post-Diagnostic Support	TBD
	N/A	Dementia Referrals	TBD
N/A	Freedom of Information Requests	85%	
Finance	N/A	Revenue Expenditure	£0
	N/A	Capital Expenditure	£7.394m
Staff Governance	4.00%	Sickness Absence	4.89%

Reporting Period	Year Previous	Previous	Current
Month	Oct-18 76	Sep-19 63	Oct-19 51 ↑
Year Ending	Jun-18 N/A	Mar-19 1.01	Jun-19 1.04 ↓
Month	Oct-18 7.47	Sep-19 6.25	Oct-19 6.80 ↓
Month	Oct-18 1.77	Sep-19 1.22	Oct-19 1.37 ↓
Month	Oct-18 1.43	Sep-19 0.76	Oct-19 1.00 ↓
Quarter Ending	Sep-18 2.3%	Jun-19 2.0%	Sep-19 2.5% ↓
Quarter Ending	Oct-18 N/A	Sep-19 15.5	Oct-19 6.6 ↑
Quarter Ending	Oct-18 N/A	Sep-19 11.7	Oct-19 8.5 ↑
Quarter Ending	Oct-18 N/A	Sep-19 8.9	Oct-19 14.3 ↓
Quarter Ending	Oct-18 N/A	Sep-19 3.20	Oct-19 1.07 ↑
Quarter Ending	Oct-18 82.4%	Sep-19 80.1%	Oct-19 82.5% ↑
Quarter Ending	Oct-18 58.7%	Sep-19 62.3%	Oct-19 60.7% ↓
Month	Oct-18 100.0%	Sep-19 100.0%	Oct-19 100.0% ↔
Month	Oct-18 95.8%	Sep-19 92.0%	Oct-19 92.7% ↑
Month	Oct-18 93.5%	Sep-19 94.1%	Oct-19 92.4% ↓
Month	Oct-18 98.6%	Sep-19 98.9%	Oct-19 99.0% ↑
Month	Oct-18 83.4%	Sep-19 90.6%	Oct-19 90.5% ↓
Month	Oct-18 77.9%	Sep-19 79.8%	Oct-19 79.6% ↓
Month	Oct-18 95.0%	Sep-19 97.4%	Oct-19 98.1% ↑
Month	Oct-18 85.6%	Sep-19 77.7%	Oct-19 91.0% ↑
Year Ending	Jun-18 26.5%	Mar-19 24.8%	Jun-19 25.2% ↑
Month	Oct-18 6.4%	Sep-19 8.8%	Oct-19 6.4% ↑
Month	Aug-18 86.8%	Jul-19 84.8%	Aug-19 86.2% ↑
YTD	Jul-18 87.0%	Jun-19 92.4%	Jul-19 97.5% ↑
Month	Oct-18 83.5%	Sep-19 77.1%	Oct-19 62.5% ↓
Month	Oct-18 71.9%	Sep-19 69.0%	Oct-19 64.2% ↓
YTD	Sep-18 69.6%	Jun-19 74.0%	Sep-19 77.0% ↑
Month	Aug-18 98.3%	Jul-19 97.1%	Aug-19 95.7% ↓
Annual	2016/17 87.5%	2017/18 87.5%	2018/19 90.2% ↑
Annual	2016/17 60.1%	2017/18 55.4%	2018/19 60.5% ↑
Quarter Ending	Oct-18 N/A	Sep-19 69.3%	Oct-19 57.9% ↓
Month	Nov-18 N/A	Oct-19 £7.570m	Nov-19 £7.633m ↓
Month	Nov-18 N/A	Oct-19 £2.545m	Nov-19 £3.891m ↑
Month	Oct-18 5.69%	Sep-19 5.46%	Oct-19 5.70% ↓

Reporting Period	Fife	Scotland
N/A		
YE Jun-19	1.04 ●	1.00
N/A		
N/A		
QE Jun-19	2.0% ●	1.0%
YE Jun-19	17.6 ●	16.7
YE Jun-19	10.8 ●	9.6
YE Jun-19	7.7 ●	13.8
YE Jun-19	5.9 ●	5.5
2017/18	77.5% ●	74.4%
2017/18	49.7% ●	52.8%
N/A		
Oct-19	92.7% ●	88.0%
Sep-19	94.3% ●	72.9%
Sep-19	99.0% ●	82.3%
Sep-19	91.2% ●	67.5%
Sep-19	79.8% ●	76.9%
QE Jun-19	93.0% ●	94.7%
QE Jun-19	85.4% ●	82.4%
2017, 2018	25.1% ●	25.5%
QE Jun-19	7.6% ●	6.7%
2018/19	91.3% ●	87.6%
YT Jun-19	92.4% ●	92.4%
QE Sep-19	75.2% ●	64.5%
QE Sep-19	66.5% ●	79.4%
YT Jun-19	74.0% ●	90.0%
QE Jun-19	95.5% ●	93.2%
2018/19	90.2% ●	58.6%
2018/19	60.5% ●	40.8%
N/A		
N/A		
YE Sep-19	5.67% ●	5.33%

d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
HSMR	1.00	N/A	N/A	YE Jun-19	1.04	YE Jun-19	●
<p>The annual HSMR for NHS Fife increased during the second quarter of 2019. The number of deaths is small, but the predicted deaths per year rose by 15, and this led to a Fife rate which is higher than the Scottish average. This could easily fall back during quarter 3.</p> <p>HSMR changed to be an annual measure at the start of 2019, the way in which the data is created as changed and it is possible this doesn't properly reflect a hospital such as QMH, which is largely populated by elderly patients.</p>							
Inpatient Falls Reduce falls with harm by 20%	2.16	Oct-19	2.16	Oct-19	1.37	N/A	N/A
<p>Work continues to focus on improvement in the reduction of falls with harm with a generally downward trend overall. Scrutiny at local level highlights areas that require a bit more support and where this was previously noted, significant reduction is noted with work to sustain this. The revised falls toolkit has been relaunched and the new Comfort Clock testing complete with roll-out underway. LEARN summaries are discussed within the group to support shared learning system wide.</p>							
Pressure Ulcers 50% reduction by December 2019	0.42	Never Met	0.42	Oct-19	1.00	N/A	N/A
<p>The number of pressure ulcers(PU) reported continues to vary with no sustained improvement. The current PU collaborative finishes 31/12/2019, with a new Quality Improvement (QI) programme commencing in the New Year across Fife within identified areas. This will complement any current QI work.</p>							
Caesarean Section SSI We will reduce the % of post-operation surgical site infections to 2.5%	N/A	Sep-19	2.5%	Sep-19	2.5%	QE Jun-19	●
<p>Following a review of the surveillance methodology, a new process for ascertaining SSI status was adopted from the start of October. There was a significant reduction in SSI rate during Q2 of 2019, and this rate increased slightly in Q3. It is hoped that a sustained lower rate will be achieved throughout the remainder of the year.</p>							
SAB (MRSA/MSSA) We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022	18.8	QE Oct-19	20.2	QE Oct-19	6.6	YE Jun-19	●
<p>There were 4 SAB in October, none of which were hospital acquired and none of which had diabetes as an underlying factor. Two infections were healthcare associated, one CAUTI and one unknown, while two were community associated, one of which occurred in a PWID.</p>							
C Diff We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022	6.5	QE Jun-19	6.9	QE Oct-19	14.3	YE Jun-19	●
<p>There were 7 CDIs in October, all healthcare associated. Two of these occurred in the VHK while one occurred in QMH.</p>							
Complaints - Stage 2 At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Oct-19	60.7%	FY 2017/18	●
<p>Regular meetings are continuing with ASD colleagues to review issues and style of draft responses. Discussions are taking place with the Director of Health & Social Care, with the aim being to ensure that the complaints handling and approval process is consistent across the Partnership and Acute Services. This discussion is ongoing, however there has already been a vast improvement in the performance for H&SCP.</p>							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Benchmarking		
4-Hour Emergency Access 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Jul-19	95%	Oct-19	92.7%	Oct-19	●
Performance improved slightly in October, however, attendances remain above the level of the same period of 2018. The access target is affected by the capacity pressures within the hospital and focus is now on Daily Dynamic Discharge process. This work is being supported by the SG Unscheduled Care team.							
New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Aug-19	95%	Oct-19	92.4%	Sep-19	●
Performance has deteriorated since April, is below trajectory and moved below the Standard in September, with 92.4% of patients having waited less than 12 weeks. Problems with capacity due to unexpected vacancies, absence and an increase in demand in a number of high volume specialities have led to the deterioration in performance. Additional independent sector capacity has been commissioned to recover the position due to challenges of medical staff conducting in house waiting list initiatives as a result of the pension impact.							
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	80%	Oct-19	90.5%	QE Sep-19	●
Performance remains better than the agreed improvement trajectory. Additional independent sector activity continues to be delivered whilst recruitment to vacant posts funded through the waiting times improvement plan are progressed.							
Cancer 62-Day RTT 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	94%	Oct-19	91.0%	QE Jun-19	●
Performance improved significantly in October. The six 62-day RTT breaches ranged in duration from 3 to 131 days (average 33 days) while the two 31-Day DTT breaches ranged from 10 to 14 days (average 12 days). There continues to be variability in the standards with issues seen with PET and delays in the prostate pathway resulting in breaches.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Aug-18	5%	Oct-19	6.4%	QE Jun-19	●
Performance improved in October, with both the number of patients in delay (and as a consequence the bed days lost to patients in delay) reducing. The % of bed days lost is the same as at October 2018, though still short of the 5% target. It will be challenging to reduce this level during the winter period.							
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	May-19	100%	Jul-19	97.5%	YT Jun-19	●
On ward training has been delivered in the VHK to raise awareness of the Temporary Abstinence pathways and access to NRT, and a small increase in referrals has been noticed. The Mobile Unit has been fully branded to raise awareness of the service, and a '24 days of Christmas' smoking cessation Advent Calendar is being promoted on Twitter.							
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMHS services within 18 weeks of referral	90%	Sep-16	88%	Oct-19	62.5%	QE Sep-19	●
Despite the level of clinical activity rising significantly, the focus on children and young people who have waited more than 18 weeks continues to have an adverse impact on the 18 week RTT. Work is underway with the Scottish Government Mental Health Performance & Improvement Unit to analyse the current and future demand against existing capacity and resources data in order to accurately assess the CAMHS ability to meet the 18-Weeks RTT target by December 2020.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Benchmarking
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	82%	Oct-19 64.2%	QE Sep-19 ●
<p>We continue to meet the RTT for patients with less complex needs, and service redesign in this area has freed capacity for high intensity work. Addressing the longest waiting patients impacts negatively on our RTT performance. We continue our programme of service redesign to develop capacity and improve system flow for more complex patients. Work with an ISD/MHAIST data analyst and now SG advisor is on-going.</p>					
FoI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	N/A	85%	QE Oct-19 57.9%	N/A N/A
<p>October's performance figures largely reflect both the challenges in moving day-to-day FOI management to a new team, and the impact of closing overdue cases. Performance is expected to improve rapidly once this backlog has been fully addressed. October saw 39 individual cases completed, with 67 further cases closed at time of writing in late November. Streamlining of admin processes continues.</p>					

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Benchmarking
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Nov-19 + £7.633m	N/A N/A
<p>The revenue position for the 8 months to 30 November reflects an overspend of £7.633m. Based on this in-year position, and a number of high level planning assumptions as agreed by delegated budget holders, the year end forecast ranges from a potential optimistic forecast of £6.4m overspend to a potential worst case of £13.8m overspend.</p> <p>The key challenges continue as previously reported and comprise: the overspend on Acute Services (run rate overspend related to a number of cost pressures; and non delivery of savings), and includes £4.039m 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; the risk share impact of the Integration Joint Board position (entirely driven by social care costs) capped and full overspend; and the growing cost pressure in relation to activity outside Fife and in particular, the number of specialist high cost, low volume procedures undertaken in Edinburgh reported in recent months which continues.</p>					
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£7.394m	N/A	£7.394m	Nov-19 £3.891m	N/A N/A
<p>The total Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 8 months to November shows investment of £3.891m, equivalent to 52.62% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.</p>					

Staff Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Benchmarking
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.89%	Oct-19 5.70%	YE Sep-19 ●
<p>The sickness absence rate for October was 5.7%, an increase of 0.24% compared to September. This means that the gap has increased by 0.56% between the 5.14% trajectory set at the start of the FY and the actual sickness absence rate. Improvement actions continue to take place within each operational unit to work towards achieving the trajectories set for the Board.</p>					

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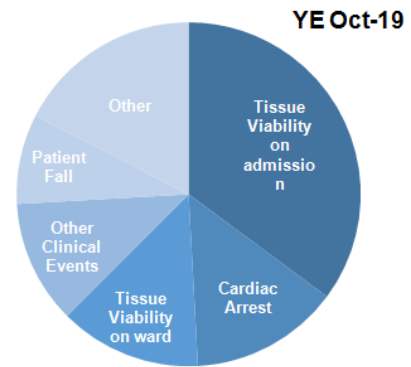
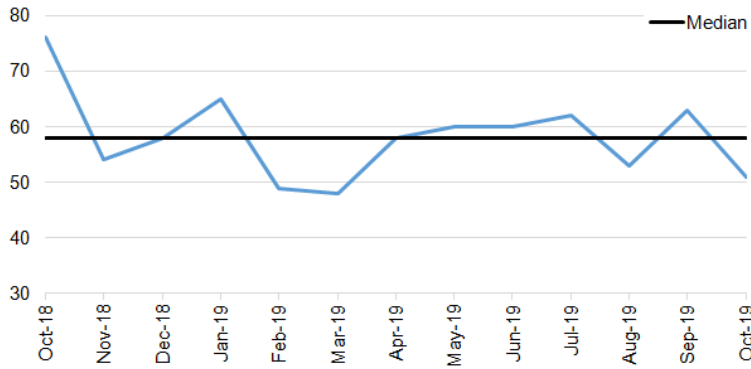
Staff Governance

Sickness Absence	42
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Clinical Governance

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2018					2019							
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
ALL	NHS Fife	1466	1286	1240	1348	1263	1280	1234	1290	1237	1402	1293	1241	1321
	Acute Services	614	614	578	630	585	574	537	593	563	561	571	527	653
	HSCP	771	630	619	667	626	662	645	625	627	798	668	669	623
	Corporate	81	42	43	51	52	44	52	72	47	43	54	45	45
CLINICAL	NHS Fife	965	925	870	973	873	895	853	933	830	912	832	810	916
	Acute Services	570	566	519	568	523	524	485	550	513	518	518	482	591
	HSCP	372	348	340	389	337	355	356	346	297	379	284	311	303
	Corporate	23	11	11	16	13	16	12	37	20	15	30	17	22

Commentary

The Medical Director and Director of Nursing are currently reviewing the Adverse Events policy in light of the HIS national Adverse Event report. It is clear that NHS Fife is an outlier in terms of reporting of major and extreme events, however this is attributable to our policy on recording tissue viability and cardiac arrests.

Clinical Governance

HSMR

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

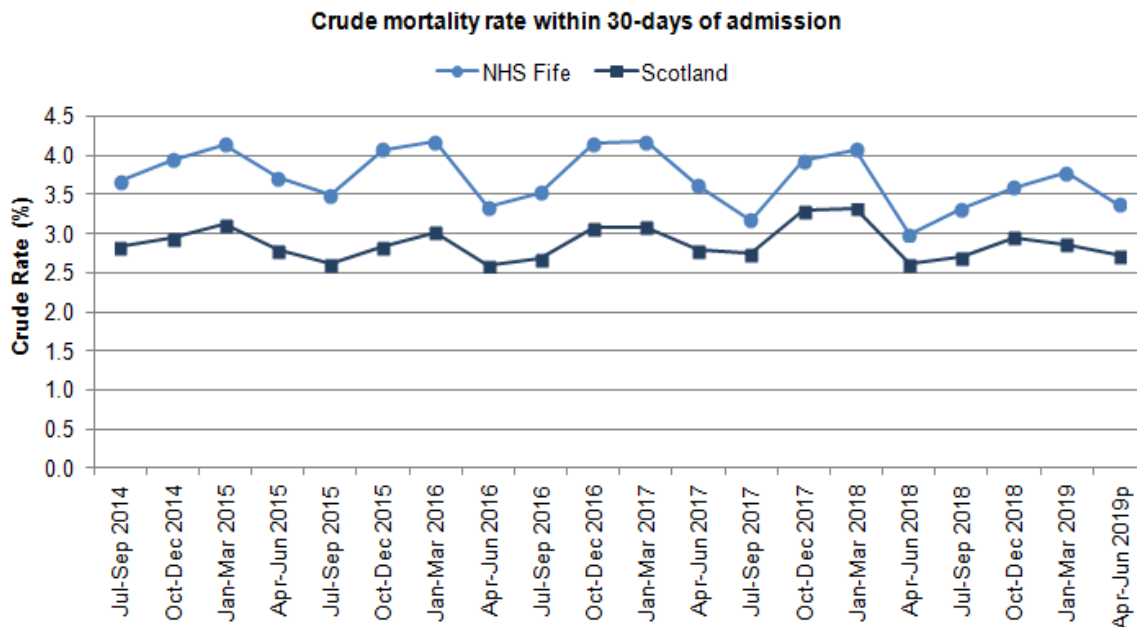
Reporting Period; July 2018 to June 2019^p

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

Crude mortality values presented here are reflective of the latest 12 month HSMR reporting period. For crude mortality trends by individual quarter please refer to Crude Trends (Overall).

Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR
Scotland	25,525	25,525	697,417	3.7%	1.00
NHS Fife	1,748	1,689	38,104	4.6%	1.04
Queen Margaret Hospital	65	46	7,524	0.9%	1.41
Victoria Hospital	1,624	1,579	30,335	5.4%	1.03

Crude Mortality Rate



Commentary

The annual HSMR for NHS Fife increased during the second quarter of 2019. The number of deaths is small, but the predicted deaths per year rose by 15, and this led to a Fife rate which is higher than the Scottish average. This could easily fall back during quarter 3.

HSMR changed to be an annual measure at the start of 2019, the way in which the data is created has changed and it is possible this doesn't properly reflect a hospital such as QMH, which is largely populated by elderly patients.

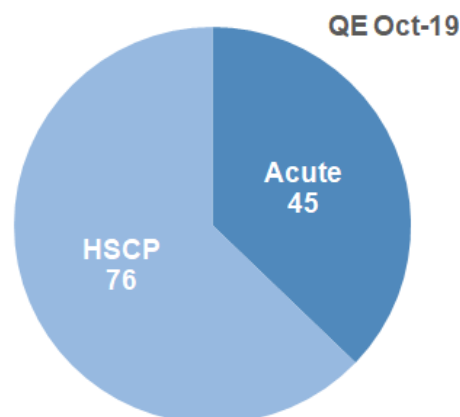
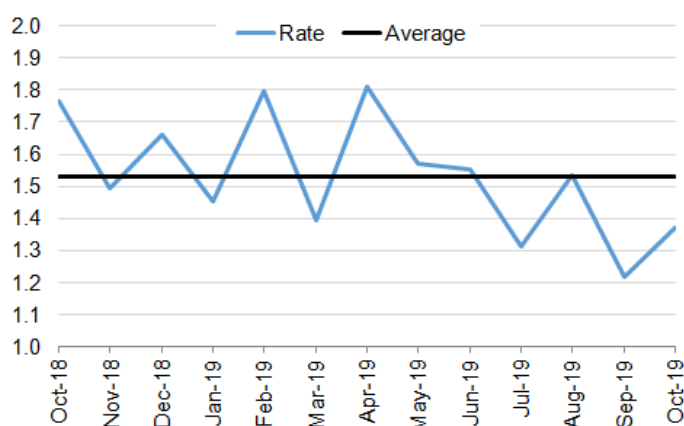
Clinical Governance

Inpatient Falls with Harm

Reduce Inpatient Falls With Harm rate per 1,000 Occupied Bed Days (OBD)

*Improvement Target rate (by end December 2019) = **2.16 per 1,000 OBD***

Local Performance



Service Performance

Month	2018/19						2019/20						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	1.77	1.49	1.66	1.45	1.80	1.40	1.81	1.57	1.55	1.31	1.53	1.22	1.37
Acute Services	1.21	1.22	1.49	1.19	1.62	0.84	1.17	0.89	1.73	0.54	1.34	1.13	0.88
HSCP	2.22	1.72	1.80	1.69	1.95	1.85	2.34	2.15	1.40	1.95	1.70	1.29	1.79

Commentary

Work continues to focus on improvement in the reduction of falls with harm with a generally downward trend overall. Scrutiny at local level highlights areas that require a bit more support and where this was previously noted significant reduction is noted with work to sustain this. The revised falls toolkit has been relaunched and the new Comfort Clock testing complete and roll out underway. LEARN summaries are discussed within the group to support shared learning system wide.

Current Challenges

Need to continue to review the performance with increased demands in inpatient settings and bed modelling within the acute setting. Bed Modelling is continuing. – **All Actions**

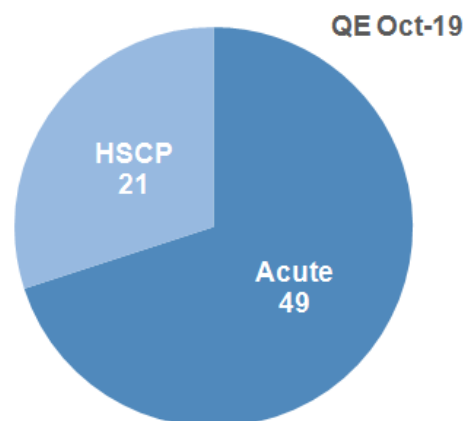
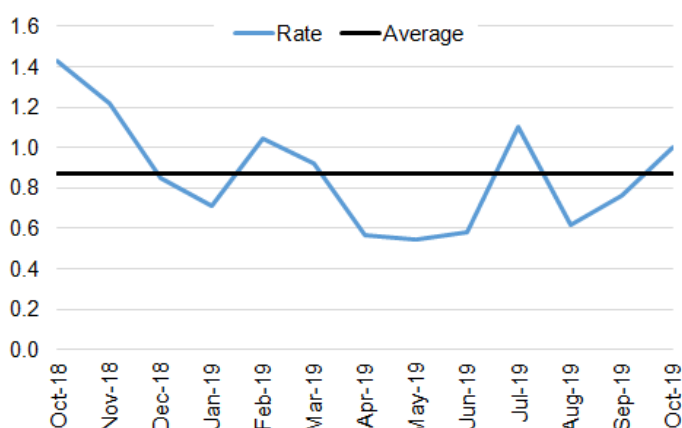
Improvement Actions	Progress	Timescale/ Status
1. Review the Falls Toolkit and Falls Flowchart		Complete
2. Develop Older People's Knowledge and Skills Framework		Complete
3. Falls Audit	The audit was completed over a 5 week period, focused on 5 acute wards and showed that falls intervention reviews are poorly completed. Improvement is anticipated following the launch of the revised toolkit, and a further compliance audit is planned for January 2020.	Jan 2020 On Track
4. Care and Comfort Rounding	Care and Comfort Clock now fully tested, and completed document at printers to support system wide roll-out over the coming weeks	Complete
5. Improve effectiveness of Falls Champion Network	The Falls Champions Network was anticipated as a regular face to face session to support champions. Ongoing evaluation notes the challenges in staff from in-patient areas being able to attend frequent sessions. This is currently being reviewed to explore a range of methods of providing update and support	Apr 2020 *** NEW ***

Clinical Governance

Pressure Ulcers

Achieve 50% reduction in pressure ulcers (grades 2 to 4) developed in a healthcare setting
Improvement Target rate (by end December 2019) = **0.42 per 1,000 Occupied Bed Days**

Local Performance



Service Performance

Month	2018/19						2019/20						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	1.43	1.22	0.85	0.71	1.04	0.92	0.57	0.55	0.58	1.10	0.61	0.76	1.00
Acute Services	2.49	1.99	1.57	1.12	1.54	0.91	0.70	0.89	1.25	2.15	1.19	0.98	1.47
HSCP	0.56	0.57	0.25	0.36	0.61	0.92	0.45	0.25	0.27	0.25	0.13	0.58	0.62

Commentary

The number of pressure ulcers (PU) reported continues to vary with no sustained improvement. The current PU collaborative finishes 31/12/2019, with a new Quality Improvement (QI) programme commencing in the New Year across Fife within identified areas, this will complement any current QI work.

Current Challenges

Reducing number of pressure ulcers across all NHS Fife Wards – **Actions 1 and 3**

Reducing the random monthly variation in HSCP wards – **Actions 2 and 3**

Improvement Actions	Progress	Timescale/ Status
1. All identified wards will undertake a weekly audit of compliance with SSKIN bundle	All wards are completing SSKIN bundle on a weekly basis, continued support to ensure consistent compliance is ongoing Although marked as Complete, weekly audits will continue in 2020	Dec 2019 Complete
2. Fife-wide task group commissioned to review SBAR/LAER reporting	The task group have completed the recommendation of SBAR/LAER reporting and will now follow the governance structure for approval	Oct 2019 Complete
3. Improvement collaborative project extended to December 2019 across identified wards	All 10 wards continue to work within the QI programme A new QI programme will start in 2020	Dec 2019 Complete

Clinical Governance

Caesarean Section SSI

To reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 by 4% by March 2020.

Local Performance



Service Performance

Quarter Ending	2017/18				2018/19				2019/20			
	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20
NHS Fife	3.0%	4.5%	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%		
Scotland	1.2%	1.3%	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%			

Current Challenges

NHS Fife SSI Caesarean Section incidence rate still remains higher than the Scottish incidence rate – **Action 1**

NHS Fife BMI rates are higher than the national rate – **Action 2**

Improvement Actions	Progress	Timescale/ Status
1. Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan	Improvement Plan updated following receipt of Exception Report for Q1 2019. New case ascertainment methodology adopted from October.	Mar 2020 On Track
2. Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	Current strategies remain in place: <ul style="list-style-type: none"> Family Health Team Winning By Losing Smoking Cessation Data analysis of these improvement strategies continues to assess effectiveness	Mar 2020 On Track

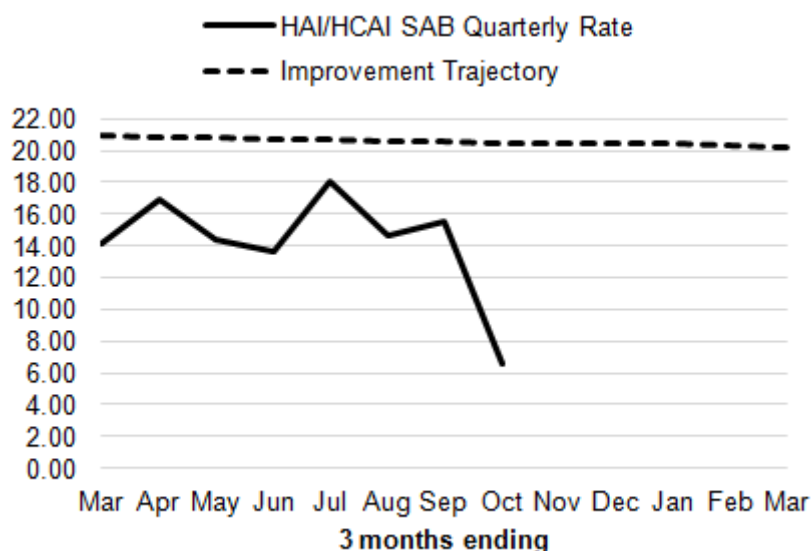
Clinical Governance

SAB (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Note: This equates to reducing the NHS Fife rate from 20.9 to 18.8 over 3 years, or to 20.2 by March 2020, 19.5 by March 2021 and 18.8 by March 2022

Local Performance | Quarter Ending



National Benchmarking | Year Ending

Year Ending		FY 2018/19		FY 2019/20		
		Mar	Jun	Sep	Dec	Mar
NHS Fife Scotland	HAI & HCAI Infection Rate (per 100,000 TOBD)	20.9	17.6			
		16.8	16.7			

Current Challenges

- Increase in number of VAD-related infections – **Actions 1 and 4**
- Number of SAB in diabetic patients – **Action 2**
- Increase in number of SAB in People Who Inject Drugs (PWID) – **Action 3**
- Reducing number of CAUTI infections – **Action 5**

Improvement Actions	Progress	Timescale/ Status
1. Complete work mandated by Vascular Access Strategy Group		Complete
2. Explore a new programme of work focusing on reducing the risk of SAB in diabetic patients		Complete
3. Reduce the number of SAB in PWIDs	Meetings with key stakeholders have continued to take place. Information leaflets for Staff and Patients have been ordered, while a SOP for accessing antibiotics for patients identified with SSTI by Addiction Services has been drafted and is out for consultation with GPs.	Mar 2021 On Track
4. Ongoing surveillance of all VAD-related infections	Data analysis used to identify wards with increased incidence, and local Quality Improvement work directed to these areas	Mar 2021 *** NEW ***
5. Ongoing surveillance of all CAUTI infections	Urinary Catheter Improvement Group (UCIG) meeting bi-monthly to identify key issues and take appropriate corrective actions	Mar 2021 *** NEW ***

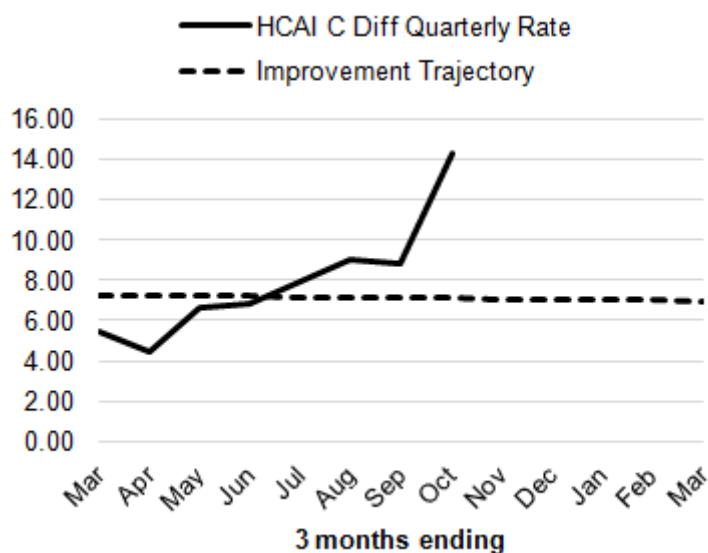
Clinical Governance

C Diff (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Note: This equates to reducing the NHS Fife rate from 7.2 to 6.5 over 3 years, or to 6.9 by March 2020, 6.7 by March 2021 and 6.5 by March 2022

Local Performance | Quarter Ending



National Benchmarking | Year Ending

Year Ending		FY 2018/19		FY 2019/20		
		Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	7.2	7.7			
Scotland		14.8	13.8			

Current Challenges

- High % of all HCAI CDIs classed as 'Recurrence of CDI' – **Action 1**
- Addressing antimicrobials as a risk factor for CDI – **Action 2**
- Achieving HPS reduction of HCAI CDIs by 10% by 2021/22 – **Action 3**

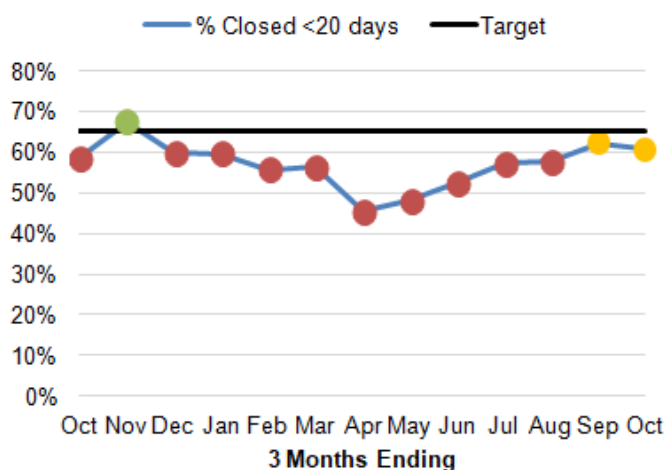
Improvement Actions	Progress	Timescale/Status
1. Reducing recurrence of CDI	Pioneering work focusing on patients with recurrent infection started in October. Each patient is assessed for suitability for extended pulsed fidaxomicin (EPPX) regime, aiming to reduce recurrent disease in high risk patients.	Oct 2020 *** NEW ***
2. Reduce overall prescribing of antibiotics	National antimicrobial prescribing targets are defined by the Scottish Government and supported by the Scottish Antimicrobial Group. These targets are being utilised by NHS Fife's microbiologists, working continuously alongside Pharmacists and GPs.	Oct 2020 *** NEW ***
3. Reduce HCAI CDIs	Optimise communication with all clinical teams in Acute services & HSCP. Monthly anonymised CDI reporting with Microbiology comments to gain better understanding of disease process.	Oct 2020 *** NEW ***

Clinical Governance

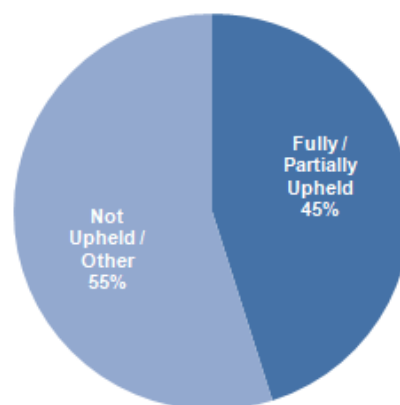
Complaints | Stage 2

At least 75% of Stage 2 complaints are completed within 20 working days
Improvement Target for 2019/20 = **65%**

Local Performance



By Outcome | QE Oct-19



Local Performance by Directorate/Division

3-Month Ending	2018/19						2019/20						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	58.7%	67.5%	59.8%	59.6%	55.8%	56.5%	45.5%	48.0%	52.3%	57.3%	57.8%	62.3%	60.7%
Acknowledged <= 3 Days	88.9%	93.2%	93.2%	89.9%	92.3%	92.4%	92.2%	93.3%	91.9%	95.1%	94.0%	95.1%	95.1%
ASD	67.1%	75.6%	70.7%	69.0%	62.7%	60.3%	52.6%	59.6%	67.7%	71.4%	66.7%	64.2%	61.0%
HSCP	37.5%	38.7%	26.5%	35.3%	38.2%	44.4%	21.1%	11.1%	8.7%	22.6%	32.4%	52.8%	55.9%

Current Challenges

- To improve quality of draft responses – **Action 1**
- To improve quality of investigation statements – **Action 2**
- Inconsistent management of medical statements and inconsistent style of responses within ASD – **Action 3**

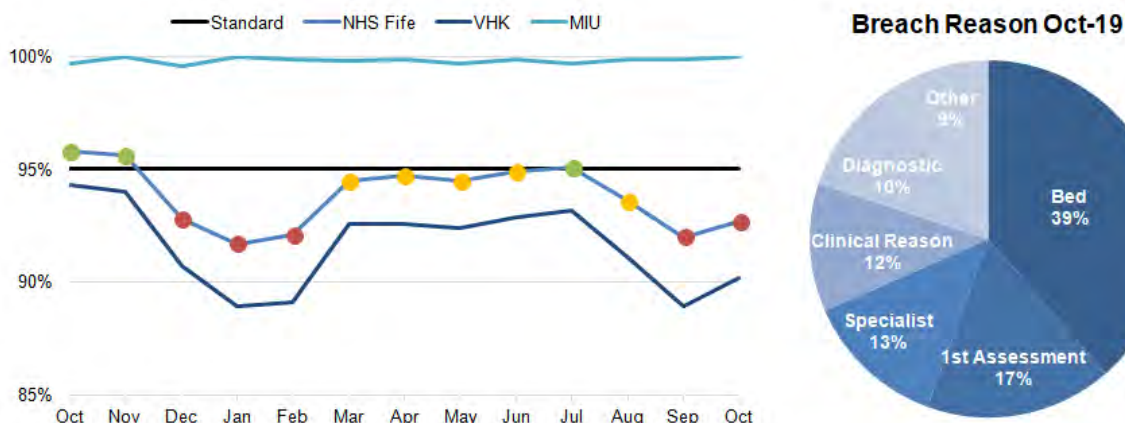
Improvement Actions	Progress	Timescale/ Status
1. Patient Relations Officers to undertake peer review	This continues and learning is being shared directly with individual Officers. Monthly meetings with ASD to discuss complaint issues and style of drafts are in place. Joint education session to be arranged to agree draft styles.	Mar 2020 On Track
2. Deliver education to service to improve quality of investigation statements	Yearly education delivered to FY2 doctors and student nurses. <i>Ad Hoc</i> training sessions are also delivered when required.	Mar 2020 On Track
3. Agree a process for managing medical statements, and a consistent style for responses	ASD to discuss with Clinical Leads PRD raise issues at monthly meeting SPSO training around the complaints process and providing statements has been arranged for clinical staff in December This work will remain ongoing throughout the rest of the FY	Mar 2020 On Track

Finance, Performance & Resources – Operational Performance

4-Hour Emergency Access

At least 95% of patients (stretch target of 98%) will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment
Improvement Target for 2019/20 = **96%**

Local Performance



National Benchmarking

Month	2018/19						2019/20						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	95.8%	95.6%	92.8%	91.7%	92.1%	94.5%	94.7%	94.5%	94.9%	95.1%	93.6%	92.0%	92.7%
Scotland	92.2%	91.3%	89.6%	88.8%	89.3%	91.3%	89.9%	90.7%	90.3%	91.2%	90.6%	88.7%	88.0%

Current Challenges

- Variation in 4-Hour Emergency Access Performance - **Action 1**
- Patient Flow – **Action 2**
- ECAS and OPAT Services and Capacity – **Actions 3 and 4**

Improvement Actions	Progress	Timescale/ Status
1. Formation of PerformED group to analyse performance trends	Local KPIs have been agreed with internal services and changes made within ED to improve patient pathways for certain presentations.	Jan 2020 On Track
2. Review of AU1 Assessment Pathway		Complete
3. Implementation of OPAT		Complete
4. Development of services for ECAS	Monitor ECAS utilisation and medical/staffing model with aspiration to move services closer to front door	Mar 2020 On Track

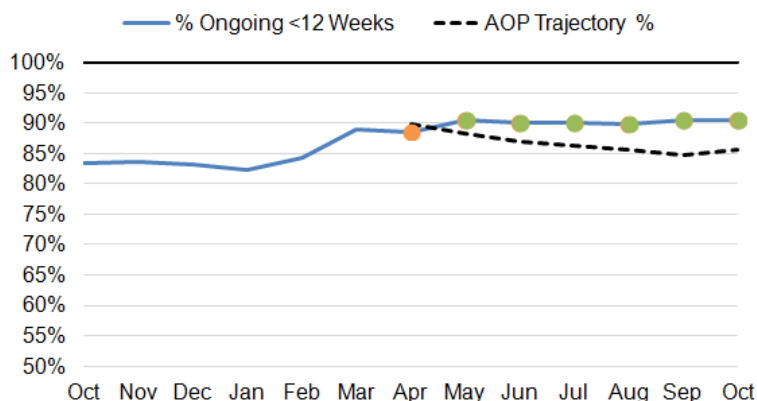
Finance, Performance & Resources – Operational Performance

Patient TTG

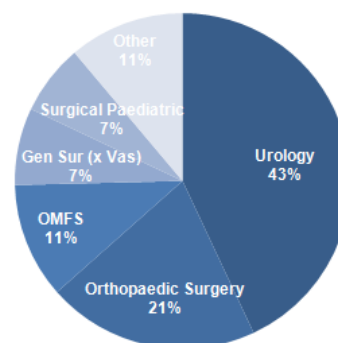
We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

Improvement Target for 2019/20 = **80%** (Patients Waiting <= 12 Weeks at month end, as per Scottish Government Waiting Times Plan)

Local Performance



Ongoing Breaches Oct-19



National Benchmarking

	2018/19						2019/20						Dec-19 Target	
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		Oct
NHS Fife	83.4%	83.5%	83.3%	82.4%	84.4%	89.0%	88.5%	90.4%	90.1%	90.1%	89.9%	90.6%	90.5%	88.3%
Scotland			67.5%	66.6%	66.8%	70.1%	68.9%	68.4%	67.8%	67.8%	66.8%	67.5%		

Current Challenges	Recurring gap in IP/DC capacity – Actions 1, 2 and 3
	Difficulty in recruiting to Specialist Consultant posts – Actions 1 and 2
	Difficulty in staffing additional in-house activity - Actions 1, 2 and 3
	Cancellation of IP/DC activity due to unscheduled care pressures - Action 2

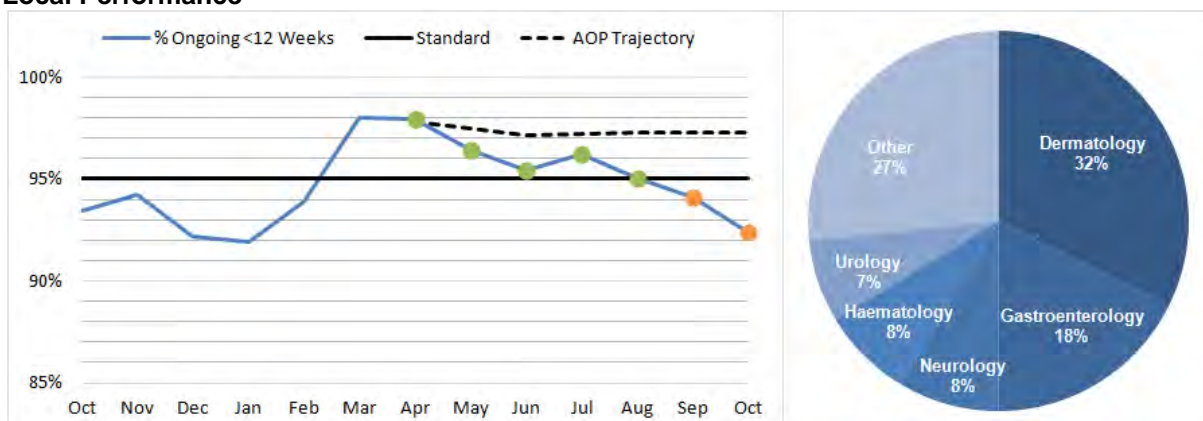
Improvement Actions	Progress	Timescale/ Status
1. Secure resources in order to deliver waiting times improvement plan for 19/20		Complete
2. Develop and deliver Clinical Space redesign Improvement programme	Meetings continue, report from Bed Modelling exercise awaited	Mar 2020 On Track
3. Theatre Action Group develop and deliver plan	Monthly meetings continue, action plan in place. Day Surgery event planned to explore options for delivery of the new BADS targets and to maximise the use of day surgery capacity at QMH.	Mar 2020 On Track

Finance, Performance & Resources – Operational Performance

New Outpatients

95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment

Local Performance



National Benchmarking

	2018/19						2019/20						Dec-19 Target	
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		Oct
NHS Fife	93.5%	94.2%	92.2%	91.9%	93.9%	98.0%	98.0%	96.4%	95.4%	96.2%	95.0%	94.1%	92.4%	97.3%
Scotland			70.1%			75.0%	74.5%	74.4%	73.5%	73.5%	72.2%	72.9%		

Current Challenges

- Recurring gap in Outpatient capacity – **Actions 1, 2 and 3**
- Difficulty in recruiting to Specialist Consultant posts – **Actions 2 and 3**
- Difficulty in staffing additional in-house activity - **Actions 1 and 2**

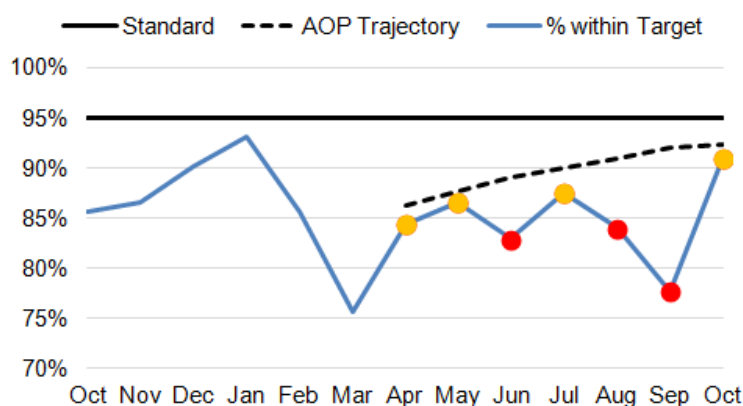
Improvement Actions	Progress	Timescale/ Status
1. Review DCAQ and secure activity to deliver funded activity in waiting times improvement plan for 19/20	DCAQ up to October reviewed and alternative solutions to deliver additional activity agreed. Plans being implemented to improve position. Plan for 2020/21 being reviewed for submission.	Dec 2019 *** NEW ***
2. Develop and deliver Outpatient Transformation programme to reduce demand	New action – progress report and timescale will be specified next month	TBD *** NEW ***
3. Improve recruitment to vacant posts and/or consider service redesign to increase capacity	Mid year review of service plans undertaken, revised plans being developed. Consultants posts in Urology, General Surgery, Cardiology and Dermatology have been recruited to.	Jan 2020 *** NEW ***

Finance, Performance & Resources – Operational Performance

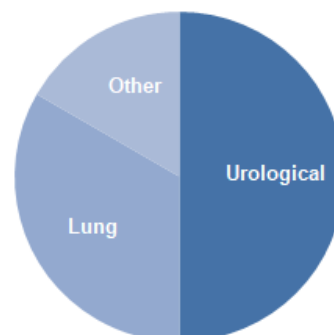
Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days
Improvement Target for 2019/20 = 94%

Local Performance



Breaches Oct-19



National Benchmarking

		2018/19					2019/20					Dec-19 Target		
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	% within Target	85.6%	86.6%	90.2%	93.1%	85.6%	75.6%	84.4%	86.6%	82.9%	87.5%	84.0%	77.7%	91.0%
Scotland	% within Target	81.6%	81.0%	83.4%	79.9%	79.9%	81.6%	80.4%	81.1%	82.6%	81.8%	82.1%	83.7%	82.7%

Current Challenges

- Urology 62 day performance (Prostate) – **Actions 1 and 2**
- Cancer Waiting Times 'education' – **Action 2**
- Delays to steps in pathways for 1st OPA, diagnostic investigations and reporting – **Action 2**
- Number of breaches in various specialties – **Action 3**

Improvement Actions	Progress	Timescale/ Status
1. Urology Improvement Group review prostate pathway to minimise wait between each step	Improvements implemented have delivered a reduction in waits to 1 st OPA, MRI, TRUS biopsy. Further work is being undertaken with the clinical team, radiology and pathology to minimise waits between steps.	Jan 2020 On Track
2. Improvement in cancer governance structure and redesign of weekly PTL meeting together with organisation-wide education sessions to ensure clear focus on escalation processes	<ul style="list-style-type: none"> Governance structure agreed Meetings to be arranged and ToRs finalised CWT education package under development SOP to be reviewed Cancer Scorecard in development Further metrics introduced into the PTL meeting to allow services to manage cancer referral demand and capacity. Staffing issues have resulted in delays to completing education, SOP and scorecard.	Dec-2019 Delayed to Mar 2020
3. Robust review of timed cancer pathways to ensure up to date and with clear escalation points	Current pathways distributed to teams for review. Escalation protocols being developed by each service to avoid any "communication delays in pathway". Colorectal and Head & Neck pathways have been reviewed, with comments received from H&N Consultants. Timings are to be added.	Jan 2020 On Track

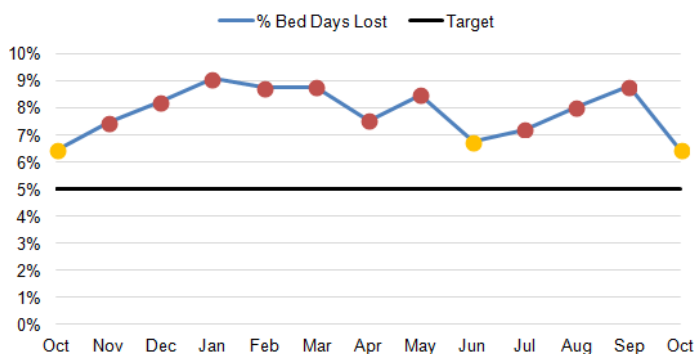
Finance, Performance & Resources – Operational Performance

Delayed Discharges

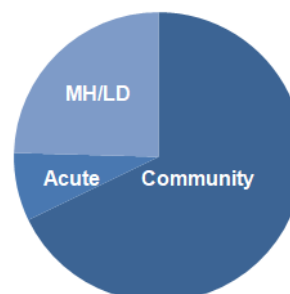
We will reduce the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

Improvement Target for 2019/20 = 5%

Local Performance



Bed Days Lost | Oct-19



National Benchmarking

Quarter Ending	2018/19				2019/20				
	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	
NHS Fife	TOBD	87,527	92,599	91,463	91,885	87,857			
	Bed Days Lost	3,638	4,200	6,744	8,141	6,685			
	% Bed Days Lost	4.2%	4.5%	7.4%	8.9%	7.6%			
Scotland	TOBD	1,552,301	1,541,821	1,551,451	1,567,162	1,540,155			
	Bed Days Lost	101,712	107,120	109,366	101,959	103,422			
	% Bed Days Lost	6.6%	6.9%	7.0%	6.5%	6.7%			

Current Challenges

To reduce the number of hospital bed days lost due to patients in delay – **Actions 1 and 3**

To improve the time taken to complete social work assessments – **Actions 2 and 4**

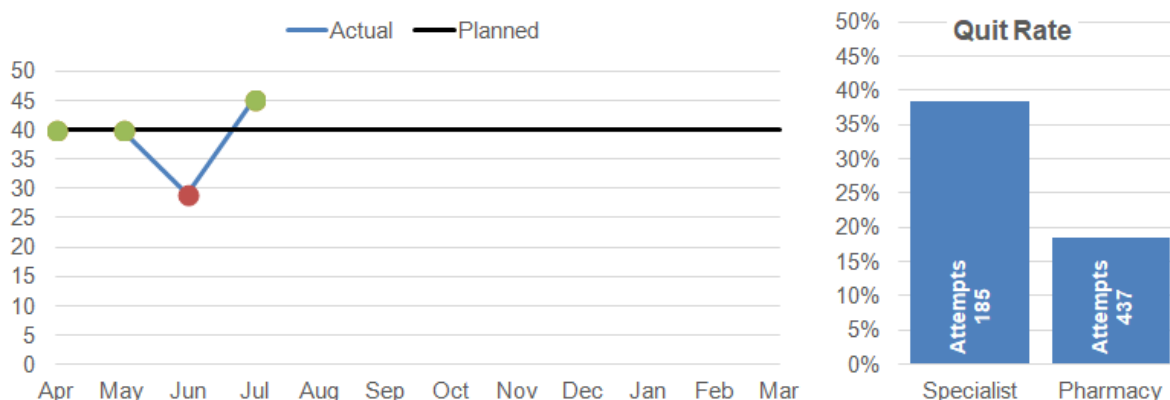
Improvement Actions	Progress	Timescale/ Status
1. Test a trusted assessors model within VHK for patients transferring to STAR/assessment beds	Framework developed. Training and shadowing sessions for staff to be progressed. This will continue into the new year.	Dec-2019 Delayed to Jan 2020
2. Review timescales of SW assessments	Review complete, improvements identified – see new Action 4	Complete
3. Moving On Policy to be implemented to support staff where families are refusing choices and/ or where there is no availability of the assessed resource	Policy to be signed off and implemented by winter Still to be signed off.	Nov-2019 Delayed to Dec 2019
4. Improve flow of communication between wards and Discharge HUB	Progressing two tests of change to improve efficiency of assessments and reduce waits – direct transfer of information on to iPads at ward level, and a 'sticker' system	Mar 2020 *** NEW ***

Finance, Performance & Resources – Operational Performance

Smoking Cessation

In 2019/20, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Local Performance



National Benchmarking

% Achieved Against Target	2019/20												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
NHS Fife	Actual	40	40	29	45								
	Actual Cumul	40	80	109	154	154	154	154	154	154	154	154	154
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	100.0%	101.3%	92.4%	97.5%								
Scotland	Achieved			92.4%									

Current Challenges

- To improve uptake in deprived communities – **Action 1**
- To increase uptake of Champix – **Action 2**
- To increase smoking cessation in Antenatal Setting – **Action 3**

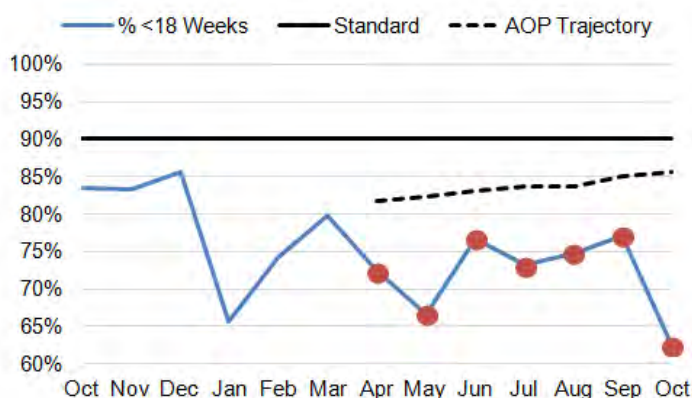
Improvement Actions	Progress	Timescale/ Status
1. Outreach development with Gypsy Travellers in Thornton		Complete
2. Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	Plans in progress, monthly meetings with Respiratory Consultant to organise paperwork and process/pathways. Committee approval has been received and the first trial run (to check process and procedures) will start on 12 th December. The real time test will start on 9 th January.	Mar 2020 On Track
3. 'Better Beginnings' class for pregnant women on Saturday mornings	Plans have progressed and Saturday provision has started - ongoing monitoring in place	Mar 2020 On Track

Finance, Performance & Resources – Operational Performance

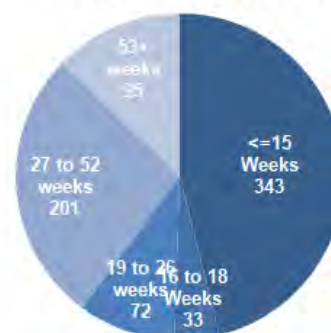
CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment
Improvement Target for 2019/20 = **88%**

Local Performance



Waiting List (696) Oct-19



National Benchmarking

Month	2018/19						2019/20						Dec-19 Target	
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		Oct
NHS Fife % <18 Weeks	83.5%	83.3%	85.5%	65.7%	74.3%	79.8%	72.3%	66.7%	76.7%	73.2%	74.8%	77.1%	62.5%	87.0%
Scotland	72.9%	68.3%	78.6%	72.1%	73.4%	75.6%	69.2%	69.1%	70.9%	62.7%	63.8%	66.9%		

Current Challenges

- Increased referrals to service – **Action 1**
- Pressure on existing staff – **Action 2**
- Improving efficiency of workload allocation – **Action 3**

Improvement Actions	Progress	Timescale/ Status
1. Introduction of Primary Mental Health Worker (PMHW) First Contact Appointments System and Group Therapy Programme	Four additional staff were recruited on 1-year contracts in April, and the impact was extremely positive, with a significant amount of C&YP signposted following assessment to alternative service providers. Unfortunately, these people have since left the service to take up permanent posts elsewhere. Recruitment has been successful for 4 wte temporary posts, and these posts will be filled in early 2020. The service is currently operating with 3 staff instead of 7, which has significant negative consequences on appointment times which now sit between 8-9 weeks compared to the planned response time of 2-3 weeks.	Mar 2020 On Track
2. Waiting List Additional Staffing Resource	Additional Tuesday and Wednesday evening clinics are now running. It is anticipated that 80-100 additional C&YP will be allocated individual therapy, depending on uptake and attendance. Group programme underway, resulting in 158 C&YP being allocated group places up until January 2020.	Sep 2019 to Feb 2020 On Track
3. Introduction of Substantive Team Leader Role	East & West Team Leader Posts filled. Active allocation of appointments underway. Team Leaders identifying patients for prioritisation and for evening clinics.	Mar 2020 On Track

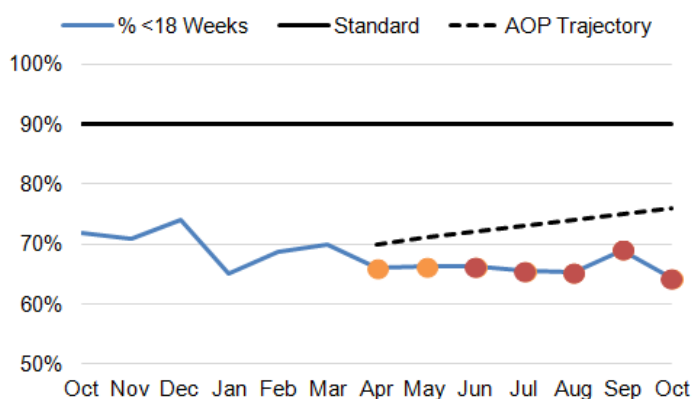
Finance, Performance & Resources – Operational Performance

Psychological Therapies 18 weeks RTT

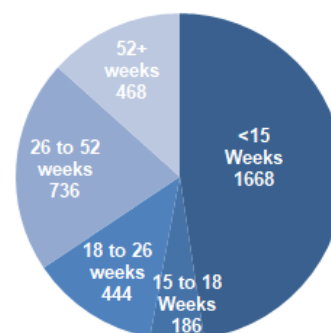
At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies

Improvement Target for 2019/20 = **82%**

Local Performance



Waiting List (3502) Oct-19



National Benchmarking

Month	2018/19						2019/20						Dec-19 Target	
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		Oct
NHS Fife % <18 Weeks	71.9%	70.8%	73.9%	65.0%	68.7%	69.8%	66.1%	66.2%	66.3%	65.5%	65.2%	69.0%	64.2%	78.0%
Scotland	75.6%	74.6%	77.5%	75.3%	77.7%	79.6%	76.7%	79.3%	80.0%	78.8%	79.2%	80.1%		

Current Challenges

- To reduce delays for patients with complex needs requiring PTs within care programme approach – **Action 1**
- To provide sufficient low-intensity PTs for mild-moderate mental health problems – **Action 2**
- To increase capacity in services offering PTs for secondary care patients – **Action 3**
- To improve triage in Primary Care to improve access to appropriate PTs – **Action 4**

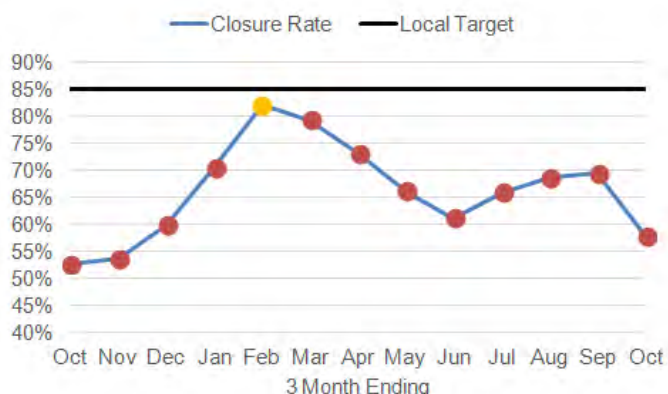
Improvement Actions	Progress	Timescale/ Status
1. Introduction of single point of access for secondary care patients via CMHT	Plans to utilise SCI gateway option to facilitate this have had to be abandoned due to technical issues. Staff will continue to implement using paper-based systems until all services are using same e-health systems.	Complete (as far as possible)
2. Introduction of Extended Group Programme in primary care, accessible by self-referral	Monitoring of referral rates from GPs to relevant tier of AMH service suggests positive impact on capacity for more highly specialist work within this tier. Data indicates that this change has had a sustained positive impact on capacity. Plans underway to expand self referral via website for low intensity PTs within Child and Family Psychology service.	Mar 2020 On Track
3. Redesign of Day Hospital provision to support CMHTs	Implementation of full re-design delayed due to revised timetable for staff engagement work. Further progress required to impact on capacity for delivery of PTs.	Mar 2020 On Track
4. Implementation of mental health triage nurse pilot programme in Primary Care	Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September; final evaluation due September 2020	Sep 2020 On Track

Finance, Performance & Resources – Operational Performance

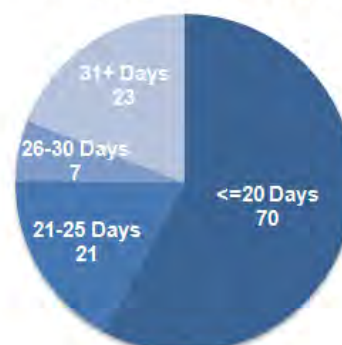
Freedom of Information Requests

In 2019/20, we will respond to a minimum of 85% of FoI Requests within 20 working days

Local Performance



FoI Closure Times QE Oct-19



Service Performance

Monthly	2018/19						2019/20						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Health Board	55.6%	55.4%	76.0%	83.7%	80.4%	73.8%	52.2%	56.8%	55.6%	68.9%	73.7%	48.3%	34.3%
IJB				100.0%	100.0%	55.6%	100.0%	86.7%	71.4%	86.7%	100.0%	85.7%	77.8%

Current Challenges

Performance variable due to delays in the return of responses from services and pressure on corporate support for finalising responses – **All actions**

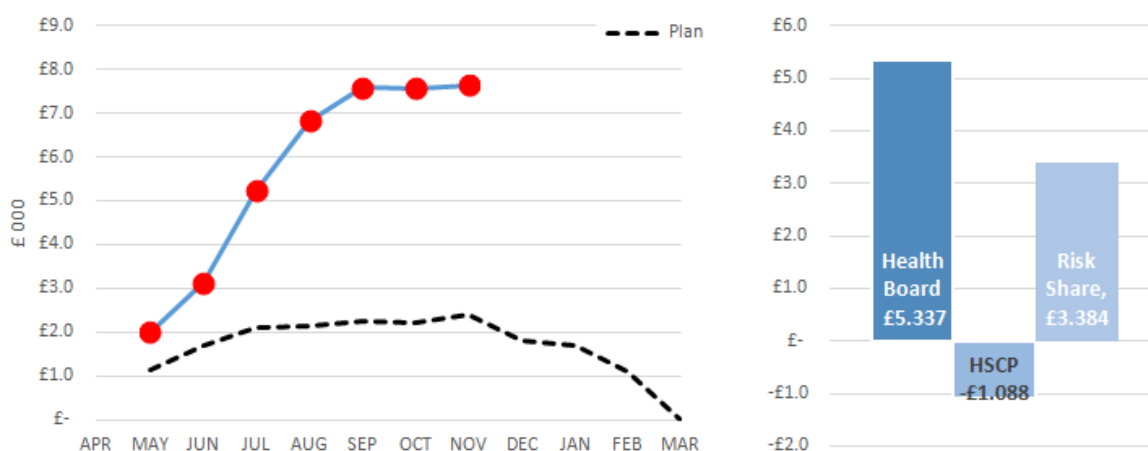
Improvement Actions	Progress	Timescale/ Status
1. Map pathway out and identify areas that have recurring issues with delayed responses		Complete
2. Improve FoI case recording and monitoring of timeliness of responses		Complete
3. Review enhanced cover arrangements for corporate administration of requests, to improve resilience		Complete
4. Update of processes to reflect involvement of IG&S Team	Meetings underway to review and update administrative pathways, processes and existing paperwork / templates, in advance of introduction of Axlr8 case management software (software roll-out now estimated for early 2020).	Dec 2019 On Track
5. Refresh process with H&SC partnership for requests received that relate to their services	Initial meeting took place in October with IJB FOI officer to discuss further, and agreed to be taken forward in tandem with process mapping review. Further meeting scheduled for early December.	Dec 2019 On Track
6. Align internal reporting on FOI to avoid unnecessary duplication of effort	Agree and implement one format of reporting on FOI performance, aligned to that developed for IPQR, for quarterly meetings of Information Governance & Security Group. Further discussion to be held on data capture to ensure information gathered can also be utilised for external reporting to Scottish Information Commissioner.	Jan 2020 On Track

Finance, Performance & Resources – Finance

Revenue Expenditure

NHS Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD).

Local Performance



Expenditure Analysis

Memorandum	Budget			Actual £'000	Expenditure		Variance split by	
	FY £'000	CY £'000	YTD £'000		Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	415,845	417,183	271,402	276,739	5,337	1.97%	-205	5,542
Integration Joint Board (Health)	349,276	351,509	233,379	232,291	-1,088	-0.47%	-1,205	117
Risk Share	0	0	0	3,384	3,384	0.00%	3,384	0
Total	765,121	768,692	504,781	512,414	7,633	1.51%	1,974	5,659

Current Challenges

Acute Services Division: overspend of £10.542m, the key drivers being run rate overspend and shortfall on savings delivery – **Action 1 and 3**

IJB: extent of social care overspend and significant risk to delivery of break even position if we are required to fund the full forecast IJB overspend (as opposed to the original budget gap) – **Actions 2 and 3**

Non recurring financial flexibility: under continuous review but currently insufficient to offset full extent of overspend, including IJB risk share – **Action 3**

Improvement Actions	Progress	Timescale/ Status
1. Savings	(Deloitte) external review complete ASD to prepare detailed action plan This will be an ongoing activity throughout 2019/20 and 2020/21	Mar 2020
2. Discussions with Scottish Government to support financial position	Meetings held in October and November – remains a live conversation and is likely to continue over next few months	Jan 2020 On Track
3. Ongoing grip and control measures across all services	Detailed assessment of potential financial flexibility (including assessment of winter and waiting list monies) ongoing, with early decision, action and release of identified benefit to the financial position Action completion date adjusted	Dec 2019 On Track

Finance, Performance & Resources – Finance

1. Annual Operational Plan

- 1.1 The Financial Plan for 2019/20 was approved by the Board on 27 March 2019, with the related Annual Operational Plan approved on 29 May 2019.

2. Financial Allocations

Revenue Resource Limit (RRL)

- 2.1 NHS Fife received confirmation of the November core revenue and core capital allocation amounts on 3 December. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £740.014m; and anticipated allocations total £4.311m.

Non Core Revenue Resource Limit

- 2.2 In addition NHS Fife receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The confirmed non core RRL funding of £20.867m; along with an anticipated non core allocation of £3.5m.

Total RRL

- 2.3 The total current year budget at 30 November is therefore £769.692m as detailed in Appendix 1.

3. Summary Position - Commentary

- 3.1 The revenue position for the 8 months to 30 November reflects an overspend of £7.633m. Based on this in-year position, and a number of high level planning assumptions as agreed by delegated budget holders, the year end forecast ranges from a potential optimistic forecast of £6.4m overspend to a potential worst case of £13.8m overspend. Consistent with our year to date reporting, the aforementioned position assumes the risk share cost to NHSF is capped to £7.05m (the original agreed budget gap of the IJB of £6.5m plus £0.55m additional social care packages agreed by the respective Chief Officers).
- 3.2 Discussions have been held with the Director and Deputy Director of Health Finance, Scottish Government, to work collaboratively to find a solution to the financial challenges facing NHS Fife. Areas considered included: review of all allocations; review of balance sheet accruals (both value and accounting treatment); risk share methodology; acute set aside budgets; capital to revenue funding transfer; and ADEL funding. A number of potential offsetting benefits may allow the optimistic overspend per 3.1 above to be reduced and work continues to identify further opportunities to bring the position to financial balance.
- 3.3 However the current forecast overspend of the IJB is significantly higher than the original approved budget gap. Correspondence and discussions to date between the respective partners continue. Notwithstanding, if we are required to fund the full IJB overspend, the forecast outturn position worsens to an overspend of £10.8m (best case) to £18.7m (worst case). This then compromises our ability to achieve financial balance and our ability to meet our statutory obligations.
- 3.4 The key challenges continue as previously reported and comprise: the overspend on Acute Services (run rate overspend related to a number of cost pressures; and non delivery of savings), and includes £4.039m 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; the risk share impact of the Integration Joint Board position (entirely driven by social care costs) capped and full overspend; and the growing cost pressure in relation to activity outside Fife and in particular, the

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number of specialist high cost, low volume procedures undertaken in Edinburgh reported in recent months which continues.

- 3.5 A detailed and focused review of further potential offsetting financial flexibility benefits continues. Scoping work is underway on any potential benefits from balance sheet accruals, and non recurring ADEL (Additional Departmental Expenditure Limit) funding.
- 3.6 However, as previously highlighted in the Integrated Performance & Quality Report, there is limited assurance that NHS Fife can remain within the overall revenue resource limit if we are required to cover the impact of the IJB position. The risk share arrangement reflected in month 8 reporting has reverted to 72% (from 61% reflected in month 7 which has not been accepted by partners) for NHS Fife. The pressure reported is 72% of the initial £6.5m budget gap, plus £0.550m additional social care packages agreed between the partnership's respective Chief Executive Officers (i.e. £5.1m). This would become even more challenging, if we are required to cover the impact of the forecast outturn position for the IJB.
- 3.7 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR) we have included a funding assumption to the value of the full risk share impact and a continued commitment to cover the net overspend on the Health Board budgets through increased financial flexibility.
- 3.8 Table 1 below provides a summary of the position across the constituent parts of the system: an overspend of £5.337m is attributable to Health Board retained budgets; whilst an underspend of £1.088m is attributable to the health budgets delegated to the Integration Joint Board; and an overspend shown of £3.384m relating to the IJB risk share (capped at the opening budget deficit of £6.5m plus agreed additional social care packages.)

Table 1: Summary Financial Position for the period ended November 2019

	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	198,651	206,608	138,641	149,183	10,542	7.60%	5,127	5,415
IJB Non-Delegated	8,289	8,408	5,622	5,673	51	0.91%	15	36
Estates & Facilities	72,837	73,018	48,055	47,699	-356	-0.74%	-418	62
Board Admin & Other Services	53,234	71,344	50,571	50,094	-477	-0.94%	-506	29
Non-Fife & Other Healthcare Providers	85,946	85,946	57,319	58,316	997	1.74%	997	0
Financial Flexibility & Allocations	22,069	14,692	4,656	-455	-5,111	-109.77%	-5,111	0
Health Board	441,026	460,016	304,864	310,510	5,646	1.85%	104	5,542
Integration Joint Board - Core	373,913	401,018	267,375	266,475	-900	-0.34%	-1,017	117
Integration Fund & Other Allocations	13,804	966	0	-200	-200	0.00%	-200	0
Sub-total Integration Joint Board Core	387,717	401,984	267,375	266,275	-1,100	-0.41%	-1,217	117
IJB Risk Share Arrangement	0	0	0	3,384	3,384		3,384	0
Total Integration Joint Board - Health	387,717	401,984	267,375	269,659	2,284	0.85%	2,167	117
Total Expenditure	828,743	862,000	572,239	580,169	7,930	1.39%	2,271	5,659
IJB - Health	-38,441	-50,475	-33,996	-33,984	12	-0.04%	12	0
Health Board	-25,181	-42,833	-33,462	-33,771	-309	0.92%	-309	0
Miscellaneous Income	-63,622	-93,308	-67,458	-67,755	-297	0.44%	-297	0
Net Position Including Income	765,121	768,692	504,781	512,414	7,633	1.51%	1,974	5,659

4. Operational Financial Performance for the year

Acute Services

- 4.1 The Acute Services Division reports a **net overspend of £10.542m for the year to date**. This reflects an overspend in operational run rate performance of £5.127m, and unmet savings of £5.415m. Within the run rate performance, pay is overspent by £4.341m. The overall position has been driven by a combination of unidentified savings and continued pressure from the use of agency locums, junior doctor banding supplements, incremental progression and nursing recruitment in line with the

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workforce planning tool, as well as supplementary staffing to support surge capacity. As the operational performance section of the IPQR highlights, there is increasing pressure across unscheduled care in terms of demand; the financial position demonstrates the cost impact of the additional capacity required. Included within the ASD position is £4.039m overspend relating to the budgets 'set aside' for inclusion in the IJB's strategic plans but which remain managed by the NHS Board.

- 4.2 As previously reported, external expertise provided through Deloitte LLP has been positive in robustly supporting and challenging the Acute Services team to design and implement an effective savings programme. The Acute Services management team have set up a transformation programme and are committed to translating findings from the external Deloitte report in to the 'art of the possible' for 2020/21 and beyond. In parallel an interim PMO Director has been appointed to review and advise on the overarching governance arrangements and infrastructure across Health and into Social Care.

Table 2: Acute Division Financial Position for the period ended November 2019

	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
Planned Care & Surgery	67,787	71,199	47,316	50,743	3,427	7.24%	1,552	1,875
Emergency Care & Medicine	73,156	76,691	51,946	56,980	5,034	9.69%	3,588	1,446
Women, Children & Clinical Services	54,063	55,029	36,797	39,746	2,949	8.01%	855	2,094
Acute Nursing	596	616	388	334	-54	-13.92%	-54	
Other	3,049	3,073	2,194	1,380	-814	-37.10%	-814	
Total	198,651	206,608	138,641	149,183	10,542	7.60%	5,127	5,415

Estates & Facilities

- 4.3 The Estates and Facilities budgets report an **underspend of £0.356m** which is generally attributable to vacancies, energy and water and property rates, and partially offset by an overspend on property maintenance.

Corporate Services

- 4.4 Within the Board's corporate services there is an **underspend of £0.477m**. Further analysis of Corporate Directorates is detailed per Appendix 2.

Non Fife and Other Healthcare Providers

- 4.5 The budget for healthcare services provided out with NHS Fife is **overspent by £0.997m** per Appendix 3. This remains an area of increasing challenge particularly given the relative higher costs of some other Boards.

Financial Plan Reserves & Allocations

- 4.6 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year, and therefore form part of devolved budgets. A number of residual uplifts and new in-year allocations are held in a central budget and are subject to review each month. Whilst no specific decisions are made to hold back new allocations, there are often unplanned underspends which emerge as the year progresses. Details of flexibility released at month 8 are per Appendix 4.
- 4.7 As in every financial year, this 'financial flexibility' allows mitigation of slippage in savings delivery, and is a crucial element of the Board's ability to deliver against the statutory financial target of a break even position against the revenue resource limit.

Integration Services

- 4.8 The health budgets delegated to the Integration Joint Board report an **underspend of £1.100m for the year to date**. This position comprises an underspend in the run rate performance of £1.217m; together with unmet savings of £0.117m. The underlying

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drivers for the run rate under spend are vacancies in community nursing, health visiting, school nursing, community and general dental services across Fife Wide Division. The aforementioned underspend is partly offset by locum costs within mental health services and inpatient service costs within East and West Fife.

- 4.9 In addition the IJB risk share for the first 8 months of 2019/20 is a **cost of £3.384m**, representing a revised risk share percentage (72%) of the overall initial budget gap of £6.5m plus £0.550m relating to additional approved social care packages. In previous years, and in agreement with Fife Council colleagues, the overspend on the IJB has been managed through the risk share arrangement described at 8.2.4 of the Integration Scheme.
- 4.10 The initial health IJB position at month 8 is therefore a **net £2.284m overspend**. The key financial risk in relation to the Health & Social Care Partnership is this overall gap and the increasing actual overspend on social care budgets, the latter of which is a live discussion and, for reporting purposes, is assumed to be met from the respective partner organisation.
- 4.11 However if NHS Fife are required to fund the full HSCP overspend this will add an additional £4.3m - £4.9m pressure the outturn position.

Income

- 4.12 A small over recovery in income of £0.297m is shown for the year to date.

5. Pan Fife Analysis

- 5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 3 below.

Table 3: Subjective Analysis for the Period ended November 2019

	Annual Budget	Budget	Actual	Net Over/(Under) Spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	374,239	248,628	250,665	2,037
GP Prescribing	72,665	48,541	48,508	-33
Drugs	30,780	21,271	20,688	-584
Other Non-Pay	377,042	254,803	257,125	2,322
IJB Risk Share	0	0	3,384	3,384
Efficiency Savings	-8,385	-5,659	0	5,659
Commitments	15,658	4,656	-200	-4,856
Income	-93,308	-67,458	-67,755	-297
Net Underspend	768,692	504,781	512,414	7,633

Pay

- 5.2 The overall pay budget reflects an overspend of £2.037m. There are underspends across a number of staff groups which partly offset the overspend position within nursing & midwifery and medical & dental staff; both are being largely driven by the additional cost of supplementary staffing to cover vacancies; sickness absence and supervision policies.
- 5.3 Against a total funded establishment of 7,845 wte across all staff groups, there was 7,843 wte staff in post in November.

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Drugs & Prescribing

- 5.4 Across the system, there is a net under spend of £0.617m on medicines largely due to an under spend of £0.584m on sexual health and rheumatology drugs. The GP prescribing position is based on 2018/19 trend analysis and August and September 2019 actual information (2 months in arrears). Whilst it is difficult to predict, there are emerging concerns related to the potential increase in prices over coming months.

Other Non Pay

- 5.5 Other non pay budgets across NHS Fife are collectively overspent by £2.322m. The overspends are in purchase of healthcare from other Health Boards and independent providers, other supplies, property & hotel expenses and surgical sundries. These are offset by underspends across a number of areas including energy and diagnostic supplies.

6 Financial Sustainability

- 6.1 The Financial Plan presented to the Board in March highlighted the requirement for £17.333m cash efficiency savings to support financial balance in 2019/20. The Plan was approved with a degree of cautious optimism and confidence that the gap would be managed in order to deliver a break even position in year 1 of the 3 year planning cycle. As reported to the Board in March, this view was entirely predicated on a robust and ambitious savings programme across Acute Services and the Health & Social Care Partnership; supported by ongoing effective grip and control on day to day expenditure and existing cost pressures; and early identification and control of non recurring financial flexibility.
- 6.2 The extent of the recurring / non recurring savings delivery for the year is illustrated in Table 4 below and disappointingly reflects a c50/50 split.

Table 4: Savings 2019/20

	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved To Date £'000	Outstanding £'000
Health Board	10,873	1,026	1,638	2,664	8,209
Integration Joint Board	6,460	3,485	2,799	6,284	176
Total Savings	17,333	4,511	4,437	8,948	8,385

7 Key Messages / Risks

- 7.1 The key challenges include the overspend on Acute Services (largely driven by non delivery of savings and a number of specific cost pressures; and includes £4.039m overspend relating to a number of ASD budgets that are set aside for inclusion in the IJB's strategic plans, but which remain managed by the NHS Board); the risk share impact of the IJB position (entirely driven by social care costs); and the increasing cost pressure associated with non-Fife activity and in particular, the number of specialist high cost, low volume procedures undertaken in Edinburgh, as well as the cost of outflow activity in NHS Tayside.
- 7.2 Based on the year to date position and high level planning assumptions, estimates and information available at this time, and as agreed by delegated budget holders, the year end forecast ranges from a potential optimistic forecast of £6.5m overspend to a potential worst case of £13.8m overspend as detailed in table 5 below:

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Table 5: Financial Outturn (modelling based on actual position at 30 Nov 2019) – capped HSCP overspend

Forecast Outturn	Pessimistic £'000	Mid-Range £'000	Optimistic £'000
Acute Services Division	9,851	8,772	7,778
Acute Services Division (Acute Set Aside)	6,108	5,805	5,503
IJB Non-Delegated	139	106	74
Estates & Facilities	-145	-600	-1,875
Board Admin & Other Services	-685	-1,224	-1,299
Non-Fife & Other Healthcare Providers	1,521	1,521	1,521
Financial Flexibility	-7,439	-7,439	-7,439
Miscellaneous Income	-350	-350	-350
Health Board Retained Budgets	9,000	6,591	3,913
IJB Delegated Health Budgets	27	-1,219	-2,220
Integration Fund & Other Allocations	-300	-300	-300
Sub Total IJB Delegated Health Budgets	-273	-1,519	-2,520
Risk Share	5,076	5,076	5,076
Net IJB Health Position	4,803	3,557	2,556
Total Forecast Outturn	13,803	10,148	6,469

- 7.3 Discussions have been held with the Director and Deputy Director of Health Finance, Scottish Government, to work collaboratively to find a solution to the financial challenges facing NHS Fife. Areas considered included: review of all allocations; review of balance sheet accruals (both value and accounting treatment); risk share methodology; acute set aside budgets; capital to revenue funding transfer; and ADEL funding. A number of potential offsetting benefits may allow the optimistic overspend above to be reduced and work continues to identify further opportunities to bring the position to financial balance.
- 7.4 However the current forecast overspend of the IJB is significantly higher than the original approved budget gap. Correspondence and discussions to date between the respective partners continue. Notwithstanding, if we are required to fund the full IJB overspend, the forecast outturn position worsens to an overspend of £10.8m (best case) to £18.7m (worst case). This then compromises our ability to achieve financial balance and our ability to meet our statutory obligations.
- 7.5 Taking into account the points in 7.3 and 7.4 above, the impact on the forecast outturn is summarised below.

Table 6: Financial Outturn (modelling based on actual position at 30 Nov 2019) – full forecast HSCP overspend

Financial Modelling per Month 8	Pessimistic £'000	Mid-Range £'000	Optimistic £'000
Forecast Outturn per IPQR	13,803	10,148	6,469
Potential offsetting benefits			
Capital to revenue transfer	-1,000	-1,000	-1,000
Additional ADEL	-1,500	-1,500	-1,500
Review of balance sheet	-2,600	-2,600	-2,600
Revised Forecast Outturn (1)	8,703	5,048	1,369
Risk share on full forecast outturn	4,935	4,655	4,306
Revised Forecast Outturn (2)	13,638	9,703	5,675

- 7.6 The optimistic forecast has been used for reporting purposes and is scrutinised each month as part of a balanced risk approach. Key areas for highlighting this month include the Emergency Care Directorate within Acute Services whose use of agency staff continues for which there does not appear to be an exit plan. This is exacerbated by the surge ward capacity which was open for 5 months of the last financial year, but is expected to be in place for this full year. This unanticipated additional exceptional cost is in spite of additional grip and control measures being put in place and contributes to the forecast overspend. This position remains under close review. In parallel the Planned Care Directorate optimistic forecast assumes that the remaining months will realise a break even position in each remaining month of the year, and that additional savings will be identified. This assessment will be reviewed on a continual basis in light of its associated high risk.
- 7.7 The range of Estates & Facilities forecasts varies greatly between each scenario and is underpinned by detailed assumptions, plans and risk assessment ratings. The optimistic forecast used in the overall reporting at £1.9m underspend (compared to £0.6m 'realistic scenario' underspend) includes £0.3m high risk assumptions; and £0.7m medium risk assumptions.
- 7.8 The level of financial flexibility released in to the position at month 8 includes potential slippage of £1m re waiting times funding following an updated assessment of progress to date and expected activity to the year end. This carries with it a degree of managed risk - this earlier release of flexibility means that there is less scope to respond to anticipated exceptional events which may occur later in the year; but equally allows an earlier (part) mitigation of the potential year end overspend (notwithstanding the risk share cost associated with the IJB).
- 7.9 There is limited assurance that NHS Fife can remain within the overall revenue resource limit should there be a requirement to cover the impact of the IJB position. The risk share arrangement reflected in month 8 reporting at 72% of the initial £6.5m budget gap plus £0.550m additional social care packages agreed between the partnership's respective Chief Executive Officers,) ie £5.1m. This would become even more challenging, if we are required to cover the impact of the forecast outturn position for the IJB.

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7.10 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR), a funding assumption to the value of the risk share impact has been included together with a continued commitment to cover the net overspend on the Health Board budgets through increased financial flexibility. This does, however, hold a degree of risk.

7.11 Discussions with SGHSCD colleagues in relation to the financial position continue, and positive steps are being made to identify further non-recurring financial opportunities in order to move towards a balanced year-end outturn.

8 Recommendation

8.1 Members are invited to approach the Director of Finance or Chief Executive for any points of clarity on the position reported and are asked to:

- **Note** the reported overspend of £7.633m for the year to 30 November 2019; and
- **Note** the previously reported *potential* outturn position of break even is at risk, even with an assumption of additional funding from SGHSCD to support any impact of the IJB risk share.

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Appendix 1: Revenue Resource Limit

		Baseline	Earmarked	Non-	Total	Narrative
		Recurring	Recurring	Recurring		
		£'000	£'000	£'000	£'000	
Confirmed	Opening	662,752			662,752	
Confirmed	May Adjustments	-696		-229	-925	
Confirmed	June Adjustments	16,293	3,774	6,265	26,332	
Confirmed	July Adjustments		2,863	1,678	4,541	
Confirmed	August Adjustments	280	3,268	2,341	5,889	
Confirmed	September Adjustments	-29	52,759	2,236	54,966	
Confirmed	October Adjustments		-157	1,842	1,685	
Confirmed	Cancer & Diagnostics Activity			123	123	Based on submission
Confirmed	Depreciation to non core			-13,056	-13,056	Annual adjustment
Confirmed	Lyme's disease correction	12			12	
Confirmed	NSD Topslice			-3,097	-3,097	annual adjustment agreed through BCE
Confirmed	NSD Topslice - Pay & Pensions	-543			-543	
Confirmed	Golden Jubilee SLA			-28	-28	For the services provided by Golden Jubilee
Confirmed	Mental Health Outcomes Framework		1,363		1,363	Covers the original Mental Health Bundle, Innovation Fund & Capacity building CAMHS & Psychological Therapies
	Total Core RRL Allocations	678,069	63,870	-1,925	740,014	
Anticipated	CAMHS Regional Post			35	35	
Anticipated	Distinction Awards			227	227	
Anticipated	New Medicine Fund			3,005	3,005	
Anticipated	Scotstar			-348	-348	
Anticipated	Primary Care Fund GP Sub Committee			34	34	
Anticipated	Primary Care Improvement Fund			1,124	1,124	
Anticipated	Capital to Revenue			234	234	
	Total Anticipated Core RRL Allocations	0	0	4,311	4,311	
Confirmed	PFI Adjustment			3,374	3,374	
Confirmed	Donated Asset Depreciation			117	117	
Confirmed	Impairment			1,000	1,000	
Confirmed	AME Provision			-843	-843	
Confirmed	IFRS Adjustment			4,833	4,833	
Confirmed	Depreciation from Core Allocation			12,386	12,386	
	Total Non-Core RRL Allocations	0	0	20,867	20,867	
Anticipated	Non-Core Del			3,500	3,500	
	Total Anticipated Non-Core RRL Allocations	0	0	3,500	3,500	
	Grand Total	678,069	63,870	26,753	768,692	

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Appendix 2: Corporate Directories

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E-Health Directorate	12,790	7,661	7,694	33
NHS Fife Chief Executive	207	138	139	1
NHS Fife Finance Director	6,318	4,156	3,735	-421
NHS Fife HR Director	3,160	2,128	2,046	-82
NHS Fife Medical Director	6,953	4,058	3,952	-106
NHS Fife Nurse Director	3,771	2,462	2,723	261
Legal Liabilities	18,258	16,913	16,912	-1
Public Health	2,206	1,453	1,340	-113
Early retirement & Injury Benefits	269	0	-45	-45
Regional Funding	284	202	199	-2
Depreciation	17,129	11,399	11,399	0
Total	71,344	50,571	50,094	-477

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	95	63	38	-25
Borders	43	28	31	3
Dumfries & Galloway	24	16	40	24
Forth Valley	3,089	2,058	2,223	165
Grampian	349	233	209	-24
Greater Glasgow & Clyde	1,607	1,072	1,044	-28
Highland	131	88	148	60
Lanarkshire	111	74	101	27
Lothian	30,600	20,400	18,801	-1,599
Scottish Ambulance Service	98	65	70	5
Tayside	39,772	26,516	26,829	313
	75,919	50,613	49,534	-1,079
UNPACS				
Health Boards	8,063	5,375	7,048	1,673
Private Sector	1,209	806	1,138	332
	9,272	6,181	8,186	2,005
OATS				
	690	460	533	73
Grants				
	65	65	63	-2
Total	85,946	57,319	58,316	997

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Appendix 4 - Financial Flexibility & Allocations

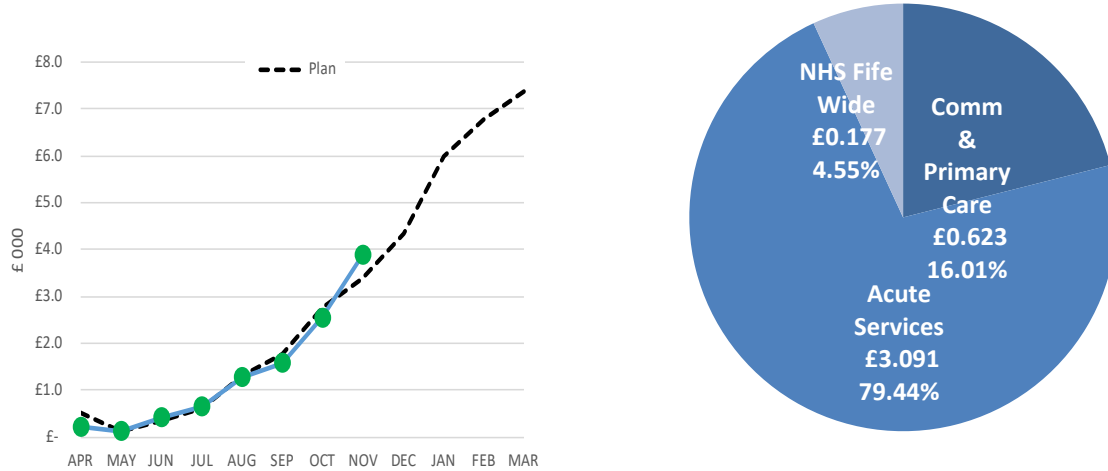
	CY Budget £'000	Flexibility Released to Nov-19 £'000
Financial Plan		
Drugs	2,909	667
Complex Weight Management	50	33
Adult Healthy Weight	104	69
National Specialist Services	54	36
Band 1s	307	205
Unitary Charge	213	92
Junior Doctor Travel	106	57
Consultant Increments	50	33
Cost Pressures	3,475	1,781
Financial Flexibility	527	350
Sub Total Financial Plan	7,795	3,323
Allocations		
Health Improvement	93	0
AME impairments	1,195	0
AME Provisions	-22	0
Pay Awards	52	0
Distinction Awards	37	0
Waiting List	2,694	667
CAMHS Post	35	0
Best Start	337	125
Advanced Breast Practitioner Radiology	36	0
Insulin Pumps & CGM	95	0
Carry Forward 18-19	260	173
Urolift	26	0
Flow Variability	70	0
Neonatal Expenses	17	0
Capital to Revenue	234	0
ADEL	1,000	333
Winter Planning	619	0
Cancer Waiting Times	122	35
Golden Jubilee Sla	-3	0
Sub Total Allocations	6,897	1,333
Total	14,692	4,656

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Capital Expenditure

NHS Boards are required to work within the capital resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)

Local Performance



Commentary

The total Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 8 months to November shows investment of £3.891m, equivalent to 52.62% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

Current Challenges	Overall programme of work to address all aspects of backlog maintenance, statutory compliance, equipment replacement, and investment in technology considerably outstrips capital resource limit available
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Improvement Actions	Progress	Timescale/ Status
1. Managing expenditure programme within resources available	Risk management approach adopted across all categories of spend	Mar 2020 On Track

Finance, Performance & Resources – Finance

1. Annual Operational Plan

- 1.1 The Capital Plan 2019/20 was approved by the NHS Board on 27 March 2019. For information, changes to the plan since its initial approval in March are reflected in Appendix 1. On 3 June 2019 NHS Fife received confirmation of initial core capital allocation amounts of £7.394m gross. NHS Fife is anticipating an additional £2m allocation for the new Elective Orthopaedic Centre and an expected adjustment for the transfer to revenue schemes that will be actioned during the year (£0.234m). NHS Fife has received a letter confirming they will receive a capital allocation of £0.120m for Hospital Eye Scotland for the procurement of ophthalmic equipment.

2. Capital Receipts

- 2.1 Work continues on asset sales with several disposals planned or completed:

- Lynebank Hospital Land (Plot 1) (North) – Under offer
- Forth Park Maternity Hospital – Sold
- Fair Isle Clinic – Sold
- Skeith Land – now on market
- ADC – Sold

Discussions are underway with the SGHSCD on the potential use of the capital receipts to support the challenges in the Board's revenue position.

3. Expenditure To Date / Major Scheme Progress

- 3.1 Details of the expenditure position across all projects are set out in the dashboard summary above. Project Leads have provided an estimated spend profile against which actual expenditure is being monitored. This is based on current commitments and historic spending patterns. The expenditure to date amounts to £3.891m or 52.62% of the total allocation, in line with the plan, and as illustrated in the spend profile graph above.

- 3.2 The main areas of investment to date include:

Statutory Compliance	£1.091m
Minor Works	£0.178m
Equipment	£1.831m
E-health	£0.155m
Elective Orthopaedic Centre	£0.614m

4. Capital Expenditure Outturn

- 4.1 At this stage of the financial year it is currently estimated that the Board will spend the Capital Resource Limit in full.

5. Recommendation

- 5.1 Members are invited to approach the Director of Finance or Chief Executive for any points of clarity on the position reported and are asked to:

note the capital expenditure position to 30 November 2019 of £3.891m and the forecast year end spend of the capital resource allocation of £7.394m

Finance, Performance & Resources – Finance

Appendix 1: Capital Expenditure Breakdown

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2019/20 £'000
COMMUNITY & PRIMARY CARE			
Statutory Compliance	823	483	823
Capital Minor Works	353	100	353
Capital Expenditure	81	40	81
Condemned Equipment			
Total Community & Primary Care	1,256	623	1,256
ACUTE SERVICES DIVISION			
Capital Equipment	1,984	1,695	1,984
Statutory Compliance	1,962	609	1,962
Minor Works	165	78	165
Condemned Equipment	95	95	95
Elective Orthopaedic Centre	614	614	614
Total Acute Services Division	4,819	3,091	4,819
NHS FIFE WIDE SCHEMES			
Condemned Equipment			
Information Technology	1,041	155	1,041
Equipment Balance	18	0	18
Scheme Development	60	0	60
Contingency	100	22	100
Statutory Compliance - Fire Compartmentation	100	0	100
Minor Works	0	0	0
Total NHS Fife Wide Schemes	1,319	177	1,319
TOTAL ALLOCATION FOR 2019/20	7,394	3,891	7,394

Finance, Performance & Resources – Finance

Appendix 2: Capital Plan - Changes to Planned Expenditure

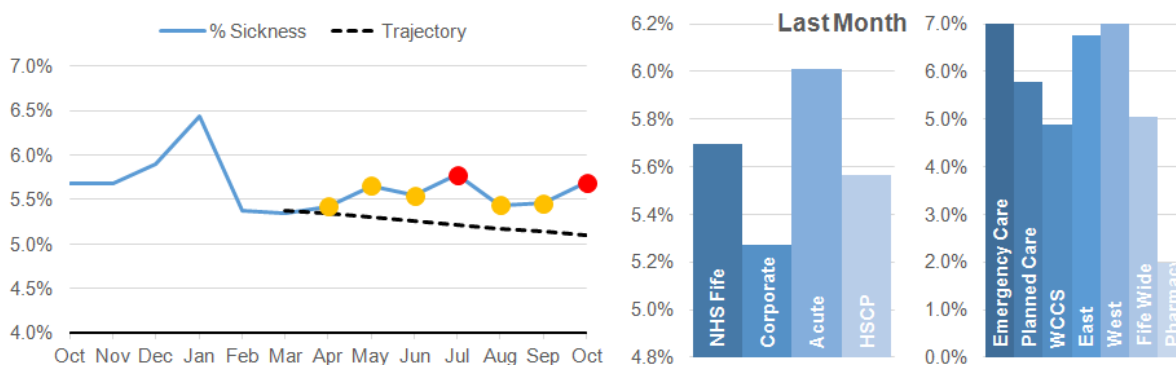
Capital Expenditure Proposals 2019/20	Board Approved 27/03/2019 £'000	Cumulative Adjustment to October £'000	November Adjustment £'000	Total November £'000
Routine Expenditure				
Community & Primary Care				
Minor Capital		316	37	353
Capital Equipment		87	-6	81
Statutory Compliance		820	3	823
Condemned Equipment				
Total Community & Primary Care	0	1,223	33	1,256
Acute Services Division				
Minor Capital		164	1	165
Capital Equipment		1,945	39	1,984
Statutory Compliance		2,067	-105	1,962
Condemned Equipment		94		94
Elective Orthopaedic Centre		587	27	614
	0	4,857	-38	4,819
Fife Wide				
Minor Work	498	-485	-13	
Information Technology	1,041			1,041
Backlog Maintenance / Statutory Compliance	3,569	-3,469		100
Condemned Equipment	90	-90		
Scheme Development	60			60
Fife Wide Equipment	2,036	-2,036	18	18
Fife Wide Contingency Balance	100			100
Total Fife Wide	7,394	-6,080	5	1,319
Total	7,394	0	0	7,394

Staff Governance

Sickness Absence

*To achieve a sickness absence rate of 4% or less
Improvement Target for 2019/20 = 4.89%*

Local Performance



National Benchmarking

Month	2018/19						2019/20							Dec-19 Target
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	
NHS Fife	5.69%	5.68%	5.89%	6.43%	5.38%	5.34%	5.42%	5.66%	5.55%	5.78%	5.44%	5.46%	5.70%	5.01%
Scotland	5.53%	5.47%	5.54%	6.17%	5.23%	5.10%	5.04%	5.23%	4.98%	5.22%	5.18%	5.24%	5.69%	

Current Challenges

- Sickness Absence Rate Significantly Above Standard – **Action 1**
- High Level of Sickness Absence Related to Mental Health – **Action 2**

Improvement Actions	Progress	Timescale/ Status
1. Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence	This is being progressed through Attendance Management Leads within their respective areas, HR Officers / Advisors, and through the trajectory reporting for each business unit and use of the RAG status reports. A plan for additional OH support, including OH Drop-in Sessions, has been developed. Sessions took place throughout September and October, and further sessions will be held in Spring 2020.	Mar 2020 On Track
2. Early OH intervention for staff absent from work due to a Mental Health related reason	This has been in place since March 2019 and will be reviewed later in the year. Feedback being sought from OH, HR and service colleagues on the early referral approach.	Feb 2020 On Track

PAUL HAWKINS
Chief Executive
18th December 2019

Prepared by:
CAROL POTTER
Director of Finance and Performance

Fife Health
& Social Care
Partnership



Winter Planning

Monthly Report

Week Ending 6th October to 1st December 2019



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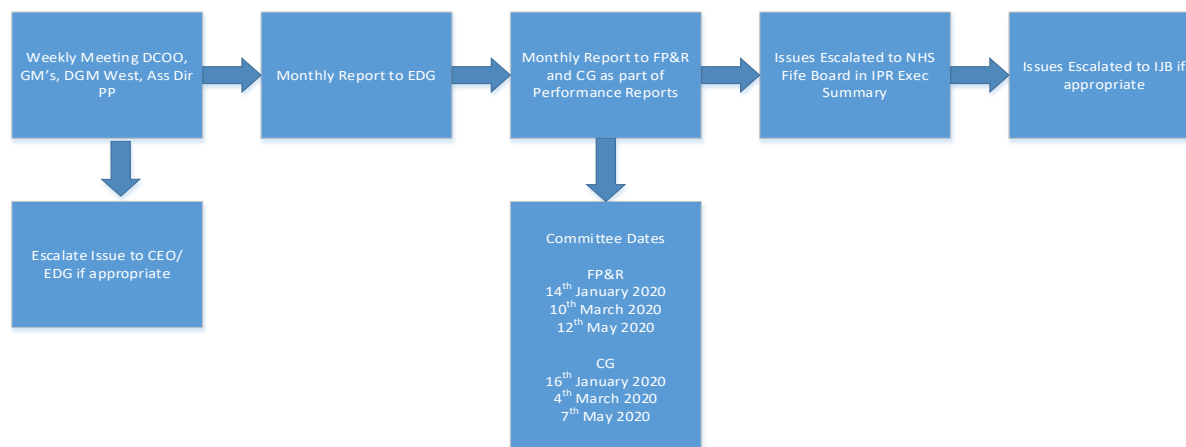
Introduction

The purpose of this report is to assure the Chief Executive and EDG that the Winter Plan is being delivered in accordance with the submission to Scottish Government and against agreed performance targets.

The Winter Plan describes the actions that will be taken forward by NHS Fife and the Health and Social Care Partnership to optimise service resilience during the winter months and beyond. Responsibility for delivery lies with both NHS Fife and the Health and Social Care Partnership.

The Winter Plan is monitored weekly, reported monthly and is supported by an escalation protocol to ensure prompt escalation of issues if required. The weekly reporting will cease at the end of March with the monthly report going to the NHS Fife Board in May 2020. Weekly reporting will commence in October 2020 as part of the Winter Plan 2020/21.

The Winter Planning Performance Review Summary will be considered by the Finance, Performance and Resources and Clinical Governance Committees.



Outlined below in section D is the actions that were submitted to the Scottish Government at the end of October 2019 and current status of these actions. Most of these actions are complete with a few slippages that are being challenged on a monthly basis.

Section A: Executive Summary

This is the first monthly report summarising performance against key indicators and actions for Winter 2019/20. The key points to note this month are as listed below.

Performance	
Acute	The 95% Standard has not been met since Week Ending 21 st July, but has maintained above the Scottish average for the most part. On average, there are 190 more ED attendances a month this year (April to November) compared with last year. There are more than 500 attendances this winter (October to November) compared with last year after only two months.
	Since start of October, the percentage of patients admitted from A&E has averaged above 32% with year previous 30%; April to September 2019 was under 30%.
	The percentage of discharges before noon has increased to 17% since October, this compares to 15% experienced over the preceding 3 months. This is still significantly lower than 40% target associated with 6 Essential Actions.
	Since mid July the number of bed days lost due to patient boarding has steadily risen aside from two noticeable drops in Weeks Ending 6 th October and 17 th November. After each instance this has risen to numbers as high as before the drop. On average, 530 bed days a week have been lost to boarding since October.
	On average there has been 73 bed days lost to Delayed Discharge per week as well as 161 bed days lost to Delays in Transfer of Care (e.g. Community Hospital and ICASS). This equates to 33 patients occupying a bed in acute setting who should be being cared for in more appropriate setting.
H&SCP	H&SCP achieved 89% of agreed placements into community setting in November. Social Care achieving 81% with Home Care (Internal and External) and Long Term Care 44% and 54% respectively.
	Surge capacity is currently in use in community hospitals with occupancy constantly being over 100%.
	Over October and November, there are 352 bed days on average lost each week to delayed discharge in community hospitals; equating to 50 beds each day.

Section B: Winter Scorecard to Week Ending 1st December 2019

Area	Indicator	Trend	06-Oct	13-Oct	20-Oct	27-Oct	03-Nov	10-Nov	17-Nov	24-Nov	01-Dec
OOH	Contacts		1840	2328	1841	1817	1720	1912	1985	1990	1809
	OoT Home Visits		41	27	17	18	12	19	20	25	24
	% transferred to VHK		7.17%	9.84%	1.68%	8.20%	0.99%	7.79%	7.51%	9.05%	8.68%
Emergency Department	Attendances		1352	1261	1259	1275	1324	1379	1399	1293	1311
	Av LoA		155	170	159	175	166	155	156	157	180
	Performance		91.1%	89.9%	91.0%	86.3%	89.9%	92.5%	92.8%	90.6%	84.6%
	> 8 hours		5	0	5	4	2	3	1	2	8
	>12 hours		0	0	0	0	0	0	0	0	0
	% Admitted		32.6%	31.6%	31.2%	35.0%	29.9%	33.0%	31.3%	32.2%	32.0%
	VHK Admissions	Total		793	791	730	826	795	800	820	812
Emergency			705	696	664	725	680	682	706	714	712
Elective			88	95	66	101	115	118	114	98	81
VHK Discharges	to Community		42	28	33	30	34	38	27	39	43
	% B4 Noon		16.9%	15.5%	13.0%	18.5%	16.7%	19.3%	19.4%	17.3%	15.8%
	WDWE Ratio		1.7	1.5	1.4	1.5	1.9	1.5	2.2	1.6	1.9
	LoS (days)		6.5	5.7	6.3	6.6	5.8	6.9	5.7	6.4	5.8
AU1ax	Admissions		181	192	200	204	209	179	190	231	217
	%transferred		66.9%	67.7%	71.5%	68.1%	72.2%	64.2%	70.0%	69.7%	72.4%
	% to AU1		58.0%	53.6%	57.0%	53.9%	64.6%	58.7%	60.5%	58.0%	59.4%
AU1	LoS (hrs)		5.61	5.99	6.52	6.04	5.98	4.48	6.00	6.83	6.48
	Admissions		302	298	299	315	282	278	306	308	314
	%transferred		65.6%	60.1%	68.6%	66.0%	67.0%	60.8%	67.0%	64.6%	62.7%
AU2	LoS (hrs)		18.69	20.43	19.03	18.65	21.79	19.13	19.60	19.62	19.56
	Admissions		144	150	145	144	155	137	151	150	146
	%transferred		36.8%	44.7%	41.4%	38.9%	43.2%	35.0%	45.0%	40.7%	42.5%
Theatre Activity	LoS (hrs)		20.81	20.66	25.27	21.77	22.96	21.50	20.35	21.32	21.85
	Actual		137	122	134	148	149	175	162	170	132
	Hospital Cancelled		1	1	7	0	0	0	0	0	2
VHK Bed Utilisation	Occupancy		93%	92%	94%	93%	94%	92%	90%	92%	93%
	Boarding Bed Days Lost		438	523	578	595	576	532	449	503	582
	DD Bed Days Lost		64	69	43	89	111	72	62	91	55
	DTC Bed Days Lost		114	157	178	172	212	200	225	116	80
	HAI Bed Days Lost							0	0	0	0
HSCP Placements	Completed - All						18	103	96	110	101
	DSB						69%	100%	92%	100%	95%
	Social Care						50%	75%	74%	98%	92%
	Other Models						8%	106%	100%	100%	91%
	HUB Referrals		58	55	48	46	54	69	44	50	55
Community Hospital	HUB Discharges		81	62	58	72	62	69	59	60	63
	HUB Ref vs Dis		-23	-7	-10	-26	-8	0	-15	-10	-8
	Discharges		71	43	47	46	46	50	44	56	56
	LoS (days)		35.4	40.6	32.0	40.9	36.6	42.2	39.5	34.5	33.9
	Occupancy		102%	103%	104%	103%	105%	105%	107%	106%	106%
Community Hospital	DD Bed Days Lost		393	305	291	322	343	387	424	355	350
	HAI Bed Days Lost							33	0	0	0

Section C: Winter Dashboard to Week Ending 1st December 2019



Section D: Winter Plan Monitoring of Actions

Key:	Blue	Complete
	Green	On Track as expected
	Amber	Work ongoing, but slippage (with no concerns about impact on Winter Planning)
	Red	Work ongoing, but concerns about impact on Winter Planning

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
4.1.1	Ensure adequate Community Hospital capacity is available supported by community hospital and intermediate care redesign	October 2019		DGM East and West	The community hospitals have 16 additional beds open at present to support winter pressures. The community hospital and intermediate care bed redesign is paused at present; a meeting is scheduled with the HSCP and the Interim Director of the PMO to discuss next steps.
4.1.2	Review capacity planning ICASS, Homecare and Social Care resources throughout winter	August 2019		DGM West	ICASS capacity increased as a result of increased hours and recruitment. Capacity within care at home is challenging, Work is progressing to increase capacity to provide more ready access to double up care packages. For November 2019 the HSCP delivered 89% of planned activity.
4.1.3	Focus on prevention of admission with further developments into High Health Gain, locality huddles to look at alternatives to GP admissions	March 2020		DGM West	Additional staff recruitment is nearing completion; over 500 HHG Assessments have taken place across Fife. Locality huddles - 8 now established
4.1.4	Reduce length of stay as a winter planning group and being progressed through BAU	September 2019	GMs, DCOO, Ass Dir PP	DGM West	HSCP being tracked through weekly reporting. ASD Being tracked through weekly reporting and winter scorecard review. Length of stay meeting weekly with ASD and H&SCP to review all patients over 7 days and those in delay.
4.1.5	Test of Change for use of the community hub during Winter	November 2019		DGM West	Discussions underway regarding use of CHWB hubs to support community care and treatment
4.1.6	Test of change to reconfigure STAR bed pathway	November 2019		DGM West	GP direct access STAR beds are operational in Glenrothes and now being tested in the STAR beds in Kirkcaldy

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
4.1.7	Urgent Care ED enhanced direction model	November 2019		DGM West	Re-direction protocol now in place. Action complete
4.1.8	Implementation of model for discharge lounge through tests of change	November 2019	GMs, DCOO		Discharge lounge implemented October 2019 within footprint of ward 4. Line management sitting under capacity team manager with directorate support (currently PCD). Figures monitored daily and resource is having positive impact on flow.
4.1.9	Explore third sector transport over winter months	October 2019	GMs, DCOO		Initial meetings held with RVS as to additional car transportation capacity. Proposal paper submitted to ER with costs. Miriam Watts & Belinda Morgan present at meeting. No further progression at this point.
4.1.10	Weekly senior winter monitoring meeting to review winter planning metrics and take corrective action.	October 2019	GMs, DCOO, Ass Dir PP	DGM West	Weekly winter monitoring meetings are in place with metrics reviewed and actions agreed. Actions are recorded.
4.2.1	Secure Social Work staffing in the Discharge Hub and community hospitals over the festive period.	October 2019		DGM West	Action complete
4.2.2	Integrated services to support discharges will run throughout all public holidays – this includes social work, homecare, community therapy staff and district nurses. Communication will be supported through daily huddles across services.	November 2019		DGM West	Action complete
4.2.3	Test of change of a rota of senior decision making capacity in OOH/weekends to promote 7 day discharges	November 2019	GM EC		Ongoing vacancy factors within medical staffing in ECD has meant long term reliance on Locum consultants to provide cover for rota gaps. Where possible, third on consultants in place for weekends, but reliance on existing workforce and reluctance to add to workload has left gaps. Trial days have highlighted that the consultants' impact is increased when there is support from an ANP/Junior Doctor. Similar challenges around availability and financial impact.
4.2.4	Agree Urgent Care workforce	October 2019		DGM West	On track

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
	levels and secure staffing as early as possible. All rotas in place to ensure public can access OOH across the winter period.				
4.2.5	Public facing information across social media platforms developed to communicate access to OOH including public holiday access.	November 2019		DGM West	Urgent Care Transformation phase 1 now underway. Clinical Co-ordinator role scheduled as much as possible focussing on weekends.
4.2.6	Enhance Clinical Co-ordinator role within the Urgent Care service.	November 2019		DGM West	Urgent Care Transformation phase 1 now underway. Clinical Co-ordinator role scheduled as much as possible focussing on weekends.
4.2.7	Enhanced linkage with Hospital Ambulance Liaison Officer (HALO) role to further plan and arrange efficient discharges	October 2019	GMs DCOO		Dedicated Discharge Vehicle continues. NHS Fife benefit from the HALO based (and funded) within NHS Tayside. Existing Discharge Hub have excellent relations with SAS. HALO attending site to offer support when necessary and SAS fully integrated with the DDD project.
4.2.8	Enhance weekend discharge planning with further development of the weekend discharge team	October 2019	GMs DCOO		Ongoing. Challenge sourcing Consultants to pick up 3 rd on-call shift from Emergency Care for weekends. Clinical Director for Emergency Care leading on identifying solution.
4.2.9	Explore augmenting IAT/MSK resource at front door with a view to reducing admission rate	October 2019	GM WC		Audit conducted during Banish Boarding Event. Requirement to review data to identify what can be achieved within existing resource and what will require investment to achieve.
4.2.10	Proactive recruitment and a joined up workforce plan to utilise staff intelligently across the year as well as winter	October 2019	GMs, DCOO	DGM West	The recruitment process is underway for the additional posts required to support the winter plan, with some services offering additional hours to staff. Not all staff are in post but managers are working with HR to intelligently use risk assessments to expedite staff into vacant posts. Availability of skilled workforce will have impact on ability to fill all posts required and dependent on Bank and Agency to support clinical care remains a risk for ECD.
4.2.11	Implementation of 7-day pharmacy service in place within Acute on substantive basis	September 2019	Chief Pharmacist		Service is in place. However only £150K (from Emergency Care Directorate) of the agreed £250K funding has been provided. Request has been made via COO to transfer the remainder of the funding from the

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
					other 2 directorates.
4.3.1	Proactive and dynamic planning that follows predicted problems with use of system watch and better use of data including Urgent Care in collaboration with NHS 24	October 2019	GMs DCOO	DGM West	The Urgent Care Service is using predicted demand data from NHS 24 to support service delivery.
4.3.2	Performance measures will be in place and scrutinised. Measures include: <ul style="list-style-type: none"> • Emergency Access Standard • Local Waiting Times Targets • Delayed Discharges over 72 hours • Weekly flow from Victoria Hospital • Hospital Occupancy levels (Acute and Community Hospitals) • Boarding numbers 	November 2019	GMs DCOO	DGM West	Emergency Access Standards scrutinised daily with enhanced breach review and weekend debriefs to assess for opportunities for improvement. Weekly winter monitoring meetings are in place with metrics reviewed and actions agreed.
4.3.3	Estimated Discharge Date process to be further developed and clear instructions in place	October 2019	GMs DCOO	DGM West	Workshops are planned in the community hospitals from 16/12/19 to standardise the use of EDD.
4.3.4	Full review of how and when surge capacity is used against the escalation plan	September 2019	GMs DCOO	DGM West	Surge capacity in the HSCP has been in use since summer 2019 with full expansion in October 2019. Bed occupancy is reviewed as part of the weekly winter meetings.
4.3.5	Banish boarding event to take place to reduce pressure in hospital with patients boarding in non patient wards.	November 2019	MD COO		"Banish Boarding: 18 days of reset" event conducted 1-18 Nov 19. A number of small changes ideas contributed to improving hospital occupancy levels and reducing numbers of boarding patients by c.15%, which will be incorporated into BAU – eg Daily Dynamic Discharge process.
4.3.6	Comprehensive review of board and ward round process across Acute inpatient wards to identify	Observation exercise Aug 2019	DCOO AMD		Observation exercise completed Aug 2019. Follow on work undertaken with support from Scottish Government Unscheduled Care team to roll out Daily Dynamic Discharge (from the 6

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
	and implement consistent best practice	December 2019			Essential Actions) across inpatient ward areas. Process implemented in 7 wards since 1 Nov 19, with schedule in place for adoption by all adult inpatient areas by end Jan 2020.
4.3.7	Location and staffing plan for surge capacity in place	Oct 2019	DCOO GMs		Additional emergency overnight capacity available within Ward 4 without impacting on discharge lounge, but not suitable for long term occupancy. Weekend staff planning taken into account if anticipated need.
4.3.8	Optimise Acute bed configuration for 19/20 including the relocation of Ward 9 to Phase 3, beside Ward 24	December 2019	GM WCCS		Initial drawings for ward relocation received. Final drawings to be signed off in early January. Business case with full costs to be submitted to EDG in January 2020. Once approved works will be completed in early 2020.
4.3.9	Intention to increase N:R ratio in AHP caseload to reduce de-conditioning in acute medical wards to reduce LoS and reduce level of support required by patients at point of discharge.	October 2019	GM WCCS		De-conditioning Business Case being presented at SLT on 17 th Dec.
4.4.1	Produce a winter surgical program plan that includes use of the short stay surgical unit, and distribute the surgical programme, taking into account the periods of higher demand from emergency patients	October 2019	GM PC		Surgical festive program for theatre has been circulated to clinical teams. SSSU is now fully part of the surgical operational program. Plans are in place to deal with periods of high demand from emergency patients
4.4.2	Review the ambulatory model for surgical and medical patients and implement any enhancements	October 2019	GM EC GM PC		ECD – OPAT successfully implemented and saved bed days being tracked to support service expansion. SSSU fully embedded and managing elective programme and WLI on a daily basis.
4.4.3	Test the introduction of planned outpatient appointments for medically fit in-patients awaiting diagnostic tests	October 2019	GM WCCS		Requirement to implement clear process and engage with clinicians to ensure that this happens as routine and not only when the hospital is at capacity.
4.4.4	Review theatre requirements for SHDU cases to smooth activity over the week	November 2019	GM EC GM PC		Work has been smooth by moving some theatre lists. Further work in planning.
4.5.1	A review of the integrated	August 2019	GMs	DGM West	HSCP Escalation plan is complete and in place.

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
	escalation plan with action cards including training and testing, and agreement of the surge capacity model over winter, including opening and closing of surge beds		DCOO Ass Dir PP		ASD General Managers in process of reviewing escalation plans
4.5.2	Review and improve business continuity plans for services	September 2019	GMs DCOO	DGM West	In the HSCP Business Continuity plans are in place.
4.5.3	Tabletop exercise to be arranged to test Major Incident plans	November 2019	Ass Dir PP		Held on 22 November 2019 and attended by around 60 staff including multi-agency partners.
4.5.4	Multi Agency meeting to discuss winter arrangements across Fife	November 2019	Ass Dir PP		Meeting multi-agency partners to share arrangements on 13 November 2019.
4.5.5	Update Corporate Business Continuity Plan and Response and Recovery Plan	November 2019	Ass Dir PP		Corporate Business Continuity Plan and Response and Recovery Plans completed. Submitted to Resilience Forum 1 November 2019.
4.5.6	Ensure that community services have access to 4x4 vehicles in the event of severe weather and that staff have received an appropriate level of training to drive such vehicles.	September 2019		DGM West	Vehicles delivered 10/12/19, training in use of 4x4 vehicles taking place in December 2019 and January 2020.
4.5.7	Review the full capacity protocol	September 2019	GMs DCOO Ass Dir PP	DGM West	HSCP Complete ASD General Managers in process of reviewing escalation plans

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
4.6.1	Point of Care Testing (POCT) for flu will be implemented early this year in preparation for the challenges expected from increased numbers of patients presenting with flu	October 2019	GM WCCS		Implemented in November.
4.6.2	Proactive infection control and support learning opportunities for Fife Care homes	October 2019		Infection Control	Ongoing discussion and support
4.6.3	POCT will also be implemented in paediatrics for RSV which will support early diagnosis (supporting winter bed pressures) and reduce requirement for unnecessary molecular testing.	October 2019	GM WCCS		IT point required in Paediatrics to allow POCT to go live. This has been escalated to GM who will take forward with Engie.
4.6.4	Weekly Winter Planning Meetings to continue to monitor hospital position	October 2019	GMs Ass Dir PP	DGM West	Weekly winter monitoring meetings are in place with metrics reviewed and actions agreed. Actions are recorded.
4.7.1	Deliver the staff vaccination programme to NHS and Fife HSCP staff through drop-in clinics and peer vaccinator programme in order to achieve 60% national target and 65% local target for uptake among healthcare workers.	October – December 2019	ADoN Public Health	ADoN Public Health	On track – current NHS staff uptake at 57% (correct at 2/12/19). Further plans for delivery via peer vaccinators and roving clinics in place for December.
4.7.2	Monthly review of progress against seasonal flu action plan	October – January 2019	Public Health	Public Health	On track – monthly updates of detailed action plan circulated to NHS Fife & Fife HSCP Seasonal Vaccination Group (last circulation 15/11/19)
4.7.3	Deliver staff communications campaign across Acute & HSCP	October – November 2019	Comms Manager		Work ongoing – regular updates and information scheduled across the winter months, with option to increase messaging during periods of adverse weather No concerns about impact on Winter Planning
4.7.4	Develop & distribute Information pack to independent care sector in Fife, covering staff	October 2019	Public Health		Information pack on vaccination distributed to independent care sector November 2019. Pack with reminder information on management of suspected outbreaks in care homes planned for

Winter Plan Action Number	Action Description	Due Date	Lead(s)		Update
			ASD	HSCP	
	vaccination, winter preparedness and outbreak control measures				distribution week beginning 16 th December.
4.7.5	Redesign consent form and data collection methods to enable more detailed & timely monitoring of staff vaccination against targets	October 2019	Public Health	DGM West	Complete – Revised consent form in use from the start of the programme. Data collection using FORMIC has enabled timely reporting of uptake data with job family breakdown. Data provided to EDG fortnightly via 'flash reports' (latest 9/12/19)
4.7.6	Insert flu vaccination messaging for at-risk groups in out-patient letter template	October 2019	Public Health		Complete – Messaging inserted into out-patient letter template. To run from October 2019 to mid-March 2020.

**NHS FIFE
CLINICAL GOVERNANCE COMMITTEE**

DATE OF MEETING:	16 January 2020
TITLE OF REPORT:	NHS Fife Board Assurance Framework (BAF) Quality & Safety
EXECUTIVE LEAD:	Helen Buchanan
REPORTING OFFICER:	Helen Woodburn

Purpose of the Report (delete as appropriate)

For Discussion consider the options and any impact		
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SBAR REPORT

Situation

The Board Assurance Framework (BAF) is intended to provide accurate and timely assurances to this Committee and ultimately to the Board, that the organisation is delivering on its strategic objectives as contained in the following:

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

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

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

Following review changes have been made to linked operational risks, 3 have been closed and one risk reduced from a high score to moderate.

A short life working group will be established to assess NHS Fife`s position against the Quality Framework and to understand our state of readiness. Initial meeting to scope and plan this work has been arranged.

A plan to develop NHS Fifes approach to person centred care has been developed which includes Person Centred Visiting and Making Meals Matter. The plan also aligns to the Scottish Governments programme of work for 2019/20.

Accreditation systems remain in place examples of which are the UNICEF Baby Friendly award achieved Gold Standard ad UKAS inspection for laboratories.

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				Current Score				Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Responsible Person	Timescale	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score				Rationale for Target Score
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)													Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	

Quality & Safety

1416	Person Centred, Clinically Excellent	05.12.2019	04.03.2020	There is a risk that due to failure of clinical governance, performance and management systems (including information & information systems), NHS Fife may be unable to provide safe, effective, person centred care.	4 - Likely - Strong possibility this could occur	5 - Extreme	20	High	3 - Possible	5 - High	15	High	Failure in this area could have a direct impact on patients' health, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme harm can occur daily, the proportion of these in relation to overall patient activity is very small.	Medical Director Clinical Governance Chair: Dr Les Bisset	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <ol style="list-style-type: none"> Strategic Framework Clinical Strategy Clinical Governance Structures and operational governance arrangements Clinical & Care Governance Strategy Participation & Engagement Strategy Risk Management Framework <p>This is supported by the following:</p> <ol style="list-style-type: none"> Risk Registers Integrated Performance and Quality Report (IPQR), Performance reports dashboard data Performance Reviews Adverse Events Policy Scottish Patient Safety Programme Implementation of SIGN and other evidence based guidance Staff Learning & Development System of governance arrangements for all clinical policies and procedures Participation in relevant national and local audit Complaints handling process Using data to enhance quality control HIS Quality of Care Approach & Framework, Sept 2018 Implementing Organisational 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 	Reviewing together of patient experience, complaints, adverse events and risk information to provide an overview of good practice, themes, trends, and exceptions to the norm	<ol style="list-style-type: none"> Continually review the Integrated Performance and Quality (IPQR) to ensure they provide an accurate, current picture of clinical quality / performance in priority areas . Refresh the extant Clinical Governance structures and arrangements to ensure these are current and fit for purpose. Review the coverage of mortality & morbidity meetings in line with national developments and HIS workshop on 09/12/19. 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. Review annually, all technology & IT systems that support clinical governance e.g. Datix, Formic Fusion Pro, Clinical Effectiveness Register. Establish a short life working group to begin assess our position against the Quality of Care Framework and understand our state of readiness. Further develop the culture of person centred approach to care. Only Executive commissioning of reviews as appropriate e.g. internal audit, external peer and 	Medical Director 31.10.2018	<ol style="list-style-type: none"> Assurance statements from clinical & clinical & care governance groups and committees. Assurances obtained from all groups and committees that: <ol style="list-style-type: none"> they have a workplan all elements of the work plan are addressed in year Annual Assurance Statement Annual NHS Fife CGC Self assessment Reporting bi annually on adequacy of systems & processes to Audit & Risk Committee Accreditation systems eg. Unicef - Accredited Baby Friendly Gold. UKAS Inspection for Labs. External agency reports e.g. GMC Quality of Care review 	<ol style="list-style-type: none"> Internal Audit reviews and reports External Audit reviews HIS visits and reviews Healthcare Environment Inspectorate (HEI) visits and reports Health Protection Scotland (HPS) support Health & Safety Executive Scottish Patient Safety Programme (SPSP) visits and reviews Scottish Govt DoC Annual Report Scottish Public Service Ombudsman (SPSO) Patient Opinion Specific National reporting 	1.Key performance indicators relating to corporate objectives e.g. person centred, clinically excellent, exemplar employer & sustainable.	Overall, NHS Fife has in place sound systems of clinical governance and risk management as evidenced by Internal Audit and External Audit reports and the Statement of Annual Assurance to the Board.	2 - Unlikely	5 - Extreme	10	Moderate	The organisation can identify the actions required to strengthen the systems and processes to reduce the risk level.
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Linked Operational Risk(s)

Risk ID	Risk Title	Current Risk Rating	Risk Owner
43	Vascular access for haematology/Oncology	High 20	Shirley-Anne Savage
1296	Emergency Evacuation - VHK- Phase 2 Tower Block	High 20	Andrew Fairgrieve
1514	Impact of the UK's withdrawal from the EU on the availability and cost of medicines and medical devices	High 20	Scott Garden
1524	Oxygen Driven Suction	High 20	Dr Christopher McKenna
521	Capacity Planning	High 16	Miriam Watts
529	Information Security	High 16	Carol Potter
637	SAB HEAT TARGET	High 16	Julia Cook
1365	Cancer Waiting Times Access Standards	High 15	TBC
1515	Impact of the UK's withdrawal from the EU on Nuclear Medicine and the ability to provide diagnostic and treatment service(s)	High 15	Jeanette Burdock

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk Owner
356	Clinical Pharmacy Input	Closed Risk		
528	Pandemic Flu Planning	No longer a high risk	Moderate 12	Dona Milne
1297	Obsolete Equipment In Use – No Replacement Plan In Place (Graseby 3000 Series)	Closed Risk		
1366	T34 syringe drivers in the Acute Division	Closed Risk		
1502	3D Temperature Monitoring System (South Lab)		Moderate 12	Ken Campbell

DATE OF REPORT:	16/01/2020
TITLE OF REPORT:	NHS Fife Board Assurance Framework (BAF) Strategic Planning
EXECUTIVE LEAD:	Dr Chris McKenna, Medical Director
REPORTING OFFICER:	Susan Fraser, Associate Director of Planning and Performance

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

SBAR REPORT

Situation

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

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

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

This report provides the Committee with the next version of the NHS Fife BAF on 6.1.20.

Background

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

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

Assessment

The Annual Operational Plan (AOP) for 2019/20 re-identifies the 4 strategic priorities for NHS and Health & Social Care as:

1. Acute Transformation Programme
2. Joining Up Care (including Urgent Care, Community Hubs & Community Hospital Redesign)
3. Mental Health Redesign
4. Medicines Efficiencies

These priorities are aligned to the 19 recommendations from the Clinical Strategy.

The Integrated Transformation Board (ITB) now provides strategic oversight of all of the transformation programmes by NHS Fife, Fife IJB and Fife Council. The governance will continue to be with the 4 committees (x2 NHS and x2 IJB).

Each programme has now been agreed by the ITB against the programme management stage and gate framework. The ITB will oversee the transformation programmes and ensure objectives, outcomes and deliverables are met within timescales.

An Interim PMO Director is now in place who will take an oversight of the transformation programme and provide continuity of programme management support across Acute and Health & Social Care.

The challenges associated with delivery remain the same, including the delivery of our strategic objectives and workplans (NHS Fife/H&SC/Region), delivery measures and timescales.

Recommendation

The Committee is invited to:

- **Note** the current position in relation to the Strategic Planning risk

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

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

Impact: (must be completed)	
Financial / Value For Money	Promotes proportionate management of risk and thus effective and efficient use of scarce resources
Risk / Legal:	Inherent in process. Demonstrates due diligence. Provides critical supporting evidence for the Annual Governance Statement
Quality / Patient Care:	NHS Fife's risk management system seeks to minimise risk and so support the delivery of safe, effective, person centred care.
Workforce:	The system arrangements for risk management are contained within current resource.
Equality:	The arrangements for managing risk apply to all patients, staff and others in contact with the Board's services

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score			Current Score			Rationale for Current Score	Owner (Executive Director) Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Responsible Person	Timescale	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score				Rationale for Target Score
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)												Rating (Current)	Level (Current)	Likelihood (Target)	Consequence (Target)	

Strategic Planning

1417	Person Centred, Clinically Excellent, Exemplar Employer - Sustainable	17.12.2019	01.02.2020	<p>There is a risk that NHS Fife will not deliver the recommendations made by the Clinical Strategy within a timeframe that supports the service transformation and redesign required to ensure service sustainability, quality and safety at lower cost.</p> <p>Key Risks 1. Community/Mental Health redesign is the responsibility of the H&SCP/IJB which hold</p>	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	<p>Integrated Transformation Board now in place after the review of transformation in 2019. Reporting and processes currently being embedded.</p> <p>New programme management approach in place supported by a stage and gate methodology.</p>	Chief Executive	Clinical Governance	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <ol style="list-style-type: none"> 1. Establishment of Integrated Transformation Board (ITB) in 2019 to oversee transformation programmes across NHS Fife, Fife IJB and Fife Council to drive the delivery of the H&SC Strategic Plan and the Clinical Strategy. 2. Establishment of programme management framework with a stage and gate approach. 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 	JSTG not performing role adequately and replaced by the newly formed Integrated Transformation Board. but transformation programmes being progressed.	Leadership to strategic planning coming from the Executive Directors Group.	Clinical Strategy workstream update has been produced to reflect progress against recommendations.	Establishment of ITB should provide assurance to the committees and Board that the transformation programme has strategic oversight and delivery.	Senior Leadership for Transformation through the ITB is provided by CEOs of NHS Fife and Fife Council.	Chief Executive	31.03.2020	<ol style="list-style-type: none"> 1. Minutes of meetings record attendance, agenda and outcomes. 2. New governance in place with newly formed Integrated Transformation Group meeting every 6 weeks. 3. Performance and Accountability Reviews now underway which will provide assurance to committees on performance of all 	1. Internal Audit Report on Strategic Planning (no. B10/17)	2. SEAT Annual Report 2016	3. Governance committee oversight of performance assurance framework	That the ITB is overseeing and managing the impact of the various programmes on areas such as capital and revenue, workforce and facilities.	Business cases have been developed in support of the transformation	Current challenges associated with delivery of our strategic objectives include the focus on the 4 strategic priorities (Acute Transformation, Joining Up Care, Mental Health Redesign and Medicines Efficiencies), the interdependencies of workplans (NHS Fife/H&SCP/ Region) in terms of the whole system oversight of operational plans, delivery measures and	Possible - May occur occasionally - reasonable char	4 - Major	12	Moderate	Once governance and monitoring is in place and transformation programmes are being realised, the risk level should reduce.
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Linked Operational Risk(s)

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

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk Owner
	NIL APPLICABLE			

DATE OF MEETING:	16 January 2020
TITLE OF REPORT:	NHS Fife Board Assurance Framework (BAF) eHealth
EXECUTIVE LEAD:	Dr Chris McKenna
REPORTING OFFICER:	Lesly Donovan

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

SBAR REPORT

Situation

The Board Assurance Framework (BAF) is intended to provide accurate and timely assurances to this Committee and ultimately to the Board, that the organisation is delivering on its strategic objectives as contained in the following:

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

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

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

The Committee can be assured that systems and processes are in place to monitor eHealth performance and risks.

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

The **BAF current score has been assessed at High** with the target score remaining Moderate

Recommendation

The Committee is invited to:

- **Consider** the questions set out above: and
- **approve** the eHealth element of the Board Assurance Framework

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				Current Score				Rationale for Current Score	Owner (Executive Director) Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Responsible Person	Timescale	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score			
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)												Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)

eHealth - Delivering Digital and Information Governance & Security

Person Centred, Clinically Excellent, An Exemplar Employee, Sustainable	19.07.2019	01.07.2020	There is a risk that due to failure of Technical Infrastructure, Internal & External Security, Organisational Digital Readiness, ability to reduce Skills Dilution within eHealth and ability to derive Maximum Benefit from Digital Provision, NHS Fife may be unable to provide safe, effective, person centred care.	4 - Likely - Strong possibility this could occur	5 - Extreme	20	High	3 - Possible	5-Extreme	15	High	Failure in this area could have a direct impact on patients care, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme can occur daily, the proportion of these in relation to overall activity is very small and reporting to competent authorities is minimal.	Medical Director & DOF (SIRO) Clinical Governance - Chair: Dr Les Bisset FP&R - Chair: Rona Laing	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <ol style="list-style-type: none"> Implementation of the NHS Fife Strategic Framework and Clinical Strategy Operational Governance arrangements Risk Management Framework. The risk management framework is underpinned by Robust Policy & Process, Asset Management Controls, Monitoring and Detection, Defence in Depth security measures and technology; all of which are receiving a higher percentage of budget allocation. Robust Internal and External Audit reports. Working towards General Data Protection Regulation (GDPR), Directive on security of network and information systems (NIS) & Cyber Essentials Compliance Corporate and eHealth policies & Procedures: <ul style="list-style-type: none"> GP/A4 Acceptable Use Policy GP/B2 eHealth Remote Access Policy GP/C10 Clear Screen Clear Desk Policy GP/D6 Data Encryption Policy GP/E7 Non NHS Fife Equipment GP/H6 eHealth Equipment Home Working Policy GP/I3 Internet Policy GP/I4 eHealth Procurement Policy GP/I5 Information Security Policy GP/M5 Mobile Device Policy GP/P2 Password Policy GP/M4 Media Handling Policy GP/E6 Email Policy GP/S8 eHealth Incident Management Policy GP/D3 Data Protection and Confidentiality Policy GP/I6 IT Change Management Policy GP/V2 IT Virus Protection Policy <p>This is supported by the following:</p> <ol style="list-style-type: none"> eHealth Risk Register (incl Programme/project risks) 	The organisation is not consistently fully compliant with the following key controls: GDPR/DPA 2018 NIS Directive Cyber Essentials Plus.	Compliance is at 'a point in time' , Risks identified, linked and recorded.	The organisation is also lacking in training resource to ensure our staff are digitally ready.	1. Improving and maintaining strong governance and procedures following Information Technology Infrastructure Library (ITIL) professional standards 2. Ensure new systems are not introduced without sufficient skilled resources to maintain an ongoing basis. 3. Work to become fully compliant with GDPR, DPA 2018, NIS Directive, Information Security Policy Framework and thereafter maintain compliance.	Head of eHealth - Lesly Donovan 01.07.2020	Second Line of Defence 1. Reporting to eHealth Board, Information Governance & Security Group (IG&SG), clinical & care governance groups and committees. 2. Annual Assurance Statements for the eHealth Board and IG&SG. 3. Locally designed subject specific audits. 4. Compliance and monitoring of policies & procedures to ensure these are up to date. 5. Reporting bi annually on adequacy of risk management systems and processes to Audit & Risk Committee. 6. Monthly SIRO report 7. SGHSCD Annual review 8. SG Resilience Group Annual report on NIS & Cyber compliance 9. Quarterly performance report. 10. Accreditation systems. 11. Locally designed subject specific audits. 12. From June 2019 Annual - Digital	Third line of Defence: 1. Internal Audit reviews and reports on controls and process; including annual governance review / departmental reviews. 2. External Audit reviews. 3. Formal resilience testing / DR testing using an approved scope and measured success and mechanism for lessons learned and action plans. 4. Cyber Essentials/Plus Assessments. 5. NISD Audit Commissioned by the Competent Authority for Health.	1. Well developed reporting, which can highlight potential vulnerabilities and provide assurances (including assurances that confirm compliance with GDPR, DPA 2018, NIS Directive, the Information Security Policy Framework is being maintained). 2. Implementation of improvements as recommended in Internal and external Audit Reports and an internal follow-up mechanism to confirm that these have addressed the recommendations made 3. Improvements to SLA's (in line with 'affordable performance') 4. Output from national Digital maturity due late 2019	Overall, NHS Fife ehealth has in place a sound systems of 1. Governance 2. Reasonable security defences and risk management as evidenced by Internal Audit and External Audit reports 3. Attainment of the ISO27001 standard in the recent past and the Statement of Annual Assurance to the Board. 4. Investment has been made to support NIS, GDPR and Cyber resilience and some tools which will improve visibility of the Network.	2 - Unlikely	5 - Extreme	10	Moderate
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Risk ID	Risk Title	Current Risk Rating	Risk
226	Lost of confidential or personal data	High 16	L Donovan
529	Information Security	High 16	C Potter
537	Failure of local Area Network causing loss of access to IT systems	High 15	A Young
1338	End of support for MS Office 2007	High 16	A Young
1393	Patch Management	High 16	A Young
1422	Unable to meet cyber essentials compliance	High 20	A Young
1424	End of support for MS Server 2003	High 16	A Young

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk
913	MiDIS replacement	No longer High risk	Moderate 12	Lesly Donovan

Rationale for Target Score

- 1. Difficulty in securing investment in people, tools and maintaining systems that are resilient and always within support cycles.
- 2. Fully implementing resistance to attack through 'resilience by design', well practised response plans and recovery procedures.
- 3. Reduce the 'human factor' through ongoing 'user base education' and improving organisational digital readiness.
- 4. Enhanced controls and continuing improvements to systems and processes for improved usage, monitoring, reporting and learning are continually being put in place.

Aim for Moderate Risk as target rather than Low Risk is due to the fact that likelihood whilst unlikely may still happen and consequence will be extreme due to level of fines that may be imposed, reputational damage and patient harm.

Owner

Owner

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
1422	NHSFBD - e-Health - Information Technology Risk Register, NHSFBD - e-Health Directorate Risk Register	19.02.2018	Unable to meet Cyber Essentials compliance	There is a risk that not enough resource or funding will be available to implement requirements for the full NIS and Cyber Essentials legislation and standards.	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	Oct 2019 - A Cyber Security Team has been established and a Roadmap created. The 3 man team are now proactively managing Threats & Vulnerabilities and creating a CS Plan to align with the CS Roadmap. This will start the remediation work required to meet the NIS & Cyber Essentials standards.	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	2 - Unlikely - Not expected to happen - potential exists	4 - Major	Moderate Risk	8	Young, Allan	Davies, John	03.10.2019	01.10.2020
1338	NHSFBD - e-Health Directorate Risk Register	23.02.2017	End of support lifecycle for Microsoft Office 2007	There is a risk that NHS Fife is victim of a targeted cyber intrusion from adversaries, because Microsoft has stopped supporting all Office 2007 products, this effectively ends the lifecycle of this product and sub-products including: MS Word 2007, MS Excel 2007, MS Powerpoint 2007, MS Publisher 2007, MS Access 2007 (Also lighter MS Office 2007 products like Picturemaker, Groove, One Note and InfoPath), although these products will continue to function after this date, organisations will no longer receive patches for security vulnerabilities identified in these products, resulting in a successful cyber attach and data breach.	3 - Possible - May occur occasionally - reasonable chance	4 - Major	Moderate Risk	12	02/10/2019 [BF] Time frame remains the same - completion by March 2021, with migration to the new Exchange email solution by September 2020. Work to install our Active Directory connector link to Azure is expected by the end of November 2019 which is a prerequisite for being able to move forward. Boards to be issued with a tool to scan shared drives to help identify duplication, files older than a certain date etc to help with the identification & classification of data prior to moving to the cloud. Nationally, a ratio of around 80:20 deletion to retain is expected.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	2 - Minor	Low Risk	4	Young, Allan	Faichney, Brian	02.10.2019	01.05.2020
1424	NHSFBD - e-Health - Information Technology Risk Register, NHSFBD - e-Health Directorate Risk Register	14.07.2015	End of support lifecycle for Microsoft Server Products	There is a risk that NHS Fife is victim of a targeted cyber intrusion from adversaries due to Microsoft Servers falling out of support lifecycle, but still in Production. Microsoft stopped supporting all Server 2003 products from July 14th 2015 and Server 2008R2 after January 14th 2020. Although these products will continue to function after this date, organisations will no longer receive patches for security vulnerabilities identified in these products, resulting in a successful cyber attack and data breach.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	07/06/19 - The replacement programme has been progressing slowly, but lack of resource is preventing any real traction. A VMF has been agreed so that we can bring resource in to focus on the 40 Server 2003 and 258 2008R2 servers requiring attention. 21/02/19 - The replacement programme has now upgraded all of the GP Servers to a supported level and work continues to manage the rest down to zero.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	2 - Minor	Low Risk	4	Young, Allan	Bolton, Kathleen	07.06.2019	01.03.2020

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
529	CORPORATE RISK REGISTER	02.10.2012	Information Security Risk	There is a risk that NHS Fife's information or data assets including patient data, commercially sensitive data or personal data may be compromised through deliberate or accidental misuse of IT Systems, malicious attack designed to damage or steal electronic data, or loss, theft or misuse of paper based records during transportation, clinical process or storage.	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	13/08/19 - Risk remains high. NHS Fife is taking steps to identify and risk assess data assets using the DPIA Template, but the significant effort required to retrospectively complete this is work in progress. Also, maturity is progressing slowly regarding the organisation's ability to identify 'Threats and Vulnerabilities' and implement appropriate controls. An imminent NIS audit will help to establish a benchmark, improve awareness and drive an action plan.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	1 - Remote - Can't believe this event would happen	4 - Major	Low Risk	4	Potter, Carol	Allan Young	15.07.2019	14.01.2020
1393	NHSFBD - e-Health - Information Technology Risk Register	30.10.2017	Patch Management Risk	There is a risk that software, hardware and firmware patches are not applied correctly because of: <ul style="list-style-type: none"> • Patching not being applied consistently, especially non-Microsoft • Patches not rolled out on legacy servers due to the fragility, or high availability requirements • Some third parties of IT services or systems will not support the patching of their infrastructure • Limited test environments to test patches • Inability to fully test all patches due to the number of systems maintained by the eHealth department • Third parties deploying patches without applying the change management process • Servers using operating systems/applications that are no longer supported by the vendor i.e. no longer providing patches resulting in NHS Fife's software, hardware and firmware having reduced functionality and exposure to security vulnerabilities. 	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	[05/04/2019] The current patch management strategy is constantly under review and updated to reflect the current situation. Continuous improvements are being made to Microsoft patching scope and schedule.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	1 - Remote - Can't believe this event would happen	3 - Moderate	Very Low Risk	3	Young, Allan	Bolton, Kathleen	05.04.2019	30.09.2020
537	Acute Services - ACUTE SERVICES DIVISION RISK REGISTER	02.05.2006	Failure of Local Area Network causing loss of access to IT systems	There is a risk of localised or widespread extensive and persistent IT network failure caused by failure of any of Local Area Networks within NHS Fife resulting in clinicians being unable to access data which is pertinent to patient care and administrative services being significantly hindered.	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	20/2/19 Implementation of the new Core Network is now complete and further configuration will take place in order to maximise the resilience. A Network health assessment will take place in 2019 as part of the preparations for O365, there will also be an independent IP Telephony assessment carried out.	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	1 - Remote - Can't believe this event would happen	5 - Extreme	Low Risk	5	Young, Allan	Fowles, Malcolm	21.02.2019	01.03.2020

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
226	NHSFBD - e-Health Directorate Risk Register		Security of data being transferred off/on site	There is a risk that confidential or Personal Data may be lost or accidentally disclosed when in transit or if removable media is not handled securely e.g. data being transferred off/on site in paper or un-encrypted media, like laptops, USB, cd, DVD, PDA etc etc.			Moderate		<p>30/09/2019: The status of this risk has been changed to High. The mitigations in place are:</p> <p>a) Encryption and device control of laptops, tablets, mobile phones and memory sticks as per GP/D6 Data Encryption Policy.</p> <p>b) Computer group policies that restrict the what memory storage devices can be connected to the NHS Fife network via computers/tablets. This does not apply to Windows 10 computers, DLP has not been implemented for this operating system.</p> <p>c) staff training & guidance on information governance, data protection and security - stronger training campaign and more specific training added in compliance with the NSS competence framework.</p> <p>d) Discuss with eHealth Support team guidelines to be included as part of staff IG training with regards to how staff can check themselves if their equipment is or not encrypted.</p> <p>e) A patching policy for operating systems of endpoints (computers, mobile devices, tablets) has been developed and rolled out. This is still to implemented for servers. Windows Server 2003 is no longer supported by Microsoft and Server 2008 will be out of support soon.</p>	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	1 - Remote - Can't believe this event would happen	4 - Major	Low Risk	4	Donovan, Iesly	Taylor, Garry	21.02.2019	01.03.2020

DATE OF MEETING:	16 January 2020
TITLE OF REPORT:	Annual Accounts – Progress Update on Audit Recommendations
EXECUTIVE LEAD:	Carol Potter, Director of Finance
REPORTING OFFICER:	Mark Doyle, Assistant Director of Finance

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

SBAR REPORT

Situation

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

Background

As part of the overall governance and assurance processes of the Board, both the Chief Internal Auditor and the Board's External Auditor (currently Audit Scotland) are required to provide an annual report within the dimensions of their respective remits.

Assessment

Audit Recommendations:

Both internal and external audit provided a series of recommendations for the Board, with these set out in the form of Action Plans. These are attached as Appendices 1 and 2 to this paper, with updates of specific actions taken to end of December 2019.

Recommendation

The Clinical Governance Committee is asked to:

- **note** the actions taken to date, particularly in relation to the recommendations related to areas under its remit.

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:	SGHSCD – Scottish Government Health and Social Care Directorates
Parties / Committees consulted prior to Health Board Meeting:	Executive Directors Group

Impact: (must be completed)

Financial / Value For Money	Financial Governance is a key component of the assurance process.
Risk / Legal:	Actions taken in response to audit recommendations seek to

	address / mitigate any risks identified
Quality / Patient Care:	Quality & patient care are a core consideration in all aspects of governance including financial governance.
Workforce:	Workforce issues are a core consideration in all aspects of governance including financial governance.
Equality:	Equalities issues are a core consideration in all aspects of governance including financial governance.

Annual Internal Audit Report 2018/19 Action Plan

Finding	Recommendation	Management Response	Responsible Director Action by Date	Relevant Governance Committee	Update on Progress as at 31 December 2019
<p>1. The annual statements of assurance from the Standing Committees provide an opportunity for reflection on the work of the Committee in the year, key issues for the coming year and the BAF risk4s delegated to the Committee as well as the quality and timing of assurances received. Our work indicates that this opportunity is not always being taken and that the quality of assurances provided by Standing Committees could be improved. Standing Committee Annual Reports do not routinely contain assurances over the BAFs assigned to that Committee.</p>	<p>The Board should consider the process by which the Annual Reports are approved and whether there would be merit in setting aside more time for considered reflection, rather than the Annual Report being potentially considered as just another item on a crowded agenda.</p> <p>The template for Standing Committee Annual Assurance Statements could assist in this process by including:</p> <ul style="list-style-type: none"> • confirmation that they have considered all items on their workplan • explanations for any exceptions and overt consideration of whether they impact on the Committee's ability to provide meaningful assurance • Consideration of relevant internal and external audit reports (see recommendation 3) and external reviews received and their impact on the assurance provided • Commentary on any BAFs for which the Committee is responsible including: • assurance on the accuracy of the score, • the reasons for any movements in-year • the adequacy and effectiveness of the controls described in the BAF • the sufficiency of actions intended to bring the score to its target level the relevance and reliability of assurances over those controls and actions <p>Some Committees may benefit from additional support/training in understanding the assurance requirements of the Board and we would note that the assurance mapping due for 2019/20 should assist in this process.</p>	<p>At present, Board Committee annual statements of assurance are largely prepared by the lead Director for each Committee, leading to some variability in both format and content. For future years, it is proposed that the Board Secretary co-ordinates their production and work to enhance the current template will be part of that exercise. Consideration will be given to including the additional content above to improve the quality of the assurances given.</p>	<p>Board Secretary 31 May 2020</p>	<p>Audit & Risk</p>	<p>Initial consideration being given as to how to progress this, taking the advice of the internal auditors on the assurance letter guidance contained within the Scottish Public Finance Manual.</p>

<p>2. Formal assurances were provided by the Executive Directors and Senior Managers of NHS Fife that adequate and effective internal controls have been in place in their areas of responsibility, we note that only seven out of twelve assurance statements included a statement on the risk management arrangements within their area.</p>	<p>As with Standing Committees there is an opportunity to enhance the template but also to consider the process through which these assurance statements are produced and quality assured. Consideration should be given to the SPFM assurance letter guidance which is the subject of ongoing discussions between Internal Audit and the SGHSCD.</p>	<p>A review of the current process for capturing the assurances of senior staff, including the revision of the current template and consideration of which posts should be included in the exercise in future years, has already been agreed in discussions with the External Auditors. The input of Internal Audit would be welcome, to ensure that the new process is fully compliant with SPFM guidance and how this is expected to be implemented locally.</p>	<p>Director of Finance & Performance and Board Secretary 31 March 2020</p>	<p>Audit & Risk</p>	<p>As above. Amended letter used for recent departures of Director of Health & Social Care, Director of Workforce and Chief Operating Officer.</p>
<p>3. The findings from our annual and interim reviews and other internal audit reports are not routinely reported to the relevant Standing Committee(s). We also noted that Audit Scotland's reports are not routinely presented to the relevant standing committee (eg the Audit Scotland Management Report 2017/18 included a finding relevant to Information Governance but was not presented to the Clinical Governance Committee). We also found areas where findings were reported but were not followed to their conclusion by the Committee. As a consequence, significant governance findings for which the agreed action had not been implemented were not identified by Standing Committees in their annual assurance statements.</p>	<p>Internal Audit reports, including annual and interim reports should be presented to the relevant standing committee(s) and relevant sub-committees/groups as they are published. External Audit findings should be similarly communicated. For significant findings, the Committee should establish a suitable monitoring process and ensure it is followed through to completion.</p>	<p>In conjunction with Internal Audit we will seek to align individual audit reports to a specific Committee of the NHS Board. As and when reports are issued, the distribution of the report will include the lead Director for the relevant Committee, for inclusion at the next meeting. The covering email should include an explicit statement reminding the Director of this responsibility (1). Any actions required and taken will be reported accordingly through the minute (2), with a parallel monitoring process (already in place) via the Audit & Risk Committee for both internal and external audit recommendations (3)</p>	<p>Internal Audit(1)/Board Secretary(2)/Director of Finance(3) 30 September 2019</p>	<p>All</p>	<p>Complete. Template developed for use with audit reports tabled to other governance committees.</p>
<p>4. There have been significant and persistent delays in taking forward agreed improvements to the Risk Management Framework, going back many years.</p>	<p>An SBAR should be presented to the Audit & Risk Committee highlighting the challenges and reasons for the delay to the revision of the Risk Management Framework and how they will be addressed so that a realistic and achievable implementation schedule can be agreed and monitored and, most importantly, delivered.</p>	<p>We accept the recommendation and a report will be provided as described above</p>	<p>Director of Nursing 30 September 2019</p>	<p>Audit & Risk</p>	<p>Risk Management report on agenda for A&R January 2020 meeting providing update on Framework development, with revised timescales.</p>

<p>5. Although high level updates on the preparation and approval of the NHS Fife Workforce Strategy have been provided to the SGC in 2018-19 it has not been formally updated on progress towards implementing the NHS Fife Workforce Strategy Action Plan, though we have been informed that the intention is to provide updates to the SGC using the action plan to the new strategy. The Terms of Reference of the NHS Fife Strategic Workforce Planning Group state that '<i>Work Generated by the group shall be formally reported to EDG and the Staff Governance Committee as appropriate</i>' but does not include a specific responsibility to provide an annual update on progress against the Workforce Strategy Action Plan to the SGC.</p>	<p>The Terms of Reference of the NHS Fife Strategic Workforce Planning Group should be amended to include a specific responsibility to provide an annual update on progress against the NHS Fife Workforce Strategy Action Plan to the SGC. This is particularly important given that the Workforce Strategy is the key control listed in the Workforce Sustainability BAF.</p> <p>Assurance on progress against the NHS Fife Workforce Strategy from the NHS Fife Strategic Workforce Planning Group to the Staff Governance Committee should be scheduled in the Committee's Annual Workplan for 2019-20 before the SGC Annual Assurance Statement is approved.</p>	<p>The workforce strategy forms part of the current workplan for the Staff Governance Committee. The above recommendation will be incorporated into future workplans and reports will be made as appropriate to the Staff Governance Committee. The ToRs described above will be amended accordingly.</p>	<p>Director of Workforce 30 September 2019</p>	<p>Staff Governance</p>	<p>An update is scheduled to be provided to the Staff Governance Committee in January 2020 on these outstanding actions.</p>
<p>6. The NHS Fife Remuneration Sub-Committee has not undertaken a self assessment using the self assessment pack issued by Audit Scotland for 2017/18 or 2018/19.</p>	<p>The self assessment checklist for the Remuneration Sub-Committee should be completed for the years of 2017/18 and 2018/19.</p> <p>The self assessment should be completed annually before the Remuneration Sub-Committee's Annual Assurance Statement</p>	<p>Discussion on a retrospective self assessment will be discussed at the Sub Committee in June 2019.</p> <p>The self assessment checklist will be incorporated into the overarching Board and Committee self assessment process for 2019/20. Any relevant aspects of the recommendations emerging from national work through the Blueprint for Good Governance will be taken into consideration.</p>	<p>Director of Workforce 30 June 2019</p> <p>Board Secretary 31 March 2020</p>	<p>Remuneration</p>	<p>Agreed that no retrospective self-assessment for Remuneration Committee for years 2017/18 and 2018/19 would be undertaken, due to limited use of this exercise.</p> <p>Self-assessment for present year currently underway, using the same template as in use with other governance committees.</p>
<p>7. Our recommendation from B08/19 (action point 10) regarding providing the Clinical Governance Committee with adequate assurance regarding compliance with the General Data Protection Regulations (GDPR), the Data Protection Act 2018, the Networks and Information Systems (NIS) Directive, the Public Sector Cyber Resilience Action Plan and the NHS Scotland Information Security Policy Framework has not yet been fully addressed as aside from high level reports on GDPR compliance presented to CGC in January and March 2019 overt assurance on these areas has not been provided. The original timescale for implementation of actions to address this recommendation was by 31 December 2018.</p>	<p>A report should be provided to the NHS Fife Clinical Governance Committee clearly stating the Board's current status of compliance with the General Data Protection Regulations (GDPR), the Data Protection Act 2018, the Networks and Information Systems (NIS) Directive, the Public Sector Cyber Resilience Action Plan and the NHS Scotland Information Security Policy Framework.</p> <p>The report should include overt statements on</p> <ul style="list-style-type: none"> • How compliance with the NIS Directive will be managed and monitored • How NHS Fife will prepare for external review by the Competent Authority • How existing processes for GDPR, cyber-essentials and any other IG requirements will be assimilated/made congruent with the actions required for the NIS Directive • Overall assessment of likely gaps • Risk assessment. 	<p>We accept improvements are required in respect of overt assurance reporting to the Clinical Governance Committee. A detailed report, as described, will be considered by the Information Governance and Security Group in August 2019 for submission to the CGC in September.</p>	<p>DPO/SIRO 30 September 2019</p>	<p>Clinical Governance</p>	<p>Report has been delayed, pending further discussion in early January 2020 with the Chair of Clinical Governance about the reporting lines of eHealth / IG and associated assurance needs of the Clinical Governance Committee. Report now estimated to be produced in Spring 2020.</p>

<p>8. The Executive Director's Annual Assurance Letter from the Chief Operating Officer for Acute Services Division who was identified as the Board's SIRO from 28 January 2019 provided their assurance as SIRO but only for the period from 28 January 2019 to 31 March 2019. No Executive Director's Assurance Letter was requested from the previous SIRO before they left.</p>	<p>The disengagement process for Executive Directors who leave NHS Fife should include obtaining from them an Executive Director's Assurance Letter covering the period they were in post.</p>	<p>We accept the recommendation and a process will be implemented to ensure appropriate assurances are received in the event of a Director leaving post</p>	<p>Board Secretary 30 September 2019</p>	<p>Audit & Risk</p>	<p>Complete (see 2 above). Process now in place to capture these assurances at times other than year end.</p>
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Issue / Risk	Recommendation	Management Response	Responsible Director	Relevant Governance Committee	Update on Progress as at 30 December 2019
			Action by Date		
<p>1. PECOS access controls In 2017/18 we found three users with approval permissions on the PECOS purchasing system that were not appropriate to their job role. Audit testing this year found one of the users identified last year still had inappropriate access, a further three users had approval rights despite having left the health board and one user had changed roles and access to PECOS was no longer appropriate. There is a risk that users have inappropriate access to PECOS and erroneous or fraudulent entries could be made.</p>	User access permissions for PECOS should be reviewed on a regular basis to ensure that the permissions granted are appropriate to job roles and relate only to current employees.	On occasion, individuals may remain on the system with authorisations delegated to their deputy, pending the replacement starting. We will work with eHealth colleagues to ensure the IT access termination documentation also covers PECOS; and with HR colleagues to remind line managers of the requirement to advise on movers/leavers.	<p>Head of Procurement</p> <p>30 September 2019</p>	Audit & Risk	Currently being progressed. Verbal update to be given at A&R January meeting.
<p>2. Changes to supplier details We reported last year that in the majority of cases no independent verification of changes to suppliers bank details were sought. From discussions with Finance staff this year there is still no agreed or consistent procedure for verifying changes. The Assistant Director of Finance – Financial Services confirmed the current procedure is to telephone suppliers when a letter from the supplier notifying a change in bank details is received. If an invoice is received that has new bank details on it there is no further verification. There is a risk of exposure to fraud as not all requests to change bank details are verified from an independent source.</p>	A formal procedure should be prepared and shared with Finance staff which clarifies that all changes to supplier bank details should be verified as agreed by management in 2017/18.	An email has been sent to all ledger staff confirming the procedure for requested changes to supplier bank details. The desktop procedure is under review.	<p>Assistant Director of Finance</p> <p>31 July 2019</p>	Audit & Risk	Complete
<p>3. Delivery of savings There is no information on the specific savings plans within the high level workstreams reported in the IPR or the proposals to address outstanding savings. There is a risk financial targets will not be met as there is no detail on how savings will be achieved.</p>	Specific and achievable savings plans should be developed to ensure that the Board can deliver the required savings. Sufficient information on these plans should be provided to enable the FP&RC and Board to carry out effective scrutiny.	Detailed savings plans for 2019/20 have been considered via the IJB for Health & Social Care services but these are not sufficient to close the gap overall. The impact on the NHS Fife position has been requested from the Director of Health & Social Care. Detailed savings plans are in development for Acute Services, with a report to the FP&R Committee in May	<p>Director of Health & Social Care / Chief Operating Officer</p> <p>31 May 2019</p>	Finance, Performance & Resources	<p>Discussions ongoing within the IJB in relation to delivery of savings.</p> <p>Deloitte LLP engaged to drive forward a robust programme of savings across Acute Services. Presentation, which has been provided to the FP&R Committee and the Board in November 2019, with further updates scheduled for January 2020 meetings.</p>
<p>4. Reliance on non recurrent savings NHS Fife continues to rely on non recurrent savings to deliver against the statutory financial target of break even and is relying on financial flexibility to offset the significant overspend within Acute Services. There is a significant risk that the Board will not deliver the savings required to achieve a balanced budget on a recurring basis which increases the pressure on budgets in future years.</p>	The Board should take steps to reduce its reliance on non recurrent savings to achieve financial targets.	This issue is recognised and will be addressed in line with the previous action above.		Finance, Performance & Resources	<p>Delivery of savings, within the context of the overall financial position, is a high risk on the BAF.</p> <p>A financial recovery plan is an essential component of the Annual Operational Plan for 2020/21.</p>

<p>5. Openness and transparency The NHS Fife website is not user friendly and some information, including committee papers, is either not available or is difficult to find. There is a risk that the lack of information on the website impacts on the public's perception of the health board's openness and transparency.</p>	<p>The NHS Fife website requires further improvement to make it more user friendly. Committee papers should be uploaded on a timely basis.</p>	<p>This issue is recognised. NHS Fife intends to invest in the creation of a new website design, hosting and development platform in 2019. This will be equipped with enhanced search, clear navigation and accessible service modules, viewable on a range of devices. A new content management system will ensure that the new NHS Fife website will be future proof, while still being capable of accommodating and indexing existing historical content. Meantime, a more robust checking procedure has recently been introduced to ensure that Board and Board Committee papers are uploaded timeously after the issue of papers to members and that the resultant file posted on the website is subsequently accessible to all users.</p>	<p>Head of Communications 31 December 2019</p>	<p>Finance, Performance & Resources</p>	<p>Procurement and tender process completed and agreement reached to engage an external website development agency, to begin work early in 2020.</p>
<p>6. Escalation of issues to the NHS Fife Board There is a lack of follow up in relation to some items escalated to the NHS Fife Board by the Board committees. There is a risk that issues escalated for consideration by the NHS Fife Board are not subject to effective scrutiny at this level.</p>	<p>Further enhancement of the Board escalation process is required. There should be sufficient time and resources set aside at Board meetings to ensure there is proper consideration of the items escalated from committees. This should include appropriate follow up of ongoing issues.</p>	<p>There is no limitation placed by the Board on the time presently allowed for the escalation of items from Board Committees. Some key issues initially identified by Committees as matters for escalation to the Board can on occasion be covered elsewhere in the agenda, but Committee Chairs are all aware of the need to discuss potential topics for escalation at Committee meetings and explicitly identify these in the cover sheet accompanying Committee minutes. Items for subsequent follow-up by the Board will be flagged as such in the Board's rolling Action List.</p>	<p>No further action required</p>	<p>All</p>	<p>Complete</p>

<p>7. Committee self- assessment process Members have identified several areas to improve the effectiveness of committees but no action on these has been taken to date. There is a risk that action is not taken on the results of the self-assessment process to improve the effectiveness of governance committees.</p>	<p>A Board meeting or development session to consider common and/or ongoing issues identified as well as any further improvements to the process should be arranged and appropriate actions agreed.</p>	<p>After initial consideration by each Committee in March, the Board has considered the results of the Committee self-assessment exercise at its scheduled Development Session in April 2019. An action plan has been created, aligning this improvement work with the local implementation of the new NHS Scotland Blueprint for Good Governance, to ensure that governance-related improvements are co-ordinated and standardised across all Board Committees. A revised Committee questionnaire format, taking account of members' feedback on this year's process, will be put in place for the next iteration of the survey, to be undertaken across all Committees in late 2019.</p>	<p>Board Secretary 31 October 2019</p>	<p>Audit & Risk</p>	<p>Update given to the Board in November 2019 on completion of the current Blueprint Action Plan, and this reported externally to the Scottish Government.</p> <p>Revised committee self-assessment questionnaire agreed with Committee chairs and now out for members' completion in December 2019.</p>
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<p>8. Health and social care partnership arrangements Some of the local challenges around operational and governance arrangements for the health and social care partnership have not been fully resolved. Staff and members are sometimes predisposed towards the interests of their employing organisation rather than the partnership. There is a risk that the health and social care arrangements in Fife are not operating effectively.</p>	<p>The operational and governance arrangements between the Board and IJB should be clarified to ensure that staff, senior management and members of the partner bodies work as a partnership.</p>	<p>Fife – like all HSCP's – have been asked by SG & COSLA to complete a self-assessment against the recommendations of the Ministerial Steering Group Review of Integration. That self-assessment is to be completed and returned by 15 May. Senior leaders in the HSCP, NHS Fife and Fife Council met recently to discuss the self-assessment. That is now being worked up and will be agreed amongst all partners before submission on 15 May. The governance structure of the IJB remains under development, though further work has been undertaken in recent months by Partnership colleagues to create H&SCP versions of key governance documents (such as induction manuals and revised Committee Terms of Reference) to address the outstanding deliverables of the IJB's Governance Framework Action Plan (dated July 2018). A proposed review of the Integration Scheme by the parent bodies in 2019 will provide an opportunity to reflect on the current governance structures in place and make further changes to clarify roles and responsibilities, supporting effective partnership working.</p>	<p>Chief Executive 30 September 2019</p>	<p>All</p>	<p>This matter is being addressed through the H&SCP / NHSF / FC joint response to the Ministerial Steering Group report on Integration, which includes a detailed action plan. This is being led by the Director of Health & Social Care.</p> <p>Meeting underway with Integration Partners to begin review of the present Integration Scheme, which will take into account existing governance structures and reporting lines.</p>
<p>9. IT data recovery There is no technical recovery procedure for either Trakcare or Patientrack at the present time. Scheduled data recovery testing has not been done for several years. There is a risk that data recovery procedures are not effective resulting in the loss of data essential to patient care and/or business continuity.</p>	<p>Technical recovery procedures for critical IT systems should be prepared. IT data recovery should be tested on a rotational basis that ensures all aspects are included, procedures are effective and that staff are familiar with the procedures and can implement them in a variety of scenarios.</p>	<p>Ongoing Network improvements between primary and secondary platforms for these systems will drive new recovery point and time objectives. These will be documented within a Business Impact Analysis (BIA) and new Technical Recovery Procedure Documentation. The BIA will also drive future recovery testing scope and frequency.</p>	<p>General Manager, eHealth 31 December 2019</p>	<p>Clinical Governance</p>	<p>Attrition and flux within the technical teams and delays lining up the supplier (Service Catalogue and BIA assessment) has pushed this work back. The expected date of completion is now 30 June 2020.</p>

<p>10. Organisational resilience self-assessment There is no formal action plan to monitor progress in respect of those standards included in the NHRU framework which were identified as not fully implemented following the Board's self-assessment in August 2018. There is a risk that improvements to the Board's organisational resilience identified from completing the self-assessment are not achieved.</p>	<p>A formal action plan should be prepared to monitor progress in implementing the NHRU resilience standards.</p>	<p>Whilst the Board has been addressing the issues outlined in the report, a formal action plan has not yet been approved. This will be submitted to the NHS Fife Resilience Forum in July 2019.</p>	<p>Director of Public Health 31 July 2019</p>	<p>Clinical Governance</p>	<p>Complete. An action plan has been approved and delivery thereof is well underway. Scottish Government have responded to our initial self-assessment and a further progress update to SG will be prepared for submission in April 2020. An update in the meantime will be given to Clinical Governance and the Board in January 2020.</p>
<p>11. Cyber security There is no evidence of regular updates on issues such as progress towards achieving cyber essentials accreditation being provided to the Board during 2018/19. There is a risk that cyber resilience efforts do not receive support and commitment at Board level.</p>	<p>Updates on progress towards achieving cyber essentials accreditation and other digital issues should be reported to the NHS Fife Board periodically to ensure these receive the necessary support.</p>	<p>A Cyber Resilience Governance plan was agreed under Key Action 2 of the Scottish Government Cyber Resilience Framework 2018. This includes a reporting and assurance path to the NHS Fife Board. The scope and context of these reports are now being devised and will drive the level of detail presented to the Board.</p>	<p>General Manager, eHealth 31 December 2019</p>	<p>Clinical Governance</p>	<p>A change of Cyber Security Manager (who was assigned this work) has caused a delay. However, a Cyber Resilience Plan has now been drafted and this will drive the reporting based on the key deliverables. Full report path expected to be in place by 30 March 2020.</p>
<p>12. GDPR compliance We have been informed that the health board is not expected to be fully compliant with GDPR until December 2019. There is a risk that non compliance could result in data breaches, fines and adverse publicity</p>	<p>NHS Fife should take action to address compliance with GDPR as a matter of urgency.</p>	<p>NHS Fife currently have the correct policies and procedures in place to satisfy the Information Commissioners Office from a legislative perspective. NHS Fife are conducting a robust audit of the 12 areas in relation to GDPR as part of a business improvement plan, to ensure full compliance which is anticipated to be completed by no later than 31/12/19. Audits in this area will be continuous as compliance is at a 'point in time' and is subject to constant change.</p>	<p>General Manager, eHealth 31 December 2019</p>	<p>Clinical Governance</p>	<p>Outstanding activity is an audit in relation to adherence to 'records retention' policies, which has only recently commenced, and is expected to be completed by 30 March 2020.</p>

<p>13. Sickness absence Sickness absence remains at a high level despite continuing efforts to improve performance. There is no clear action plan to enable more effective scrutiny and no monitoring of what actions are achieving a successful outcome. There is a risk that sickness absence will remain at a high level and impact on staff morale, quality of care and the achievement of statutory performance targets.</p>	<p>NHS Fife should develop a better understanding of the underlying reasons behind sickness absence levels and identify those actions which are resulting in improvements. An action plan, with clear objectives and milestones, would help to monitor progress and enable the SGC to scrutinise the process. The Board could also ask other health boards what actions they have taken to improve attendance rates.</p>	<p>Attendance Management is a standing item on the Staff Governance Committee Agenda. This enables monitoring of performance in this area and surveys have been conducted in "hot spot" areas to identify further underlying reasons for absence. The report also includes data on reasons for absence and the work and actions being taken to improve attendance levels. Dialogue has taken place with other Boards in terms of improvement actions. Improvement targets are also being set for all areas. This narrative will be converted into an Action Plan as per the recommendation.</p>	<p>Director of Workforce 30 September 2019</p>	<p>Staff Governance</p>	<p>Complete. Monthly improvement trajectory is discussed at EDG in advance of consideration at APF and Staff Governance Committee. An action plan has been agreed and is being taken forward for the Well @ Work initiative. The recently revised IPQR highlights key improvement actions. This will continue through the year.</p>
<p>14. Transformation programme governance framework Revised transformation programme governance arrangements have not been formally agreed by any NHS Fife or IJB governance committees or the NHS Fife Board. There is a lack of consistency in the understanding of the assurance lines to the Board and its governance committees on the programmes reported separately through the IJB. The JSTG is not operating effectively and the Community Transformation Board does not appear to be operating as expected. There is a risk that transformational change and implementation of the Clinical Strategy does not progress as planned.</p>	<p>The transformation programme governance arrangements and any subsequent revisions should be formally agreed by the Board and the IJB The revised framework should clarify the assurance lines to NHS Fife for the transformation programmes led by the IJB, including the remit of the Community Transformation Programme Board</p>	<p>A joint programme of strategic and operational transformation is essential to the sustainability of services. As such we are implementing a refreshed approach under the leadership of the Chief Executive and Director of Finance & Performance; as well as an enhanced framework of performance and accountability between operational services and the Board's governance Committees</p>	<p>Director of Finance & Performance 30 September 2019</p>	<p>All</p>	<p>The need for focus on joint transformation has been recognised and the outcomes from the summer Joint Transformation Workshop has informed the savings plans of the Health Board and IJB, with further work underway.</p>
<p>15. Reporting on progress with the transformation programme There is no consistent reporting framework for the transformation programme. There is a lack of focus on targets, milestones and timescales and papers are not always available on a timely basis. There is a risk that progress with the transformation programme is not subject to effective scrutiny.</p>	<p>The agreed governance framework should include a basis for reporting to each of the groups identified in the framework, including the CGC and JSTG or its replacement. Reporting on progress should focus on outcomes and timescales and papers should be issued on a timely basis.</p>	<p>This issue is recognised and will be addressed in line with the previous action above</p>		<p>All</p>	<p>The refresh of the governance arrangements for transformation across Fife has resulted in the establishment of the Integrated Transformation Board (ITB). Further support is available via the Interim Director of the Project Management Office for a six-month period.</p>

<p>16. Update on the Clinical Strategy The report on the Clinical Strategy - Two Years On is overdue. Previous updates on the Clinical Strategy recommendations summarised progress to date but didn't highlight the outstanding actions or identify the timescales needed to ensure all the recommendations are fully implemented by the end of the five year period. There is a risk that gaps in transformational change required to implement the Clinical Strategy are not identified.</p>	<p>An annual update on the Clinical Strategy recommendations should be prepared on a timely basis. The update should highlight outstanding areas and how these will be addressed as well as the progress that has been made.</p>	<p>The first annual update of the Clinical Strategy was a very high level document outlining some of the progress against the Clinical Strategy recommendations. Plans were in place to repeat this update but was delayed due a vacancy since February 2018 in the Planning team until March 2019. An update on the progress of the transformation programmes associated with the Clinical Strategy is provided to the Clinical Governance Committee every 2 months. These programmes are reviewed and agreed at the start of each financial year in the Annual Operational Plan which includes the identification of the strategic priorities for NHS Fife. This is the process that would identify risks to the organisation in the delivery of the Clinical Strategy. A paper providing an update on the recommendations from each of the Clinical Strategy workstream reports was provided for the Clinical Governance Committee in March 2019 and described progress of the transformation programmes as well as other improvement work in individual clinical services not captured elsewhere</p>	<p>Associate Director of Planning & Performance 30 September 2019</p>	<p>Clinical Governance</p>	<p>A refresh of the clinical strategy is scheduled and is expected to be completed by the end of the financial year.</p>
<p>17. Timetable for unaudited accounts We received the unaudited accounts on 10 May 2019 therefore the deadline of 3 May 2019 agreed in our annual audit plan was not met. We identified several areas where improvements to working papers or dependency on key personnel could improve the efficiency of the audit. There is a risk his could delay completion of the final accounts audit beyond 30 June.</p>	<p>NHS Fife should ensure that the agreed timetable for presenting the unaudited annual report and accounts for audit is met and a more complete set of working papers should be readily accessible. Consideration should also be given to addressing key person dependencies.</p>	<p>Agreed. We will review our internal timetable and key responsibilities to ensure the complete draft accounts are available on a timely basis. We accept the level of knowledge and expertise in some technical areas is held by one individual but in a small team it is difficult to have more than one person fully up to speed but where feasible, we will look to put cross over arrangements in place.</p>	<p>Director of Finance 31 March 2020</p>	<p>Audit & Risk</p>	<p>Timetable for 2019/20 has been agreed as part of External Audit Annual Plan, and internal support will be aligned appropriately.</p>

<p>18. Holiday pay accrual The holiday pay accrual includes medical and dental staff who have individual leave years beginning on the anniversary of their start dates. There is no centralised record of annual leave and data from individual staff are not collected. Management estimates the leave accrual for this group of staff based on the percentage applied to all other staff. This amounted to one day per medical and dental individual. In the previous year this was set as a maximum of five days. The estimate is subject to management bias There is a risk expenditure is subject to manipulation through management estimates and expenditure for the year is misstated.</p>	<p>A method of collecting and collating a significant sample of individual balances should be introduced for medical and dental staff.</p>	<p>We will review the sampling method in place to determine if it is feasible to replicate the process for medical & dental staff or identify an alternative means of ensuring a robust approach for this calculation.</p>	<p>Deputy Director of Finance 31 March 2020</p>	<p>Audit & Risk</p>	<p>Work will commence in the new calendar year.</p>
<p>19. Efficiency savings NHS Fife is required to achieve efficiency savings of £17 million on a recurring basis from 2019/20. The majority of savings have been allocated to workstreams but the detailed plans on how these will be delivered have yet to be fully developed. There is a risk financial targets will not be met as there is a lack of clarity in how the required savings will be achieved.</p>	<p>Detailed savings plans should be developed to ensure that NHS Fife can deliver the required savings.</p>	<p>There are detailed plans in place for the health budgets delegated to the Health & Social Care Partnership (c£7 million). The remaining £10 million target (for the Acute Services Division) is under review and a detailed plan requested for the Finance, Performance & Resources Committee in July 2019. Significant efforts have been made to reduce from a recurring gap of £30 million in 2016/17 to a £17 million gap for 2019/20.</p>	<p>Chief Operating Officer 31 July 2019</p>	<p>Finance, Performance & Resources</p>	<p>See update provided for items 3 & 4 above.</p>

Section 1– Board Wide Issues

Final Report for ICC on 04 December 2019 (Validated Data up to 31 October 2019)

1. Key Healthcare Associated Infection Headlines up to 04 December 2019

1.1 Achievements:

- 24/10/2019 - 5 IPCT staff attended the IPS Scottish branch conference in Glasgow. The day was well received with topics including Water testing in Scotland, Antimicrobial Stewardship & public Health Microbiology.
- 18/11/2019 -Infection control Surveillance presented at the 'Reducing Harm' event to inform nursing staff about the harm from *e.coli* Bacteraemias & the work of the Urinary Catheter Improvement Group. Staff were informed on how they can reduce the risk of ECBs by preventing CAUTIs & UTIs with hydration and optimum urinary catheter insertion/ maintenance & safe removal highlighted as key areas to address. Attending staff were advised to share information with their colleagues with a '7 minute briefing' feedback.
- 20/11/2019 -Infection Control presented at The Grand Round on 'Challenges in current environment for Infection Prevention and Control'

1.2 Challenges:

Caesarean Section SSI-

- The surveillance Team continue to work closely with Maternity services to address the SSI rate.
- Maternity and Infection Control representatives met on 7th November 2019 to discuss Q3 2019 cases, to ensure accuracy of adherence to the definitions, prior to submission to Health Protection Scotland
- From 1st October 2019- new methodology to confirm SSIs.
- Q3 2019 saw a slight increase in SSI rate from Q2 2019 (from 2.0% to 2.5%). However, it was significantly lower than Q1 2019 (6.5%)

SABs

- Raised incidence of **PWIDs** related SABs in Q1 & Q2 2019:
- IPCT continue to liaise with Addiction Services to address SABs.
- Q3 2019 PWID SABs have seen a decrease in incidence from Q2 2019.
- Ward **V44** continue with their QI programme to reduce their SAB incidence.

ECBs

- Q2 2019 -**50%** of all Hospital Acquired ECBs were due to a Urinary catheter.
- Significant increase from Q1 2019 of **0%** Hospital acquired ECBs due to Urinary catheters
- Working closely with Urinary Catheter Improvement group to optimise care & reduce infection rate. Last met 25th October 2019.

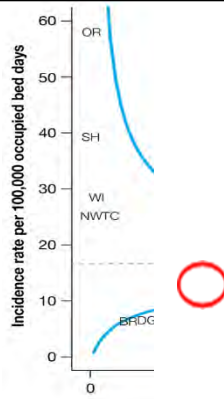
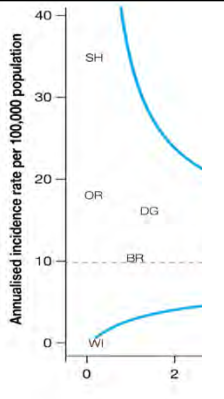
Large Bowel Surgery SSI-

- Ongoing challenge- acquiring optimum SSI form & data return
- Regular SSI meetings established with General surgeons –last held on 15/11/2019
- Surveillance Team increased their presence in theatre to raise awareness

2. *Staphylococcus aureus* (including MRSA)

2.1 Trends – Quarterly

<i>Staphylococcus aureus</i> Bacteraemias (SABs)				
Q3 2019 July - September 2019				
Q3 2019 HPS National comparison publication awaited				
In Q3 2019 NHS Fife had: 25 Cases		This is UP from: 20 cases in Q2 2019		
Q2 2019 April- June 2019 - HPS Validated data with commentary				
Please note for HPS reporting- the SAB denominator may vary from locally reported denominators. This is due to some Fife resident Community onset SABs allocated back to NHS Fife, even though they were treated at other Health boards.				
With HPS Quarterly epidemiological data Commentary				
Q2 2019 NHS Fife had: 21 cases		This is DOWN from: 24 cases in Q1 2019		
Q2 2019 HCAI	12 cases	13.7	Per 100,000 bed days	This is BELOW National rate of 16.6
Q2 2019 CAI	9 Cases	9.7	Per 100,000 Population	This is BELOW National rate of 9.8

SABs Q2 2019 April-June 2019 Data	
Healthcare associated SABs	Community associated SABs infection
Funnel plot of SAB incidence rates (per 100,000 TOBD) in healthcare associated infection cases	Funnel plot of SAB incidence rates (per 100,000 population) in community associated infection cases
Healthcare Associated CDI 13.7 per 100,000 TOBDs No of HCAI cases: 12	Community associated CDI 9.7 per 100,000 pop No of CAI cases: 9
	

New standards for reducing all Healthcare Associated SAB by 10% by 2022 (from 2018/2019 baseline)		
Standards application for Fife:	SAB Rate Baseline 2018/2019	SAB 10% reduction target by 2022
SAB by rate 100,000 Total bed days	20.9 per 100,000 TBDs	18.8 100,000 TBDs
SAB by Number of HCAI cases	76	68

Local Device related SAB surveillance

- Localised enhanced surveillance focuses on high-risk clinical areas and vascular line SABs.
- Weekly reports issued to Senior Charge Nurses if their ward has failed to achieve **90%** of all PVC being removed prior to the 72hr breach.
- This is in response to SAERs, which demonstrated PVC remaining in >72hr resulted in a SAB.
- CVC related SABs will be Datixed.
- PVC related SABs will continue to be Datix'd by Dr Morris and undergo a SAER.
-

As of 22/1/2019 the number of days since the last confirmed SAB is as follows:	
Acute services PVC (Peripheral venous cannula) SABs	61 days
Renal Services Dialysis Line SABs	120 Days
CVC (Central Venous catheter) SABs	119 Days
Ward 44 – All SABs including PVC/CVC SABs	104 Days
PWID (IVDU)	5 Days

Please see other SAB graphs & report attachments within 4.1b of Agenda

2.2 National MRSA & CPE screening programme

MRSA								
An uptake of 90% with application of the MRSA Clinical Risk Assessment (CRA) screening is necessary in order to ensure that the national policy for MRSA screening is effective								
NHS Fife achieved 93% compliance with the MRSA CRA in Q3 (July- September) 2019								
This was SAME on Q2 2019 (93%) & ABOVE the compliance target of 90%.								
The National rate for Q3 2019 is still pending.								
MRSA Critical risk assessment (CRA) screening KPI compliance summary:								
Quarter	Q4 2017 Oct-Dec	Q1 2018 Jan-Mar	Q2 2018 April- June	Q3 2018 Jul-Sept	Q4 2018 Oct-Dec	Q1 2019 Jan-Mar	Q2 2019 Apr- June	Q3 2019 Jul-Sept
Fife	88%	85%	83%	95%	95%	88%	93%	93%
Scotland	88%	83%	84%	84%	83%	83%	89%	88%

CPE (Carbapenemase Producing Enterobacteriaceae)							
From April 2018, CRA has also included screening for CPE.							
NHS Fife achieved 83% compliance with the CPE CRA for Q3 2019 (July- September)							
This is UP from 75% in Q2 2019							
The National Scottish Average for Q3 2019 is still pending.							
Quarter	Q2 2018 April- June	Q3 2018 July- Sept	Q4 2018 Oct-Dec	Q1 2019 Jan-Mar	Q2 2019 Apr- June	Q3 2019 Jul-Sept	
Fife	85%	85%	64%	73%	75%	83%	
Scotland	71%	79%	78%	81%	86%	86%	
CPE CRA screening KPI compliance Summary- Commenced from April 2018							

EiC Update

- Excellence in Care data collection for which MDRO CRA admission screening was selected as the HAI measure and piloted in AU2 from 2018.
- Excellence in Care MDRO CRA rolled out to AU1 in July 2019
- Rollout to other areas in NHS Fife planned as part of updated Admission Paperwork due late 2019.
- The data collection through the MDRO KPI tool will continue to run in parallel until full roll out of programme.

2.3 Current Initiatives

Fife-wide Collaborative Improvement Initiatives: NHS Fife will continue to:

- Collect and analyse SAB data on a monthly basis to understand the magnitude of the risks to patients in Fife.
- Provide timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs where possible.
- Examine the impact of interventions targeted at reducing SABs.
- Use results locally for prioritising resources.
- Use the data to inform clinical practice improvements thereby improving the quality of patient care.
- Use localised data to work with Ward V44 in their quality Improvement work re their SABs
- Liaise with Drug addiction services re PWID (IVDU) SABs

3. Clostridioides (formerly Clostridium) difficile Infection (CDI)

3.1 Trends

Clostridioides difficile Infection (CDI)				
Q3 2019 July - September 2019				
Q3 2019 HPS National comparison publication awaited				
In Q3 2019 NHS Fife had:		11 Cases	This is UP from: 9 cases in Q2 2019	
Q2 2019 April- June 2019				
With HPS Quarterly epidemiological data Commentary				
Please note for HPS reporting- the CDI denominator may vary from locally reported denominators.				
This is due to some Fife resident Community onset CDIs allocated back to NHS Fife, even though they were treated at other Health boards.				
Q2 2019 HCAI	6 cases	6.8	Per 100,000 bed days	This is BELOW National rate of 12.1
Q2 2019 CAI	3 Cases	3.2	Per 100,000 Population	This is BELOW National rate of 4.9

CDI Q2 2019 April-June 2019 Data	
NHS Fife is well WITHIN the 95% confidence interval when compared to NHS Scotland Q2 2019	
Healthcare associated CDIs	Community associated CDIs infection
Funnel plot of CDI incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS boards in Scotland in Q2 2019	Funnel plot of CDI incidence rates (per 100,000 population) in community associated infection cases for all NHS boards in Scotland in Q2 2019
Healthcare Associated CDI 6.8 per 100,000 TOBDs No of HCAI cases: 6	Community associated CDI 3.2 per 100,000 population No of CAI cases: 3

New standards for reducing all Healthcare Associated CDI by 10% by 2022 (from 2018/2019 baseline)		
Standards application for Fife:	CDI Rate Baseline 2018/2019	CDI 10% reduction target by 2022
CDI by rate 100,000 Total bed days	7.2 per 100,000 TBDS	6.5 100,000 TBDS
CDI by Number of HCAI cases	26	23

3.2 Current CDI initiatives

3.3

Follow up of all hospital and community cases continues to establish risk factors for CDI

- Monthly CDI reporting to Acute Services & HSCP with summary of all CDI cases
- Enhanced surveillance & HPS trigger tool completion for any triggers/ areas of concerns.
- Dr Venkatesh establishing optimum antimicrobial therapy for multiple recurrence CDI case.

Please see other CDI graphs & reports within Section 4.1c of Agenda

4.0 Escherichia coli Bacteraemias (ECB) 4.1 Trends:

Escherichia coli Bacteraemias (ECB)				
Q3 2019 July- September 2019				
Q3 HPS National comparison publication awaited				
Q3 2019 NHS Fife had:	55 ECBs	This is DOWN from Q2 2019:		70 ECBs
Q3 2019: There were 10 Urinary catheter associated ECBs. (2 x HAI & 8 x HCAI) There were NO cases was associated with trauma				
Q2 2019 April- June 2019				
HPS Validated data ECBs with HPS commentary				
Please note for HPS reporting- the ECB denominator may vary from locally reported denominators. This is due to some Fife resident Community onset ECB allocated back to NHS Fife, even though they were treated at other Health boards.				
Q2 2019 HCAI ECBs	37 cases	42.1	Per 100,000 bed days	This is ABOVE National rate of 42.1
Q2 2019 CAI ECBs	33 Cases	35.6	Per 100,000 Pop	This is BELOW National rate of 44.5
Healthcare associated CDIs			Community associated CDIs infection	
Funnel plot of ECB incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS Boards in Scotland in Q2 2019			Funnel plot of ECB incidence rates (per 100,000 population) in community associated infection cases for all NHS Boards in Scotland in Q2 2019	
Healthcare associated ECB rate: 42.1 No of HCAI ECBs: 37			Community Acquired ECBs rate: 35.6 No of CAI ECBs: 33	
NHS Fife was WITHIN the 95% confidence interval in the funnel plot analysis as shown above				

Two New HCAI reduction standards have been set for ECBs:

1) 25% reduction ECBs - 2021/2022		
New standards for reducing all Healthcare Associated ECB by 25% by 2021/22 (from 2018/2019 baseline)		
Standards application for Fife:	ECB Rate Baseline 2018/2019	ECB 25% reduction target by 2022
ECB by rate 100,000 Total bed days	44.0 per 100,000 TBDs	33.0 per 100,000 TBDs
ECB by Number of HCAI cases	160	120
2) 50% Reduction ECBs - 2023/2024		
New standards for reducing all Healthcare Associated ECB by 50% by 2023/2024 (from 2018/2019 baseline)		
Standards application for Fife:	ECB Rate Baseline 2018/2019	ECB 50% reduction target by 2022
ECB by rate 100,000 Total bed days	44.0 per 100,000 TBDs	22.0 100,000 TBDs
ECB by Number of HCAI cases	160	80

Q2 2019 NHS Fife's Urinary catheter Associated ECBs –
HPS data Q3 data still awaited

Hospital Acquired Infections (HAI) (Acute & HSCP Hospitals)
CATHETER Device related *E.coli* Bacteraemia (ECBs) 2017- Q1 2019

	NHS Scotland	NHS Fife	Rate calculation
2019 Q2	19.3 %	50 %	Count of Device- Catheter over Total Fife HAI ECBs
2019 Q1	14.3 %	0 %	
2018 Q4	13.9 %	14.3 %	
2018 Q3	15.2 %	37.5 %	
2018 Q2	14.0 %	7.1 %	
2018 Q1	15.0 %	31.8 %	
2017 -TOTAL	11.8 %	10.4 %	

Data from NSS Discovery ARHI Indicators

Healthcare Associated Infections (HCAI)
CATHETER Device related *E.coli* Bacteraemia (ECBs) 2017- Q1 2019

	NHS Scotland	NHS Fife	Rate calculation
2019 Q2	20.9 %	13%	Count of Device- Catheter over Total Fife HCAI ECBs
2019 Q1	25.6 %	25.9 %	
2018 Q4	21.5 %	35.5 %	
2018 Q3	22.3 %	35.0 %	
2018 Q2	22.0 %	44.8 %	
2018 Q1	22.5 %	23.1 %	
2017 -TOTAL	18.3 %	35.3 %	

Data from NSS Discovery ARHI Indicators

4.2 Current ECB Initiatives

Urinary catheter Group work following raised ECB CAUTI incidence

The Infection Control Surveillance team continue to liaise with the Urinary Catheter Improvement Group, first meeting in October 2017.

This group aims to minimize urinary catheters to prevent catheter associated healthcare infections & trauma associated with UC insertion/maintenance/ removal & self-removal & to establish Catheter Improvement work in Fife.

The Infection control surveillance team continue to work with the Catheter Care group meeting- last held on **25/10/2019**.

Infection control surveillance alert the patients care team Manager by Datix when an ECB is associated with a traumatic catheter insertion, removal or maintenance.

Monthly ECB reports & graphs are distributed within HSCP & Acute services

Up to **22.11.2019**: There have been **ONE** trauma associated ECB CAUTIs in 2019

Catheter insertion/Maintenance bundles now inserted in MORSE for District nurse documentation

Patientrack CAUTI bundles still to be implemented for Acute services. Nov 2019- a small working group with Keith Morris, Siobhan McIlroy, Diane Davidson to meet to discuss format.

In Q2 2019- 50% of all Hospital Acquired ECBs were due to a Urinary catheter as source.

This is **UP** from Q1 2019 where there were no HAI CAUTI ECBs.

- Please see other ECB graphs & reports in Section 4.1d of Agenda

5 Hand Hygiene

- Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections.
- NHS Boards monitor hand hygiene and ensure a zero tolerance approach to non-compliance.
- The hand hygiene compliance for the last 12 months NHS Fife can be found in Section 11.
- Reporting of Hand Hygiene performance is based on local data submitted by each ward.
- A minimum of 20 observations are required to be audited per month per ward.
- Hand Hygiene audit results of all staff groups by individual ward, hospital or directorate within both the Acute services & HSCP can be viewed on 'Ward Dashboard'
- The overall rate for Hand Hygiene for NHS Fife for October 2019 was **98%**

5.1 Trends

- NHS Fife overall results remain consistently **ABOVE** 98%
- This is **ABOVE** the Overall target set of 95%

6. Cleaning and the Healthcare Environment

- Keeping the healthcare environment clean is essential to prevent the spread of infections.
- NHS Boards monitor the cleanliness of hospitals and there is a national target to maintain compliance with standards above 90%.
- The Overall Cleaning Compliance for NHS Fife for October 2019 was **95.9%**.
- The cleaning compliance score for NHS Fife overall & each acute hospital can be found in Section 11

6.1 Trends

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

- **National Cleaning Services Specification**

- The National Cleaning Services Specification – quarterly compliance report result for July-Sept 2019 (Q2) shows NHS Fife achieving **GREEN** status.
 - NHS Fife: **95.3%** for Q2 July- Sept 2019
 - This is **DOWN** slightly from Apr- June (Q1) 2019 from 95.4%
 - NHS Fife is **ABOVE** the National average of **95.2%** for July- Sept 2019

- **Estates Monitoring**

- The National Cleaning Services Specification – quarterly compliance report result for July-Sept 2019 (Q2) shows NHS Fife achieving **GREEN** status.
 - NHS Fife: **95.7 %** for Jul-Sept 2019 (Q2)
 - This is **DOWN** from April-June 2019 (Q1) (from 96.2 %)
 - NHS Fife is **BELOW** the National average of 96.6% for July- Sept 2019 (Q2)

6.2 Current Initiatives

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

7. Outbreaks

This section gives details on any outbreaks that have taken place in the Board since the last report, or a brief note confirming that none has taken place.

Where there has been an outbreak this states the causative organism, when it was declared, number of patients & staff affected & number of deaths (if any) & how many days the closure lasted.

A summary of all outbreaks since the last report will be within Section 4.1h of the Agenda.

All ward/ bay closures due to Norovirus & Influenza are reported to HPS weekly plus all closures due to an Acute Respiratory Illness (ARI).

All Influenza patients admitted to ICU are also notifiable to HPS>

During October – November 2019

Norovirus

There has been 1 ward closure due to a Norovirus outbreak.

- QMH ward 6 in November 2019. Now resolved.

Seasonal Influenza

There have been no ward closures due to confirmed Influenza since the last reporting period.

There has been 2 bay closures due to respiratory illnesses:

- QMH Ward 6 due to a rhinovirus outbreak. Now resolved
- Stratheden Lomond ward due to a mixed respiratory outbreak. Now resolved

7.1 Trends

Norovirus

The provisional total of laboratory reports for norovirus in Scotland up to the end of week 46 of 2019 (week ending 17 November 2019) is 709 □ In comparison, to the end of week 46 in 2018 HPS received 1291 laboratory reports of norovirus. The five-year average for the same time period between years 2013 and 2017 is 1262.

Influenza and other respiratory pathogens

- Report from HPS weekending 17th of September 2019- **National** Infection Pressure Bulletin:
- The rate of influenza-like illness (ILI) was at **Baseline** activity level (6.4 per 100,000).

8) Surgical Site Infection Surveillance Programme

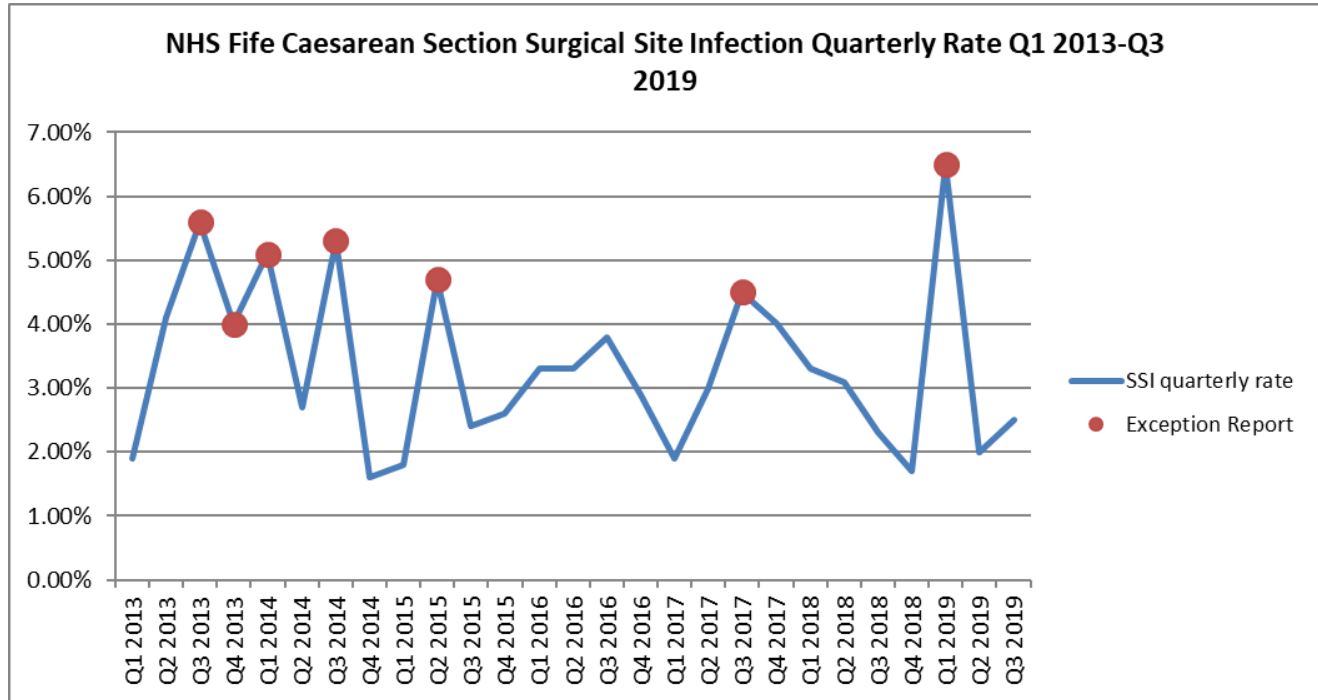
8 a) Caesarean section SSI

Q3 2019: Local Data

For Jul-Sep 2019 there were **6** confirmed SSIs in the 10-day surveillance period

This gives an SSI rate of **2.5%**

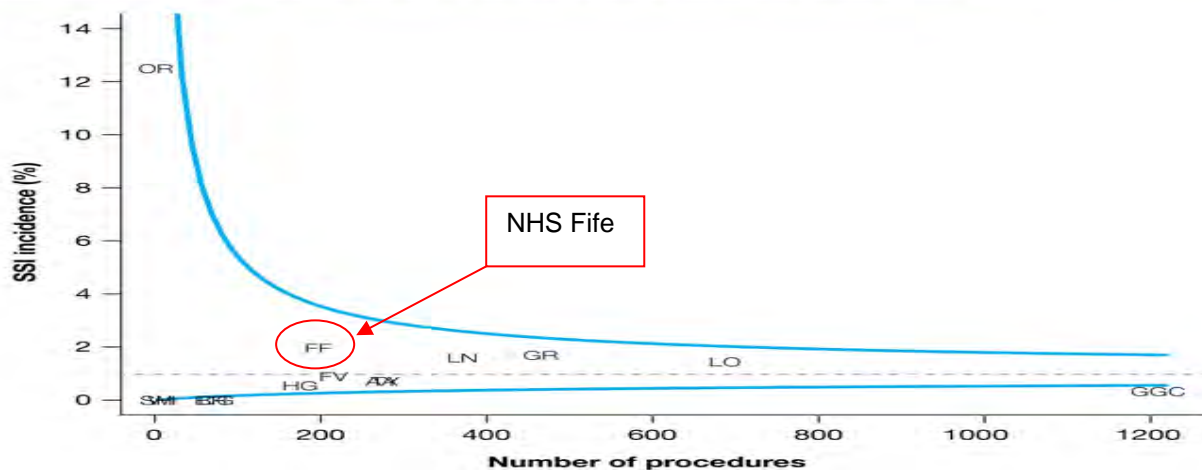
This is **UP** from 2.0% in Q2 2019



Q2 2019: Apr-Jun 2019 with HPS Analysis

- NHS Fife is **ABOVE** the national average incidence rate of 1.0% for Q2 2019.
- NHS Fife is **not above** the 95% confidence interval upper limit in the funnel plot analysis.

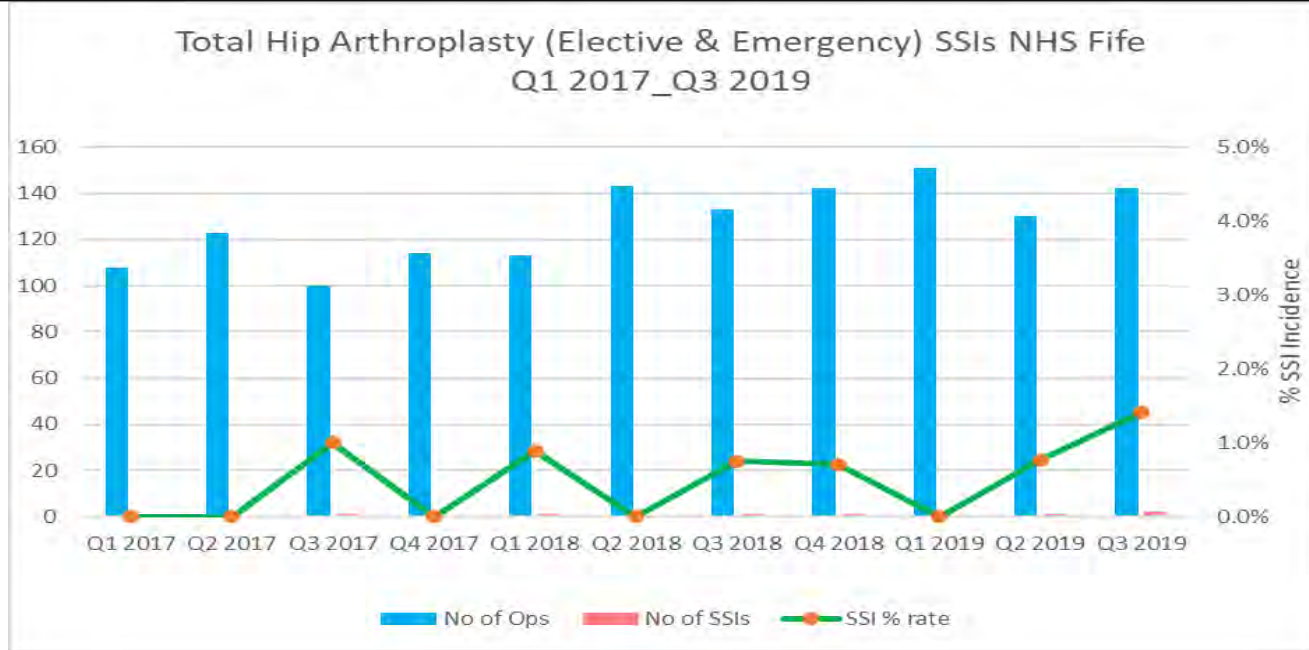
Figure 7: Funnel plot of caesarean section SSI incidence (per 100 procedures) in inpatients and PDS to day 10 for all NHS boards in Scotland in Q2 2019.^{1,2}



8 b) Hip Arthroplasty SSI

Q3 2019: Local Data : NHS Fife had 2 SSIs in Q3 2019 (July-September); incidence rate **1.4%**

This is an **UP** from 0.8% (1 SSIs) in Q2 2019



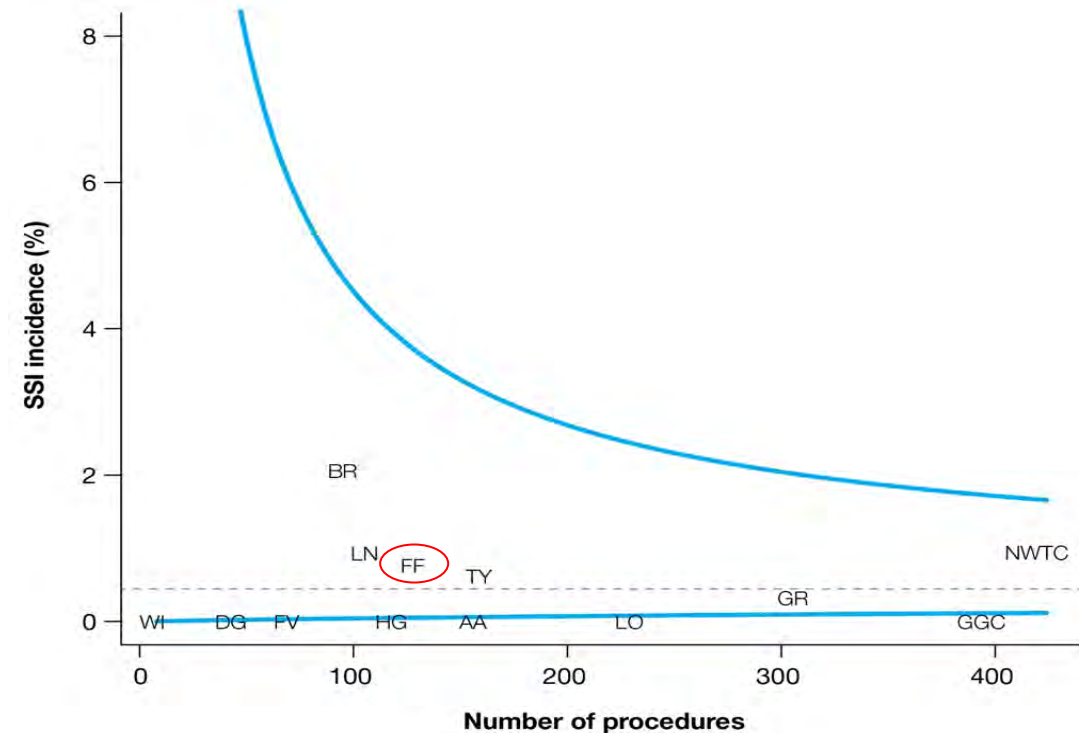
Q2 2019: With HPS Analysis

Q2 2019: NHS Fife had 1 SSIs in Q2 2019 (April - June); incidence rate **0.8%**

NHS Fife is well within the 95% confidence interval compared to NHS Scotland

NHS Fife is slightly **ABOVE** with the National incidence of 0.4% for Q2 2019

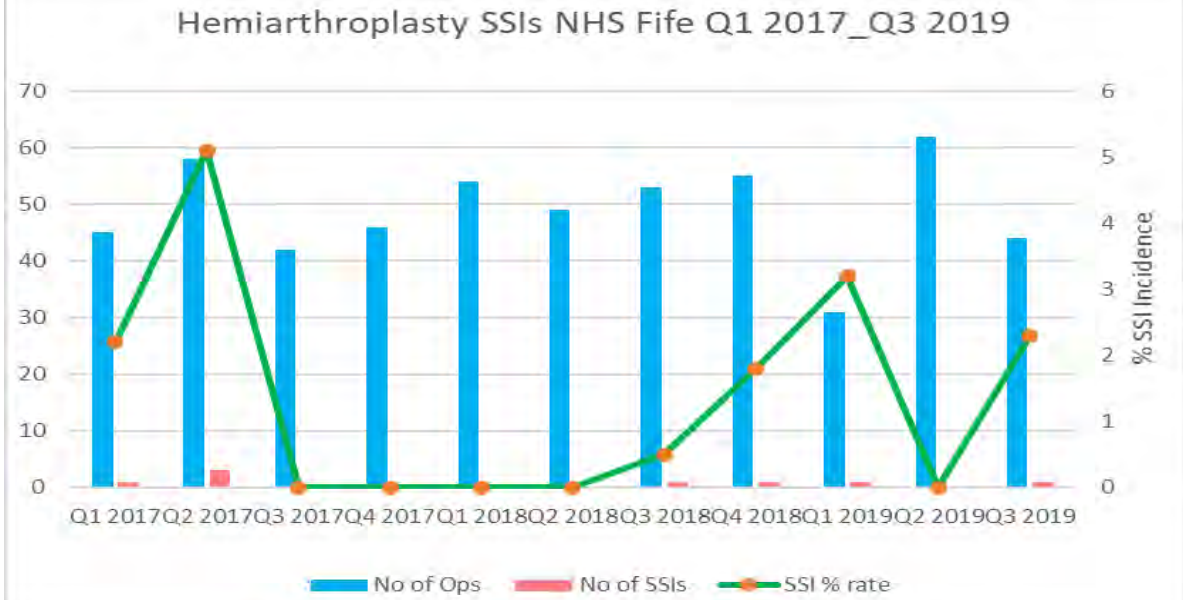
Funnel plot of hip arthroplasty SSI incidence (per 100 procedures) in inpatients and on readmission to day 30 for all NHS boards in Scotland in Q2 2019 (HPS Quarterly report)



8 c) Hemi arthroplasty SSI

Q3 2019: NHS Fife had 1 case of SSI in Q3 (July-September 2019); incidence rate **2.3%**

This is **UP** from Q2 2019 of incidence rate **0%**

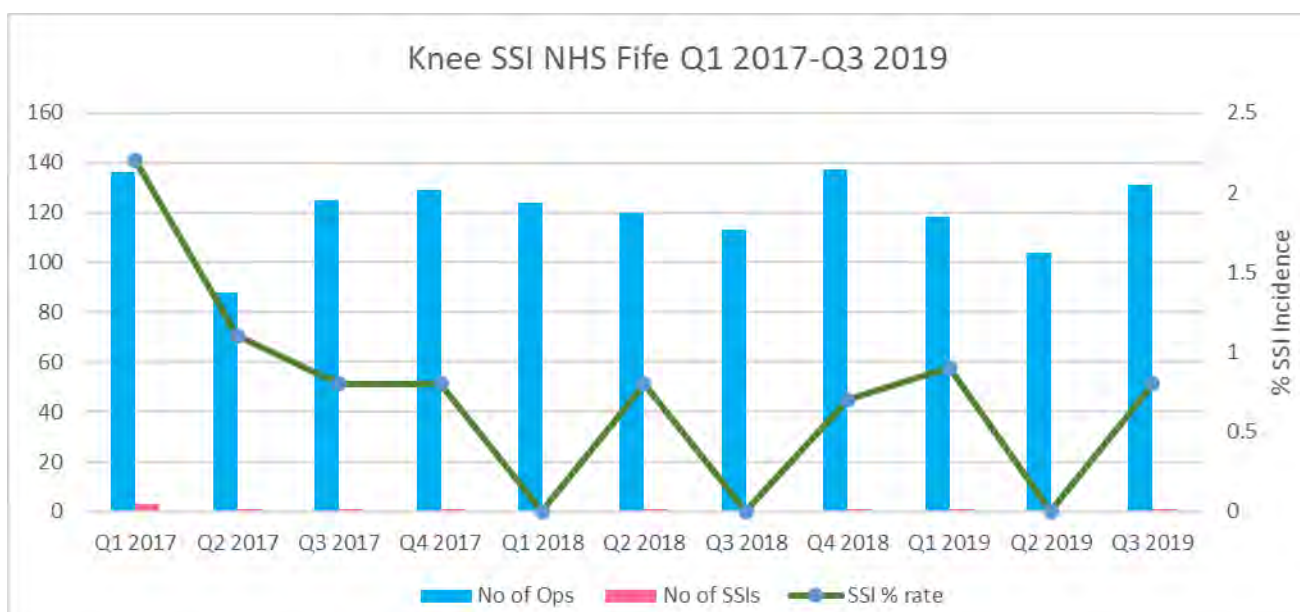


There is NO HPS national reporting of Hemiarthroplasty data to compare

8 d) Knees SSI

Q3 2019: NHS Fife had 1 cases of SSI in Q3 2019 (July-September); incidence rate **0.8%**

This is **UP** from **Q2 2019** incident rate of **0%** - 0 SSI

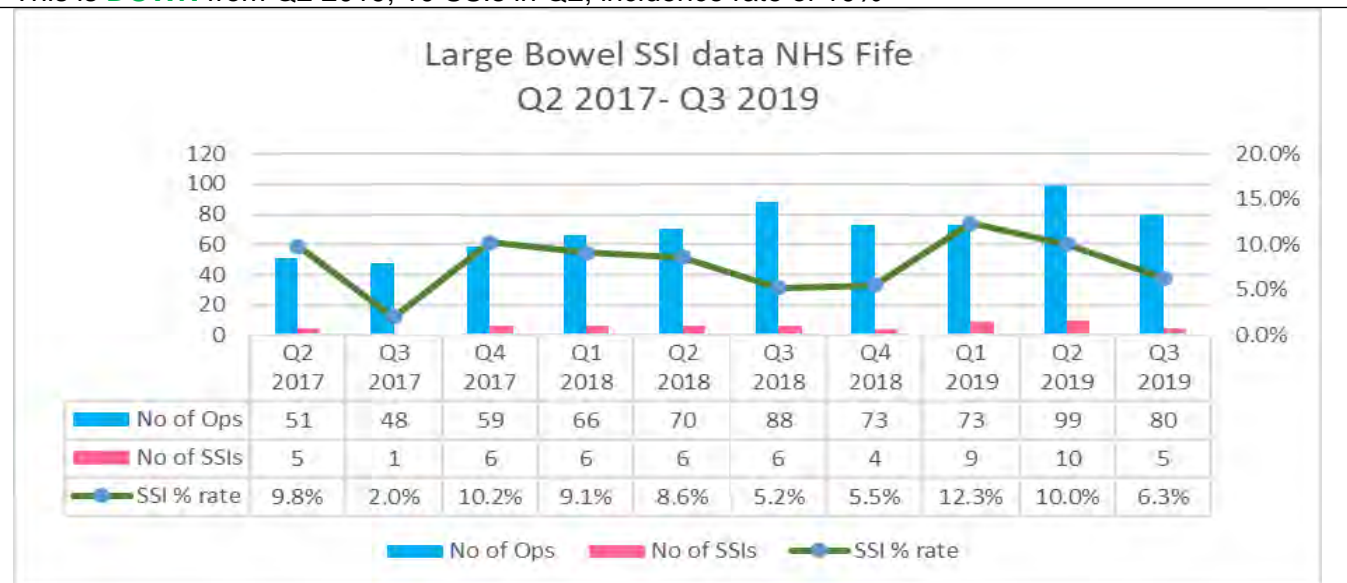


There is NO nationally reporting of Knee arthroplasty data to compare

8 e) Large Bowel SSI

Q3 2019: NHS Fife had 5 SSIs in Q3 (July-September 2019); incidence rate **6.3 %**

This is **DOWN** from Q2 2019; 10 SSIs in Q2; incidence rate of 10%



Please note – local data includes ‘Dirty’ Wound class SSIs.

National published data on NSS Discovery excludes the Dirty Wound class- rates can vary

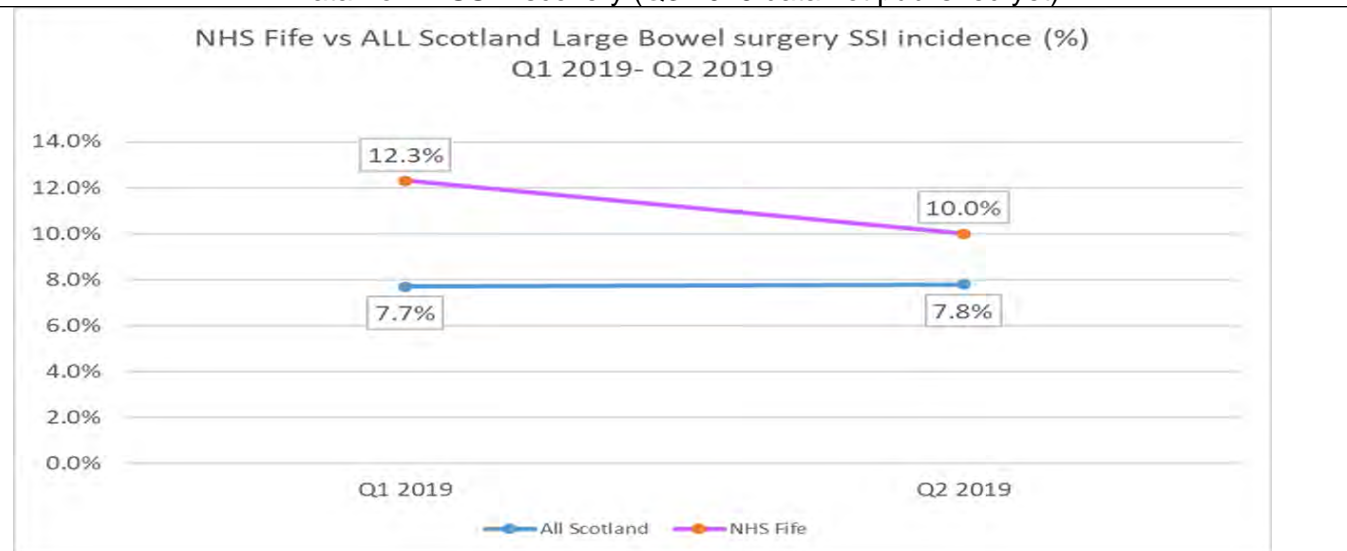
Q2 2019: With HPS Analysis

Q2 2019: NHS Fife had 10 SSIs in Q2 2019 (April - June); incidence rate **10%**

NHS Fife is slightly **ABOVE** with the National incidence of 7.8% for Q2 2019

This is **LOWER** than Q1 2019- with a SSI rate of 12.3% (Q1 2019)

NHS Fife vs Total Scotland Q1 2019- Q2 2019
Data from NSS Discovery (Q3 2019 data not published yet)



The Surveillance team are working with the Theatre staff to improve the SSI form return rate & full completion of the form, as NHS Fife below national data return rates.

September 2019 The Surveillance team have been attending the pre surgery brief to highlight the large bowel surveillance programme and emphasize the importance of filling out the audit form.

15/11/2019- SSI feedback session with the general surgeons, with Dr Keith Morris.

9. Hospital Inspection Team

There have been no recent Hospital Inspections

10. Assessment

- **CDIs:** Continuing low levels of *Clostridioides difficile* indicate that the initiatives in place to reduce infection rates are working long-term.
- **SABs:** The Acute Services Division continues to see intermittent blood stream infections related to vascular access device infections
- Interventions to reduce Peripheral Vascular Catheter infections and Dialysis line infections have been effective but local surveillance continues.
- **ECBs:** ECBs remain a challenge
- Addressing CAUTI related ECBs through the Urinary Catheter Improvement group
- **SSIs surveillance** continues for all:
 - C-sections,
 - Large bowel surgery
 - Orthopaedic procedure surgeries
 - Total hip replacements, Knee replacements & Repair fractured neck of femurs
 - Feedback forums to clinical teams for all SSIs is firmly established to address SSI challenges where they occur.

11. Healthcare Associated Infection Reporting Template (HAIRT)

The HAIRT template provides CDI & SAB information for NHS Fife categorizing by:

- 1) Total NHS Fife
- 2) VHK wards, QMH wards (wards 5,6,& 7) & Community Hospital wards (QMH 1-4, SH, SACH, GH, LH, CH, AH, RWH, WBH, All Hospices)
- 3) Out of Hospital (Infections that occur in the community or within 48 hours of admission to hospital)

From 2019 the CDIs & SABs are categorized as:

Healthcare Associated (HCAI & HAI) or **Community** Onset (Community or Not known).

Please see HPS definition of Healthcare Associated & Community infections in 'References & Links'

The 2019 Scottish Government's new standards aim to reduce the Healthcare Associated Infections. Hand hygiene and cleaning compliances are shown by Total Fife, VHK & QMH.

The information provided is local data, and may differ from the national surveillance reports carried out by Health Protection Scotland. This is due to some Fife residents who are treated at other health boards being allocated back to Fife's data. However, these reports aim to provide more detailed and up to date local information on HAI activities than is possible to provide through the national statistics.

NHS Fife Report card

TOTAL FIFE *Staphylococcus aureus* bacteraemia (SAB) monthly case numbers

SABs	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Healthcare Associated (HCAI + HAI)	7	7	4	6	3	6	4	2	10	1	3	2
Community onset/ Not known	6	1	3	4	4	5	1	2	5	2	4	2
Total	13	8	7	10	7	11	5	4	15	3	7	4

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

CDIs	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Healthcare Associated (HCAI + HAI+ Unknown)	5	2	5	0	3	1	2	3	2	3	3	7
Community onset/ Not known	1	0	0	1	2	1	1	1	2	0	1	0
Total	6	2	5	1	5	2	3	4	4	3	4	7

Hand Hygiene Monitoring Compliance (%) TOTAL FIFE

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

Cleaning Compliance (%) TOTAL FIFE

	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Overall	95.8	95.5	95.6	95.7	95.7	95.3	95.6	95.5	95.0	95.3	95.5	95.9

Estates Monitoring Compliance (%) TOTAL FIFE

	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Overall	95.3	95.3	94.2	95.2	95.3	96	96.2	96.5	95.7	95.7	95.8	96.1

VICTORIA HOSPITAL, KIRKCALDY REPORT CARD HCAI >48hrs of admission												
Staphylococcus aureus bacteraemia (SAB) monthly case numbers												
SABs	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Healthcare Associated (HCAI + HAI)	4	4	4	6	3	2	2	0	3	1	1	0
Clostridioides difficile infection (CDI) monthly case numbers												
CDI	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Healthcare Associated (HCAI + HAI+ Unknown)	0	1	1	0	1	0	0	1	2	0	0	2
VHK Cleaning Compliance (%)												
	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Overall	95.6	95.4	95.7	95.7	95.5	94.6	95.4	95.2	95.0	95.3	95.1	95.6
VHK Estates Monitoring Compliance (%)												
	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Overall	95.9	95.1	94.6	94.5	95.5	95.6	96.8	96.1	96.3	95.9	95.8	96.4

QUEEN MARGARET HOSPITAL, REPORT CARD HCAI >48 hrs of admissions												
Staphylococcus aureus bacteraemia (SAB) monthly case numbers												
SABs	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Healthcare Associated (HCAI + HAI)	0	0	0	0	0	0	0	0	0	0	0	0
Clostridioides difficile infection (CDI) monthly case numbers												
CDIs	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Healthcare Associated (HCAI + HAI+ Unknown)	0	0	0	0	0	0	0	1	0	2	0	1
QMH Cleaning Compliance (%)												
	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Overall	96.5	97.1	96.7	97.4	96.8	97.9	97.1	97.0	94.9	96.5	96.6	96.9
QMH Estates Monitoring Compliance (%)												
	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Overall	95.2	95.6	94.7	95.1	95	97.9	95.1	96.0	92.2	95.1	94.6	95.2

NHS FIFE COMMUNITY HOSPITALS REPORT CARD HCAI >48 hrs admission												
Staphylococcus aureus bacteraemia (SAB) monthly case numbers												
	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Healthcare Associated (HCAI + HAI)	0	0	0	0	0	0	0	0	0	0	0	0
Clostridioides difficile infection (CDI) monthly case numbers												
	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Healthcare Associated (HCAI + HAI+ Unknown)	0	1	1	0	1	0	2	0	0	1	0	0

OUT OF HOSPITAL INFECTIONS REPORT CARD												
Staphylococcus aureus bacteraemia (SAB) monthly case numbers												
	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Healthcare Associated (HCAI + HAI)	3	3	0	0	0	4	2	2	7	0	2	2
Community onset/ Not known	6	1	3	4	4	5	1	2	5	2	4	2
TOTAL	9	4	3	4	4	9	3	4	12	2	6	4
Clostridioides difficile infection (CDI) monthly case numbers												
	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Healthcare Associated (HCAI + HAI+ Unknown)	5	0	3	0	1	1	0	1	0	0	3	4
Community onset/ Not known	1	0	0	1	2	1	1	1	2	0	1	0
TOTAL	6	0	3	1	3	2	1	2	2	0	4	4

References & Links

Understanding the Report Cards – Infection Case Numbers

Clostridioides difficile infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month by Healthcare Associated (HCAI & HAI) & Community (Community/Unknown) onset. More information on these organisms can be found on the NHS24 website:

Clostridioides difficile: <https://www.hps.scot.nhs.uk/a-to-z-of-topics/clostridioides-difficile-infection/>

Staphylococcus aureus: <https://www.hps.scot.nhs.uk/a-to-z-of-topics/staphylococcus-aureus-bacteraemia-surveillance/>

For each hospital, the total number of cases for each month are those, which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered confirmation that the infection was contracted prior to hospital admission and will be shown in the “out of hospital” report card.

Targets

There are national targets associated with reductions in C.diff and SABs and from 2019 for e.coli bacteraemias (ECBs). More information on these can be found on the Scotland Performs website:

<http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance>

Understanding the Report Cards – Hand Hygiene Compliance

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. Each hospital report card presents the combined percentage of hand hygiene compliance with both opportunity taken and technique used.

Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website:

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

Understanding the Report Cards – ‘Out of Hospital Infections’

Clostridium difficile infections and *Staphylococcus aureus* bacteraemia cases can be associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infections from community sources. The final Report Card report in this section covers ‘Out of Hospital Infections’ and reports on SAB and CDI cases reported to NHS Fife which are not attributable to a hospital.

For HPS categories for Healthcare Associated Infections:

<https://www.hps.scot.nhs.uk/web-resources/container/quarterly-epidemiological-commentary-for-the-surveillance-of-healthcare-associated-infections-in-scotland-methods-caveats/>

Categories of Healthcare & community Infections

		Quarterly Epidemiology Commentary category	
		Healthcare associated infection case	Community associated infection case
CDI ¹ Enhanced ECB ² Enhanced SAB ³ surveillance category	Hospital acquired infection (HAI)	X	
	Healthcare associated infection (HCAI)	X	
	Community infection (CA)		X
	ECB/SAB not known		X
	CDI unknown	X ¹	

HPS ECB & SAB definitions for Hospital Acquired, Healthcare Associated, Community or Not known

<p>Hospital Acquired Infection (HAI): Positive Blood culture obtained from patient who has been -Hospitalised for >48 hours If the patient was transferred from another hospital the duration of the in-patient stay is calculated from the date of the first hospital admission OR -The patient was discharged from hospital in the 48 hours prior to the positive blood culture being obtained OR -A patient receives regular haemodialysis as an outpatient</p> <p>Community Infection -Positive Blood culture obtained from a patient with 48 hours of admission to hospital who does not fulfil any of the criteria for the healthcare associated blood stream infections</p> <p>Not known: -Only to be used if the ECB is not a HAI and unable to determine if community or HCAI</p>	<p>Healthcare Associated Infection (HCAI):- Positive blood culture obtained within 48 hours of admission to hospital and fulfils one or more of the following criteria: -Was hospitalised overnight in the 30 days prior to the +ve blood culture being obtained. OR -Resides in a Nursing home, long term facility or residential home OR -IV,IM, Intra-articular or sub cut medication in the 30 days prior to the positive blood culture, but EXCLUDING IV illicit drug use. OR -Underwent venepuncture in the 30 days before +ve BC OR -Underwent medical procedure which broke mucous or skin barrier i.e. biopsies or dental extraction in the 30 days before +ve BC OR -Underwent any care for chronic medical condition or manipulation of medical device by a healthcare worker in the community in the 30 days prior to the +ve BC being obtained i.e. podiatry or dressing of chronic ulcers, catheter change or insertion OR -Has a long term indwelling device (i.e. catheter, central line, drain (excluding a haemodialysis line)</p>
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HPS CDI Definition for Hospital Acquired, Healthcare Associated, Unknown or Community onset

HPS Linkage Origin Definitions	
CDI Origin	Origin sub category : definitions
Healthcare	HAI : Specimen taken after more than 2 days in hospital (day three or later following admission on day one)
	HCAI : Specimen taken within 2 or less days in hospital and a discharge from hospital 4 weeks prior to specimen date; or specimen taken in the community and a discharge from hospital within 4 weeks of the specimen date
	Unknown : Specimen taken 2 or less days in hospital and a previous discharge from hospital 4-12 weeks prior to specimen date; or specimen taken in the community and a discharge from hospital in 4-12 weeks prior to the specimen date
Community	CAI : Specimen taken 2 or less days in hospital and no hospital discharges in the 12 weeks prior to specimen date; or not in hospital when specimen taken and no hospital discharges in the 12 weeks prior to specimen date.

CDI Surveillance Protocol link: <https://www.hps.scot.nhs.uk/web-resources-container/protocol-for-the-scottish-surveillance-programme-for-clostridium-difficile-infection-user-manual/>

Clinical Governance Committee



DATE OF MEETING:	16 January 2020
TITLE OF REPORT:	eHealth Governance Review
EXECUTIVE LEAD:	Dr Chris McKenna
REPORTING OFFICER:	Lesly Donovan

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

SBAR REPORT

Situation

Two consistence outputs from the emerging Digital and Information Strategy consultation were:

- Rename the eHealth Directorate to Digital and Information in line with the strategy (national & local) and other boards.
- Review eHealth governance with the aim to streamline often duplicated reporting and to maximise on group member's time.

This report provides an update on the current position of the eHealth Governance Review.

Background

The eHealth Delivery Board was established in 2009 with a focus on delivery of the National eHealth Strategy on a programme/project basis, with assurance being provided to both the Clinical Governance Committee and the Finance, Performance & Resource committee.

In 2012/13 post a serious data breach within Fife, the Information Governance & Security Group was established, with assurance being provided to the Audit committee until 15/16 when this was changed to the Clinical Governance Committee, at the time of writing this report, it is unknown on why this change occurred.

In 2017, post discussions between the new General Manager, SIRO and Caldecott Guardian, the remit of the eHealth Board was expanded to include all aspects of the eHealth Directorate including operational performance and legislative components. A quarterly performance report was also created at this point.

A further discussion on the role of the Information Governance & Security Group (IG&SG) was put on hold due to a flux in resourcing within this area.

Current governance is detailed in Appendix 1:

Assessment

Both groups have the same senior/director level membership including internal Audit and H&SCP representation with the IG&SG also having wider community records representation. This has led to a lack of quorate for both groups at times due to time pressures and duplicate information, the IG&SG papers are very detailed and this could be seen as too much for members.

Common membership:

- Medical Director (Caldicott Guardian)
- Associate Medical Director, H&SC Partnership
- Senior Information Risk Owner (SIRO)
- Chief Operating Officer (Acute)
- General Manager – eHealth & IMT
- eHealth Clinical Lead(s)
- Associate Clinical Director(s)
- General Manager – Acute
- General Manager – Health & Social Care Partnership
- Senior Nurse Management representative
- AHP representative
- Public Health representative
- Health records Representatives
- Internal Audit

The eHealth BAF covers all aspects but currently it is the eHealth Board that approves the BAF for onward governance assurance, the IG&SG have no input.

It is proposed that the eHealth Board is replaced by the Digital & Information Board, chaired by the SIRO and annual assurance provided to the Finance, Performance & Resource Committee with clinical related updates provided to the Clinical Governance Committee as required. The IG&SG would continue as a working group escalating as at present to the Digital & Information Board.

Proposed governance is detailed in Appendix 2:

Both terms of reference will be created/modified to take into account proposed changes.

Recommendation

The Committee is invited to:

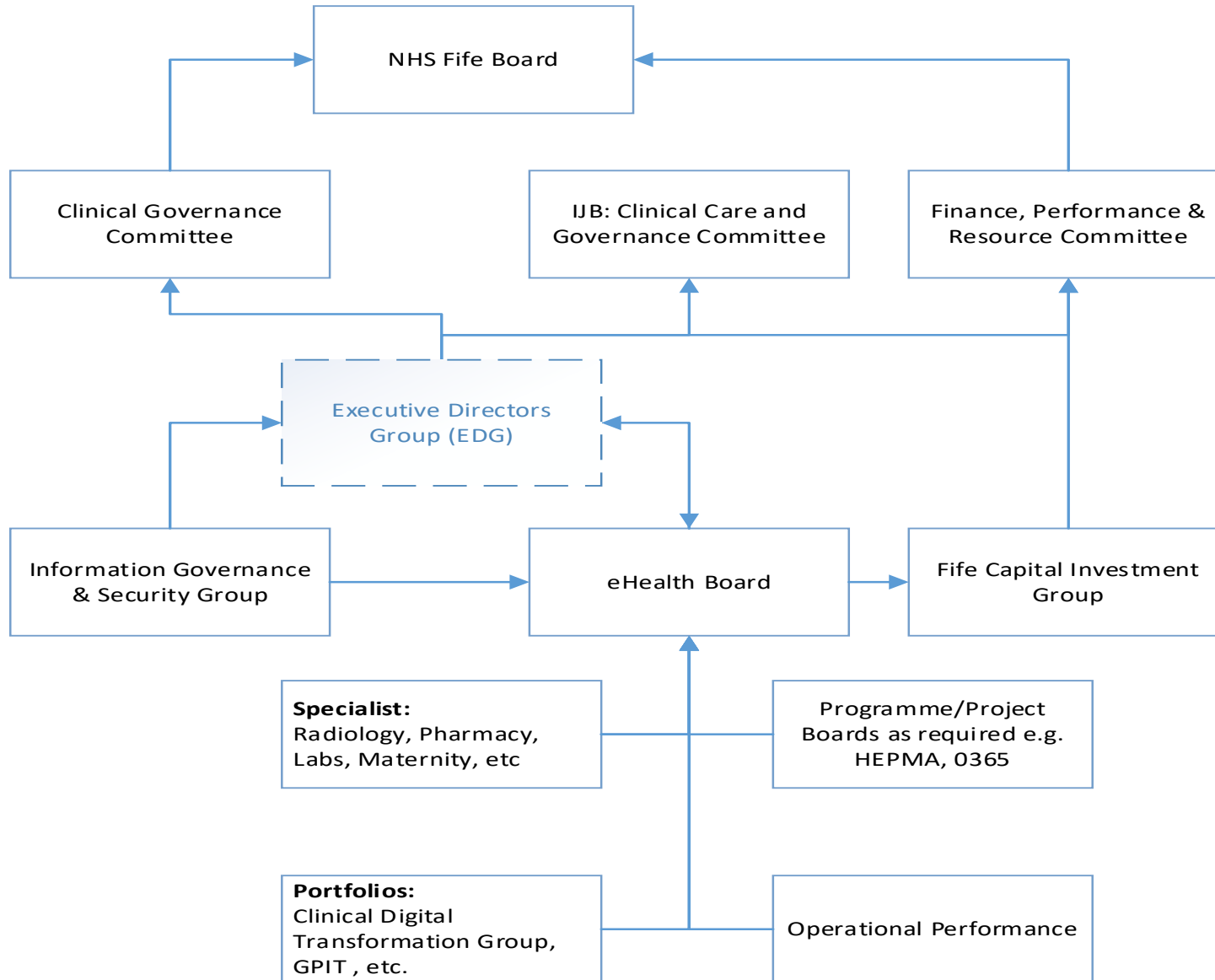
- **Note and influence** the eHealth governance review

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

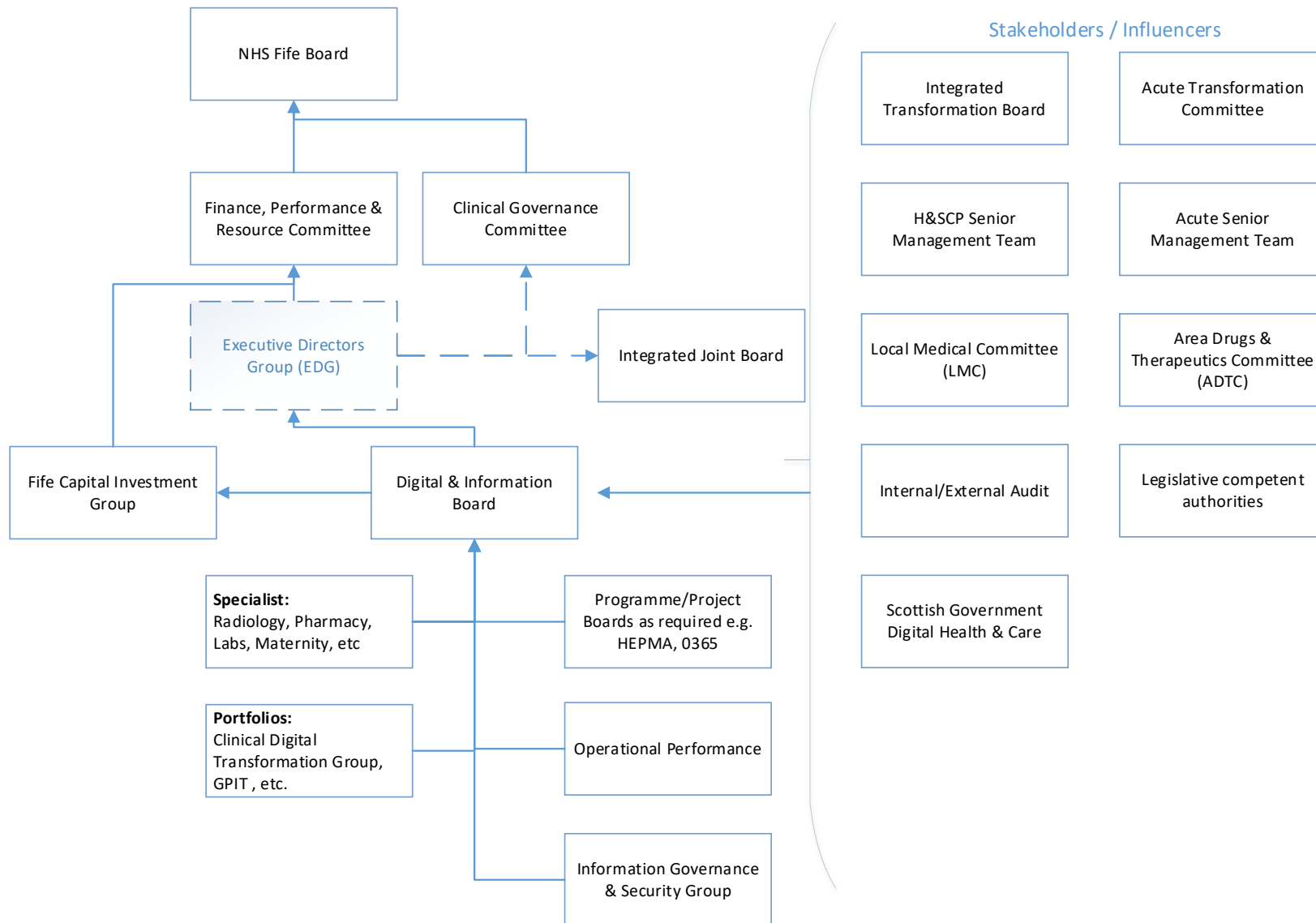
Further Information:	
Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Executive Directors

Impact: (must be completed)	
Financial / Value For Money	Promotes proportionate management of risk and deliveries thus effective and efficient use of scarce resources.
Risk / Legal:	Inherent in process. Demonstrates due diligence.
Quality / Patient Care:	Keeping us 'safe and secure' to support the delivery of safe, effective, person centred care.
Workforce:	More effective use of time and consistency of decisions.
Equality:	The arrangements for managing digital and information apply to all patients, staff and others in contact with the Board's services.

Appendix 1: Current eHealth Governance



Appendix 2: Proposed Digital & Information Governance



**NHS FIFE
CLINICAL GOVERNANCE COMMITTEE**

DATE OF MEETING:	16 th January 2020
TITLE OF REPORT:	Update to Clinical Governance Committee Workplan
EXECUTIVE LEAD:	Dr C McKenna
REPORTING OFFICER:	Helen Woodburn

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

SBAR REPORT
<p><u>Situation</u></p> <p>This is to advise the Committee of the changes to the current workplan.</p>
<p><u>Background</u></p> <p>To ensure the Committee has an up to date workplan which reflects the correct papers, there are a number of additions to the current work plan. It was agreed in September that any changes and new items to be added to the committee would be brought to the attention to the Committee as required rather than reporting every Committee meeting.</p>
<p><u>Assessment</u></p> <p>The additions to the work plan are:</p> <p>Governance Board Assurance Framework eHealth Annual Accounts –Progress Update on Audit Recommendations</p> <p>Transformation/Redesign/Clinical Strategy Joining Up Care -Community Hospital Redesign Joining Up Care- Urgent Care Joining Up Care – Community Health and Wellbeing Hubs Primary Care Improvement Plan</p> <p>Annual Reports Integrated Screening Report Annual Immunisation Report Organisational Duty of Candour Annual Report Participation and Engagement Annual Report</p> <p>Linked Committee Minutes Integrated Transformation Board</p>
<p><u>Recommendation</u></p> <ul style="list-style-type: none"> Information - paper is for noting only from the committee

Objectives: (must be completed)	
Healthcare Standard(s):	Comply with corporate governance
HB Strategic Objectives:	To meet Governance requirements

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

Impact: (must be completed)	
Financial / Value For Money	N/A
Risk / Legal:	N/A
Quality / Patient Care:	N/A
Workforce:	N/A
Equality:	N/A

NHS FIFE CLINICAL GOVERNANCE COMMITTEE – ANNUAL WORKPLAN 2019/20

	Lead	May	July	September	November	January	March
General							
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action list	Chair	✓	✓	✓	✓	✓	✓
Quality, Planning and Performance							
Quality Report	MD/DoN	✓	✓	✓	✓	✓	✓
Integrated Performance Report	ADP	✓	✓	✓	✓	✓	✓
Integrated Performance and Quality Report	ADPP			✓	✓	✓	✓
Winter Plan 2019-20	DoHSC/COO	✓	✓	✓	✓	✓	✓
Annual Operational Plan	ADPP	✓					
Governance							
Board Assurance Framework Quality and Safety	MD/DoN	✓	✓	✓	✓	✓	✓
Board Assurance Framework Strategic Planning	ADPP	✓	✓	✓	✓	✓	✓
Board Assurance Framework eHealth	COO				✓	✓	✓
Brexit	DoPH	✓	✓	✓	✓	✓	✓
Committee Self Assessment Report	Board Secretary						✓
Corporate Calendar / Committee Dates	Board Secretary			✓			
Annual Work plan	Head of Quality and Clinical Governance			✓			✓
Annual Assurance Statement (inc. best value report)	Board Secretary	✓					
Annual Assurance Statements from sub-committees	Board Secretary	✓					
Review of Terms of Reference	Board Secretary						✓
Annual Accounts –Progress Update on Audit Recommendations	Board Secretary			✓	✓	✓	✓
HAIRT Report	DoN	✓	✓	✓	✓	✓	✓
Transformation/Redesign/Clinical Strategy							
Joining Up Care -Community Hospital Redesign	DoHSC		✓	✓		✓	
Joining Up Care- Urgent Care	DoHSC						✓
Joining Up Care – Community Health and Wellbeing Hubs	DoHSC					✓	
Primary Care Improvement Plan	AMDHSCP						✓
Mental Health	DoHSC		✓	✓		✓	
Acute Transformation	COO	✓	✓		✓		✓
Medicines Efficiency	DoP	✓	✓		✓		✓
Clinical Strategy work stream Annual report	ADPP	✓					
Annual Reports							

Updated 31/12/19

	Lead	May	July	September	November	January	March
NHS Fife Equality Outcomes Progress Report 2019	DoN	✓					
Area Radiation Protection Annual Report	MD	✓					
Public Health Annual Report	DoPH	✓					
Integrated Screening Report	DoPH	✓					
Annual Immunisation Report	DoPH				✓		
Clinical Advisory Panel Annual Report	MD		✓				
eHealth Report	COO	✓					
Medical Education Report	MD		✓	✓			
Medical Revalidation 2018-19	MD				✓		
R& D Annual Report	MD				✓		
R&D Strategy Review	MD				✓		
Fife Child Protection Annual Report 2018-19	DoN					✓	
Nursing, Midwifery, Allied Health Professionals – Professional Assurance Framework	DoN						✓
Prevention and Control of Infection Annual Report 2018/19	DoN		✓	✓			
Organisational Duty of Candour Annual Report	MD				✓ (2018-19)		
Participation and Engagement Annual Report	DoN				✓		
Linked Committee Minutes							
Acute Services Division Clinical Governance Committee	ASD AMD	✓	✓	✓	✓		✓
Area Clinical Forum	Chair	✓	✓	✓	✓	✓	
Area Drugs and Therapeutic Committee (ADTC)	MD	✓	✓	✓	✓	✓	✓
Area Radiation Protection	MD	✓					
HSCP Clinical and Care Governance Committee	AMD	✓	✓	✓	✓	✓	
Clinical Governance Oversight Group	MD	✓	✓	✓	✓	✓	
eHealth Board	E Ryabov	✓					
Fife Research Committee	MD	✓		✓	✓	✓	
Health and Safety Sub-Committee	Chair	✓	✓	✓	✓	✓	
Integrated Joint Board (IJB)	DoHSC	✓	✓	✓		✓	✓
Information Governance and Security Group	COO	✓	✓		✓	✓	
Infection Control Committee	DoN	✓	✓	✓	✓	✓	
Joint Strategic Transformation Group	DoHSC	✓	✓	STOP			
Public Health Assurance Group	DoPH	✓		✓		✓	
Resilience Forum	DoPH	✓	✓	✓	✓	✓	✓
Integrated Transformation Board	CEO	✓	✓	✓	✓	✓	✓
Requested Reports							
Kincardine and Lochgelly Health Centres	DoHSC		✓				
Transformation paper and future plan	ADPP	✓	✓				
Primary Care Improvement Plan	HSCP AMD		✓				

	Lead	May	July	September	November	January	March
Public Health Reform	D0PH		✓				
Integrated Transformation Board Update	ADPP					✓	

**NHS FIFE
CLINICAL GOVERNANCE COMMITTEE**

DATE OF MEETING:	Thursday 16 th January
TITLE OF REPORT:	Mental Health Strategy
EXECUTIVE LEAD:	Nicky Connor
REPORTING OFFICER:	Helen Hellewell, Lynn Barker, Julie Paterson

Purpose of the Report (delete as appropriate)		

SBAR REPORT

Situation

Further to our letter of 27/9/19 in which the partnership undertook to take action to address the feedback from the NHS Board, considerable work has been undertaken by clinical , social work and managerial teams within the health and social care partnership to address the reported gaps in the strategy. The strategy has been redrafted to take these concerns in to account.

Background

The areas of to be addressed were as follows:

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

These concerns were addressed in the redraft as follows:

- 1) Ensure that the priority of high quality, safe and effective care is clearly articulated: The strategy has been updated with a section clearly articulating the robust governance that will be in place and emphasising our commitment to quality, safety and evidence based practice. This commitment has then been reflected throughout the strategy and will be further supported by the delivery plans that will flow from the strategy.
- 2) Review commitments with a view to prioritising and reducing them in number: We have made clear that there are seven overarching commitments that the partnership has committed to deliver on. We have clearly articulated this in a new introduction at the forefront of that section of the strategy. The priorities of the partnership are thus more explicit.

- 3) Review the descriptions of mental health and wellbeing/mental illness: We have inserted a definition of mental health which clearly acknowledges the continuum of mental wellbeing through to mental ill health and that this strategy is delivering for the people of Fife at all points on this continuum. We have brought this to the forefront of the strategy to set the scene more effectively for the strategy.
- 4) Clarify the position of learning disabilities and drug and alcohol problems: there are individual strategies for learning disabilities and substance misuse, however we have added in statements within the strategy to acknowledge the importance of joined up accessible services that work across boundaries to deliver a person centred approach. The learning disability strategy, Keys to Life, has also been added on page 10.
- 5) Undertake an assessment of current challenges to delivering safe, effective person-centred mental health care: Reference is made within the strategy to the poor environmental conditions within the mental health estate and to our broad vision for addressing this. Our commitment to the provision of high quality, therapeutic, fit for purpose in patient care where required is explicit however we are not in a position to provide further detail in this overarching strategy document. A consultation requires to be progressed as per the capital planning process and we cannot pre-empt the outcome of this in this overarching strategy.

It is important to recognise that whilst the Strategy provides the vision and direction for mental health service delivery across Fife, specific actions will flow from this strategy and in turn be presented through appropriate governance arrangements.

Recommendation

The committee is asked to

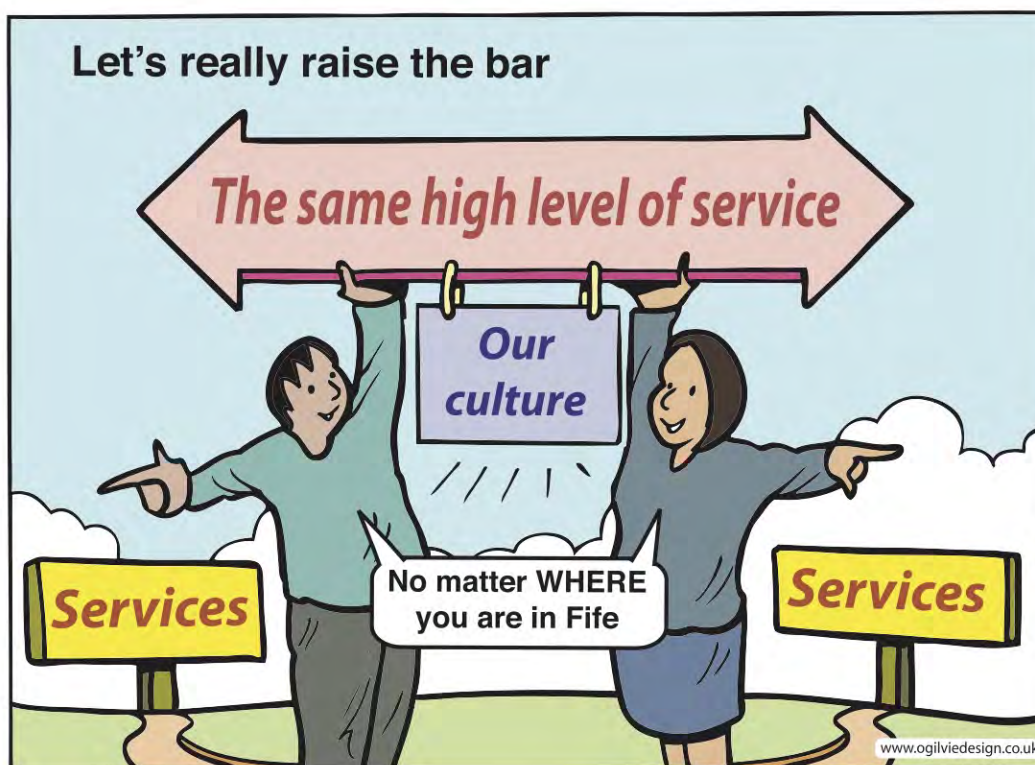
Objectives: (must be completed)	
Healthcare Standard(s):	
HB Strategic Objectives:	

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:	<p>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</p> <ul style="list-style-type: none"> • 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 Mental Health Strategy

2019 to 2023



“Let’s really raise the bar”

Section	Page No
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Fife's Vision	
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Fife's Seven Commitments to Improve the Mental Wellbeing of our Communities	
Commitment 1: Prevention and Early Intervention	
Commitment 2: Shifting the balance of care	
Commitment 3: Workforce	
Commitment 4: Access to Treatment and Joined-up Accessible Supports and Services	
Commitment 5: Technology Enabled Care	
Commitment 6: Participation and Engagement	
Commitment 7: Rights, Information Use, and Planning	
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Managing Risk	
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Foreword

Since the launch of Fife's Joint Mental Health Strategy, 'What Matters to You?' in 2013, a significant amount of work has been carried out within our mental health and wellbeing support services. From a national perspective, there has been an increased awareness of the importance of having and maintaining good mental health and wellbeing through several keeping well and anti-stigma campaigns, as well as an increased focus from the Scottish Government.

With this in mind, it was acknowledged that the time was right to take stock of the work being done in Fife, to reflect on what has been achieved and to lay out our commitments for the coming four years.

Our refreshed Strategy takes full account of the recommendations of the Scottish Government National Mental Health Strategy (2017 – 2027), which emphasises the need to build capacity within our local communities and reduce the reliance on hospital beds, working with a range of partners to achieve this. Fife's commitment is to embrace an ethos of recovery which is focused on maximising opportunities for people experiencing mental ill health and mental illness and embedding values-based practice into service delivery. We believe in equity of access to support and we are committed to the principles of personalisation, where people can build a meaningful and satisfying life whether they have ongoing or recurring mental health symptoms.

This refreshed Mental Health Strategy for Fife provides an overview of the work currently underway and identifies Fife's seven overarching commitments and associated actions for the next four years, in addition to measuring and evidencing what success looks like for a mentally healthier Fife.

The planning, provision, organisation and management of services will be underpinned by high quality person-centred, safe, effective and evidence-based practice; service development and delivery will be reflected in higher standards of service provision. Robust governance and monitoring arrangements will ensure the best possible services for the people of Fife.

We would like to thank everyone who contributed to this Strategy, including members of our Mental Health Focus Group (our experts with lived experience), staff from across Health and Social Care, Fife Council, NHS Fife, the Police, our third sector and independent external partners and those who kindly took part in our engagement event and survey.

This four-year mental health strategy is the next exciting phase of change and improvement in Fife, building on the momentum of the whole system approach to redesign to date. Implementation plans will be drafted to support the seven commitments and, by definition, will be dynamic with checks and balances to ensure delivery.

We will continue to monitor our progress and measure our success to ensure we remain focused on delivering the best possible supports, for people of all ages, across Fife.

The graphics used throughout this document have been provided by Graham Ogilvie (Ogilvie Design). Graham attended our Mental Health Engagement event in May 2018 – the starting point of our Strategy development. Graham sketched during the event, capturing the key messages and themes of those who attended.

What do we mean when we talk about mental health?

In many ways, mental health is just like physical health: everybody has it and we need to take care of it. There are many diagnosed 'mental health' conditions with varying symptoms and severity, ranging from low mood and depression to more severe and enduring mental health conditions such as schizophrenia and bi-polar disorders. Throughout this document we have used the term "mental ill health" or "mental health and wellbeing" to describe the range of conditions.

*"The absence of mental health problems does not necessarily mean the presence of good mental health. Someone living with a mental health problem can have good mental wellbeing, i.e., living a satisfying, meaningful, contributing life within the constraints of painful, distressing or debilitating symptoms."*¹

Every person sits along different points of a mental health continuum which includes 'mental wellbeing' through to 'mental illness'. As the World Health Organisation suggests above, the presence of a mental illness does not necessarily mean the presence of poor mental wellbeing and the absence of mental illness does not mean that someone is feeling mentally well. Many people experience mental health concerns at some point during their lifetime, which can be addressed through a range of supports from informal family and friends, social connections, meaningful activity, talking



therapies, access to physical activity and/or formal support to manage a significant loss of life event – the list is endless and very much depends on the person. For others, a mental health concern can become a diagnosed mental illness when ongoing signs and symptoms around the way a person understands the world causes significant stress and significantly impacts on a person's ability to function day to day without clinical/medical intervention and/or treatment.

Below are some definitions used to describe the range of mental health conditions and the varying terminology.

Mental health: a state of wellbeing

Mental health is defined as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (World Health Organisation WHO - 2014)

According to the Mental Health Foundation - *Being mentally healthy doesn't just mean that you don't have a mental health problem. If you're in good mental health, you are in a better position to*

- *make the most of your potential*
- *cope with your life*
- *play a full part in your family, workplace, community and among friends.*

Some people call mental health 'emotional health' or 'wellbeing' and it is just as important as good physical health. Mental health is everyone's business (Mental Health Foundation)

"Good mental health means being generally able to think, feel and react in the ways that you need and want to live your life. But if you go through a period of poor mental health you might find the ways you're frequently thinking, feeling or reacting become difficult, or even impossible, to cope with. This can feel just as bad as a physical illness, or even worse."

Joined up accessible services are particularly important, for example a person may have a learning disability, a diagnosis of autism, or an addiction to alcohol or drugs. Services therefore must work across boundaries to truly deliver person centred outcomes which lead to improved mental health and wellbeing.

This strategy therefore aims to support all individuals to improve and maintain their mental wellbeing, across the mental health continuum. That is, support people to improve their own mental health and wellbeing through to ensuring that those with enduring mental health difficulties receive high quality, safe, expert clinical and professional care and treatment.

Fife's Vision

Our vision for this refreshed Mental Health Strategy for Fife has been informed through the extensive feedback gathered through our engagement and consultation throughout 2018 and 2019:

“We will live in mentally healthy communities; free from stigma and discrimination, where mental health is understood. Where support is required, it will be personalised, responsive and accessible”

We will promote the importance of keeping mentally well, building the capacity of communities and encouraging people to build on their assets and strengths. Where supports or services are required, there will be equity of access across Fife's localities, tailored to meet local needs; they will be co-ordinated with the person at the centre at all times, ensuring they feel included and listened to.

The Scottish Government is committed to improving everyone's mental health and wellbeing. There has been significant investment in psychological services for people of all ages, including for children and adolescents' mental health services, as well as to improve services offered to people experiencing low mood. Most recently, the Scottish Government has allocated funding under Action 15 of the National Mental Health Strategy (2017-2027), to increase the mental health workforce in order to reduce the burden on emergency/crisis services.

We are aware that a significant challenge to Fife's Strategy implementation will be meeting an increasing demand for services and support whilst continuing to manage available resources. Fife is committed to ensuring that all available resources are used in the most effective and efficient way, ensuring our Commitments are delivered within existing budgets.

In order to achieve the commitments laid out in this Strategy we will require to think **creatively** and **innovatively** to ensure our services are fit for the future and based on secure evidence-based practice, supporting positive mental health and wellbeing for all and to succeed, will require co-production across all parts of the service, with communities, with our partners in the third sector, with people who use our services, their families and carers.

Through engagement and consultation with Fife's communities, several key themes have been identified, as follows:



- **challenge discrimination and stigma** through involvement in local and national campaigns. People in Fife recognise that we all have mental health.
- **raise awareness and focus on prevention and early intervention** with the aim of promoting mentally healthy communities.
- work closely with all of our partners to take a **collaborative, whole system approach** to ensure care and support is matched to the unique needs and outcomes of the individuals who seek support.
- **raise awareness** of the importance of **keeping good mental and physical health and wellbeing**; to ensure that the physical health of those with mental health conditions is improved and also that the mental health needs of those with physical health problems are fully considered.
- ensure that all available **resources** are utilised in the most **efficient and effective** way, optimising opportunity for the right care in the right setting at the right time and ensuring best value for all.
- ensure services are **underpinned** by “evidence-based practice”.

The above commitments will inform the planning and delivery of mental health and wellbeing support in Fife for the next four years. Implementation plans will be developed for each area of work to ensure we deliver on our commitments and evidence what successful delivery will look like. An example implementation plan is shown at Appendix B.

Each implementation plan will be co-ordinated and monitored through our current governance structure by our multi-agency Mental Health Strategy Implementation Group (MHSIG). The MHSIG reports on its work and the work of those groups it oversees to the Integration Joint Board of Fife Health & Social Care Partnership (HSCP).

What is the Strategic Context?

For decades, service development in mental health services across Scotland has been characterised by a reduction in hospital beds, supported by improved mental health community services. In Fife, the pace of this shift has been relatively slow.

The 2011 Christie Commission Report on the Future Delivery of Public Services² emphasised the requirement to harness community assets and resilience, to prioritise preventative measures to reduce demand and inequalities and to collaborate with those who use services to bring about transformation. The subsequent creation of the Health and Social Care Partnerships (HSCP) under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 enabled Fife to integrate and deliver care in a more co-ordinated way. NHS Fife's Clinical Strategy 2016-2021, driven by the values and principles presented in NHS Fife's Strategic Framework 2015-2020, recommends good quality, evidence-based practice and person centred, needs based care delivered as close to people's homes as possible.

Mental health is a key priority in both NHS Fife's Clinical Strategy and the HSCP's Strategic Plan; the strategic direction of which is further supported by the National Mental Health Strategy (2017 – 2027) which emphasises the need to reduce the reliance on hospital beds and to build capacity within our local communities, working with a range of partners to achieve this.

We will shift the balance of care ensuring that people receive the right care, at the right time in the right setting. In Fife, the negative impact of our aging inpatient estate cannot be underestimated. We will therefore strive to improve and modernise our inpatient resources and buildings ensuring that the environment is fit for purpose to deliver safe, high quality, therapeutic care for those who require this.

Improving mental health is a key priority for the Scottish Government and for Fife. This is our rebalancing care agenda in Fife.

The national and local policy context within which our Strategy has been framed is shown in the following diagram and detailed in Appendix A.

Our Strategy requires to deliver in this context, recognising and taking account of key relationships, for example learning disability, dementia and addictions strategies, which are necessary to deliver on the mental health and wellbeing continuum. We will ensure that these strategies all come together to deliver the best care for each person and to confirm that where a person has more than one diagnosis we make sure their individual needs are met.



Summary of Commitments

In order to achieve the vision laid out in this Strategy, we will require to think **creatively** and **innovatively** to ensure our services are fit for the future, supporting positive mental health and wellbeing for all. We can do this through delivering on the seven key commitments identified by the people of Fife. These are:

Commitment 1: Prevention and Early Intervention

Commitment 2: Shifting the Balance of Care

Commitment 3: Workforce

Commitment 4: Access to Treatment and Joined Up Accessible Support and Services

Commitment 5: Technology Enabled Care

Commitment 6: Participation & Engagement

Commitment 7: Rights, Information Use and Planning

A summary of all seven commitments and associated actions are provided below.

Commitment 1: Prevention and Early Intervention

Mental health is just as important as physical health “no health without mental health” and we recognise that prevention and early intervention is a key priority.

Good Mental Health For All

- We will continue to work with our partners from health, social work, education, police, fire service, housing, third sector and local communities of Fife to deliver the objectives set out in Fife’s Community Plan 2011-2020 in relation to reducing inequalities.
- We will ensure timely, high-quality information is available to children, young people, adults, families and carers so that they can make decisions about their own mental health care and support, and about mental health services.
- We will ensure the implementation of best practice for early intervention for first episode psychosis, according to clinical guidelines.
- We will develop the On Your Door Step resource to ensure we capture as many community groups, organisations and sources of information that is available within all local communities.
- We will continue to support the roll-out of ‘The Wells’ across all Fife localities.

Physical Wellbeing

- We will continue to promote and raise awareness of the importance of keeping physically well for those affected by mental ill health.
- We will continue to work in collaboration with all partners to promote early attendance for physical symptoms and reduce the risks associated with multi-morbidity.
- We will continue to focus on outcomes that matter to individuals; reflecting the importance of aspiration and meaningful activity as part of a person's journey to health.
- We will promote the NHS Scotland's National Physical Activity Pathway (NPAP) as a set of steps staff can take to encourage people they work with to be more active. It targets adults who are inactive or not active enough to benefit their health and can be used in any face to face conversation.

Employment

- We will continue to educate and challenge stigma with employers in order to promote mentally healthy workplace environments.
- We will continue to focus on outcomes that matter to individuals; reflecting the importance of employment as part of a person's journey to health.
- We will take into account the Delivering Differently findings around employability, self-management, peer support and raising the voice of experience.

Housing and Homelessness

- We will ensure that people with mental ill health are offered the same access to housing and support as those not so affected.

Children & Young People's Emotional Wellbeing

- We will provide all children and young people, who present to GPs with emotional or mental health issues, with a face to face contact and provide a timely holistic assessment of their needs and effective signposting and engagement with services offering support for emotional wellbeing and mental health.
- We will reduce the waiting times for children and young people to access specialist services where this is required thus providing the right mental health support at the right time.
- We will improve transition pathways for children moving into adult mental health services.
- We will develop multi-disciplinary assessment and pathways for those individuals with more complex needs, e.g. children who have experienced trauma, Attention Deficit Hyperactivity Disorder (ADHD) and Autism.
- We acknowledge that a variety of training approaches is required to be developed ranging from awareness raising to skilled intervention depending on the population group being trained, e.g. GPs, Emergency Department Staff, receptionists, NHS24 staff, Pharmacists, etc.
- We will develop our use of social media, choosing channel and content type best suited to the target audience.

Stigma and discrimination

- We will contribute to the Equality & Mainstream Plans which have been developed by NHS Fife and Fife Council to ensure all activity within this Strategy is in line with Equality Act 2010.
- We will continue to embed the Equality Act 2010 with respect to discrimination on grounds of mental health across all communities and in all areas of life. We will take every opportunity to combat stigma which acts as a barrier to people seeking support with their mental health and wellbeing and promote social inclusion at every opportunity.
- We will continue to reinforce and strengthen Fife's Walk A Mile, It's Okay and Pass the Badge anti stigma campaigns.
- We will work with See Me to review Fife's anti-stigma campaign approach to ensure we effectively challenge stigma and discrimination
- We will work alongside Fife's Mental Health Focus Group, our experts with lived experience, local and national partners to develop new approaches to challenging stigma and discrimination in mental health, which will include social media campaigns.

Suicide Prevention

- We will develop a Suicide Prevention Strategy and Action Plan using the Scottish Government Suicide Prevention Action Plan “Every Life Matters published in 2018.
- We will ensure that all inpatient areas undertake an environmental ligature audit using a standardised tool on an annual basis, or more frequently, if there has been a significant change of use or service redesign.
- We will share information when necessary with partner agencies and professionals including Police Scotland.
- We will regularly review academic and analytical studies that provide the evidence base for what makes a difference to suicide rates and use this evidence to improve practice and make positive and effective service change.

Commitment 2: Shifting the Balance of Care

The rebalancing care agenda aims to reduce reliance on inpatient hospital care and is underpinned by access to treatment and the promotion, awareness raising and further development of joined up accessible community care supports and services across all of Fife's localities.

- Our commitment to shift the balance of care will mean less reliance on our mental health estate. For the estate that is retained, it will be high quality, person centred, outcome and recovery focused within facilities and environments that are fit for purpose; and through our improved pathway, discharge planning will begin at the point of admission.
- Our approach to care and support (in hospital and in the community) will be holistic, embedding “Good Conversations” training for staff, keeping the person at the centre and recognising the invaluable role of families and carers.
- We will ensure that carers, as key partners, have improved access to support and information.
- We will support and enable people to live safely and independently within local communities, developing community-based peer led networks and assets recognising that ‘probably the single most important factor contributing to change towards more recovery oriented services’ (Repper 2013) is the added value of mutual support.

Commitment 3: Workforce

As part of our agenda to shift the balance of care, we must have the correct combination of suitably trained, confident and experienced staff to promote prevention and early intervention, to support people within their local community as well as provide care within ward settings

- We will continue to review our workforce requirements, taking into account service redesign, to ensure the correct levels of staffing, with the right mix of skills, are available where required.
- Through our Mental Health Recruitment Group we will seek to promote Fife as a Centre of Excellence in the delivery of mental health services, encouraging people with a wide range of skills and expertise to work, and remain working, in Fife.
- Future workforce planning will continue to take into consideration Fife Health and Social Care's Strategic Plan and NHS Fife's Clinical Strategy commitments to enable people to stay in their own home for as long as possible, supported by person centred community services.
- We will continue to work with our partners across all sectors to share learning opportunities in relation to mental ill health and mental disorders and our referral pathways.
- We will continue to support the health and wellbeing of our staff through training, information sharing and supervision to continuously improve the quality and safety of care.

Commitment 4: Access to Treatment and joined up Accessible Supports & Services

Appropriate, responsive, consistent and flexible access to evidence-based services and support for people with mental ill health, within an appropriate timescale, is something that should be available to everyone regardless of age, ability or geographical location.

Primary Care and Mental Health and Unscheduled Care/Out of hours

- We will continue to design, implement and evaluate supports and services that provide timely, accessible, efficient and effective responses to common mental health problems to reduce the pressure on GP resources across Fife.
- We will continue to provide supports and services that are proactive, pre-emptive and co-ordinated with people and their families/carers at the centre, using our resources as efficiently and effectively as possible and seek to decrease crisis presentations.
- We will establish a culture of anticipatory care planning within our community teams to promote and support self-management and enable best management of crises.
- We will work with partners in the third sector and Police Scotland to make available more community-based safe places for people experiencing mental health crises or who are under the influence of alcohol or drugs, to avoid the default use of Custody Suites or Emergency Departments where it is not appropriate for their care and support.
- We will ensure parity in healthcare for individuals attending Emergency Departments with a mental health related issue.

Specialist Mental Health Teams

- We will develop a Fife-wide care pathway for perinatal mental health assessment and referral to ensure the person receives care at the right level for their need and provide awareness sessions/training on infant mental health for all staff working with mothers and their babies.
- We will develop a range of flexible psychological therapy options for people of all ages who have less complex needs as well as continue to specifically raise awareness of the availability of psychological therapies amongst older adults.

- We will improve transition pathways between tiers of care, between age related support services and between statutory supports and third sector, ensuring they are as seamless as possible,
- We will review our specialist older adult/dementia services following Community Mental Health Teams (CMHTs) becoming embedded across all localities,
- We will undertake a full review of the services currently provided by our partners in the third sector, informed by this four year strategy, to further develop innovative service solutions where required. The focus will be the provision of asset based, person centred recovery and support to individuals and their carers, including young carers. This review will be completed by 30th September 2020.

Commitment 5: Technology Enabled Care

Telehealth and telecare can be used to support the whole spectrum of long term conditions and can be deployed in all sectors and across the breadth of care pathways; within the home; in primary and community care; in supported housing, hospitals and care homes; and within our emergency care services.

- We will optimise the use of digital and mobile technologies to enable people to self-manage their health, to enable monitoring, diagnostics, advice and access to enhance ongoing care and decision making closer to home wherever possible.
- We need to build public and professional awareness and confidence in how technology can make a difference to the lives of individuals, and ensure it is reliable and easy for all to use.
- There will be “fit for purpose” systems for the seamless transfer of clinical information. This will improve communication between health and social care professionals and other partners and enhance quality of care and experience for those who use our services.

Commitment 6: Participation & Engagement

Participation & Engagement approaches which will ensure community views and knowledge, individual experience and special interest groups are embedded throughout mental health service delivery.

- We will develop and expand the membership of the Fife Mental Health Focus Group.
- We will strive to be as inclusive as possible in our reach and ensure that individuals or groups whose voices are not traditionally as strongly heard or represented, are identified and involved. We will deliver a range of participation points to facilitate this.
- We will see the development of an independent hospital visitor role to evidence our commitment to transparent engagement and participation in ward settings thus maximising the influence of those who are in our care. We will listen to, respect and learn from each other.
- We will develop a 'keeping in touch' single page newsletter to regularly let everyone know of progress in mental health redesign.

Commitment 7: Rights, Information Use and Planning

A human rights-based approach is intrinsic to the commitments of our Strategy. This is being addressed through the PANEL principles: Participation, Accountability, Non-discrimination and equality, Empowerment, and Legality.

- We will ensure our staff continue to practice and adhere to all human rights legislation.
- We will increase staff awareness of Children & Young People's Rights: UN Convention on the Rights of the Child (UNCRC).
- We will ensure all staff understand their responsibilities in relation to the principles underpinning the suite of adult protection legislation, namely Mental Health (Care and Treatment) (Scotland) Act 2003, Adults with Incapacity (Scotland) Act 2000 and Adult Support and Protection (Scotland) Act 2007.

Fife's Mental Health Landscape in 2019:

Understanding our population

In Fife we have an estimated population of 367,250 people.

People from different communities experience life in different ways, with a range of contrasting needs and desired outcomes.

In Fife Health & Social Care Partnership (HSCP) we have seven locality areas, which match the existing boundaries of the Fife Local Community Planning Groups as follows:



1. North East Fife (takes in Auchtermuchty, Cupar, Taybridgehead, St Andrews, Crail and Anstruther)
2. Glenrothes (takes in Thornton, Kinglassie and Leslie)
3. Kirkcaldy (takes in Burntisland and Kinghorn)
4. Levenmouth (takes in West Wemyss, Buckhaven, Methil, Methilhill, Kennoway and Leven)
5. City of Dunfermline
6. South West Fife (takes in Inverkeithing, Dalgety Bay, Rosyth, Kincardine, Oakley and Saline)
7. Cowdenbeath (takes in Lochgelly, Kelty and Cardenden)

Table 1: Demographic Information for Fife

Locality	Population	% Male	% Female	% of individuals who live in one of 20% most deprived areas in Scotland
North East Fife	72,954	47.7%	52.3%	1%
Glenrothes	50,600	48.6%	51.4%	23%
Kirkcaldy	59,840	48.4%	51.6%	30%
Levenmouth	37,651	48.0%	52.0%	44%
City of Dunfermline	55,452	48.8%	51.2%	11%
South West Fife	49,879	49.4%	50.6%	8%
Cowdenbeath	40,884	48.3%	51.7%	35%

Source: HSCP Locality Profile Reports / Scotland Census 2011/NRS)

Mental health has the fourth highest impact on health in Fife, as across Scotland, after cancer, cardiovascular disease and neurological conditions.

Mental health problems are not equally distributed across the population. Those who are socially disadvantaged are at increased risk. In 2010/2011, there were twice as many GP consultations for anxiety in areas of deprivation than in more affluent areas in Scotland (62 consultations vs. 28 per 1,000 patients). The prevalence and type of mental health problems also vary by sex and age. For example, recent surveys have identified that young women (16–24 years) are at increased risk of common mental health problems and self-harm.³

We can compare data for Fife with Scotland using Disability Adjusted Life Years (DALYs) – a measure which allows us to look at the total diagnosed occurrences of illness, taking into account the severity of its impact, the length of time that people have the condition as well as differences in age and sex in different parts of the country.

On this basis, Fife is similar to Scotland in relation to instances of mental ill health, although we do have a higher rate of DALYs in relation to the mental health-related category of suicide, self-harm and interpersonal violence (554 v. 520 for Scotland)

Survey data on mental health problems show a flat or slightly declining trend but prescription rates for drugs to treat depression / anxiety / psychosis are steadily climbing in both Scotland and Fife.

Prevalence of Mental Health Problems

The Mental Health Foundation Report: Fundamental Facts about Mental Health 2016⁴ detailed information from the publication of the 2014 Adult Psychiatric Morbidity Survey (APMS) that every week one in six adults experience symptoms of a common mental health problem, such as anxiety or depression, and one in five adults has considered talking their own life at some point.

Table 2: Prevalence of common mental health problems (adults 16+)

Common mental health problems	2014
Common mental disorders not otherwise specified (CMD-NOS)	7.8%
Generalised anxiety disorder (GAD)	5.9%
Depression	3.3%
Phobias	2.4%
Obsessive Compulsive Disorder (OCD)	1.3%
Panic Disorder	0.6%

Source: Mental Health Foundation Report: Fundamental Facts about Mental Health 2016

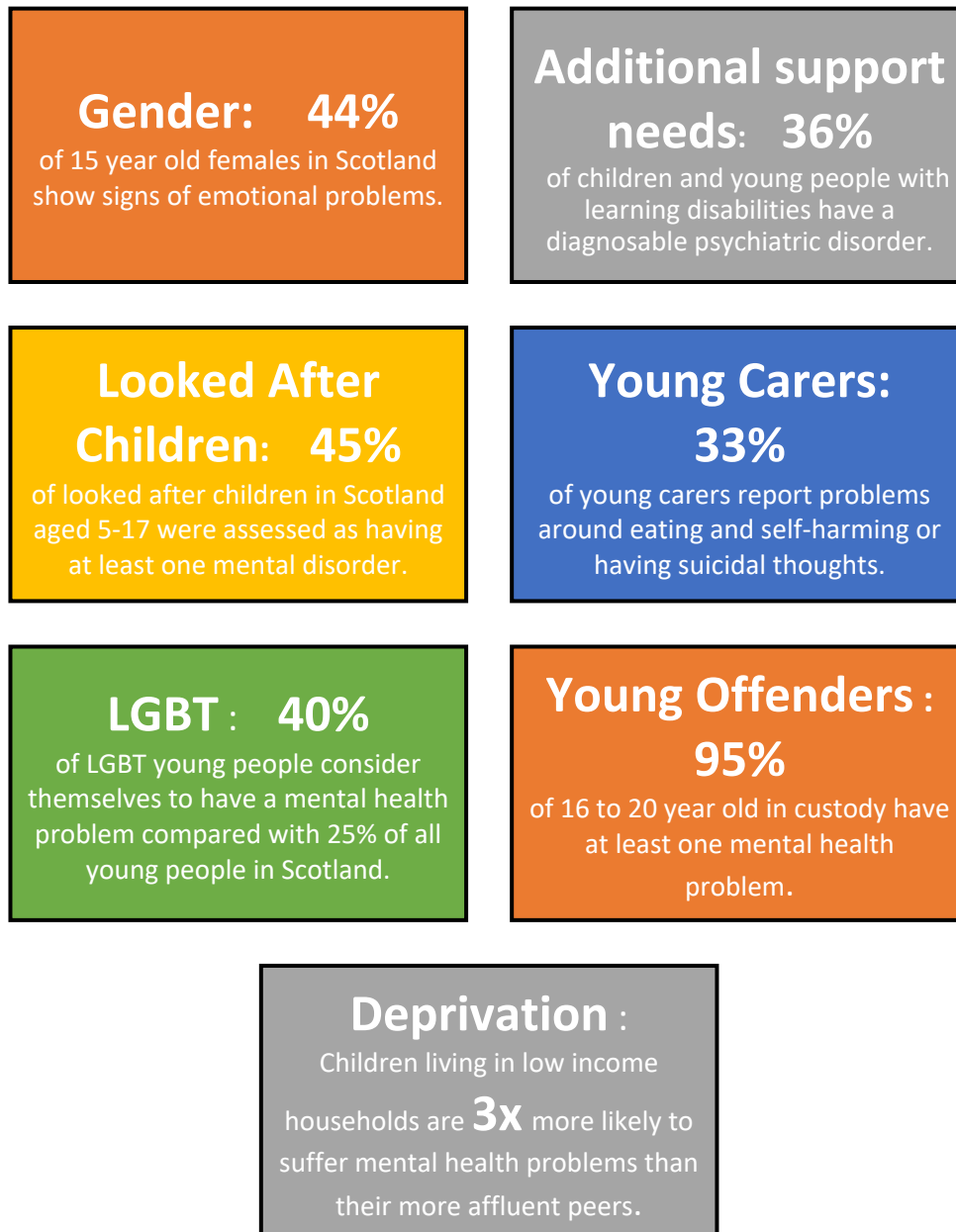
Table 3: Prevalence of severe mental health problems (adults 16+)

Severe mental health problems	2014
Personality Disorder	13.7%
Attention Deficit Hyperactivity Disorder	9.7%
Bi-polar Disorder	2.0%
Autism Spectrum Disorder	0.8%
Psychotic Mental Health Conditions	0.5%

Source: Mental Health Foundation Report: Fundamental Facts about Mental Health 2016

Children and Young Peoples Mental Health

Factors affecting the mental health and wellbeing of children and young people.



Between 2013/14 and 2017/18, the number of referrals to Child and Adolescent Mental Health Services (CAMHS) in Scotland increased by 22 per cent 22,271 to 33,270. During the same period, the average wait for first treatment appointment increased from seven to eleven weeks. The increase in referrals may reflect increasing awareness in mental health issues and a decline in stigma.

In Fife the average waiting time between being referred and their first treatment appointment in 2017/18 was 10 weeks.⁵

Chart 1: Fife population prescribed drugs for anxiety, depression or psychosis

There is an upward trend in prescription rates for anxiety, depression or psychosis in both Fife and Scotland, with Fife tracking Scotland, but at a marginally higher rate. A contributing factor to this is the strong association of mental illness with deprivation. Table 1 Demographic Information Fife provides further information. (Source: ScotPHO)

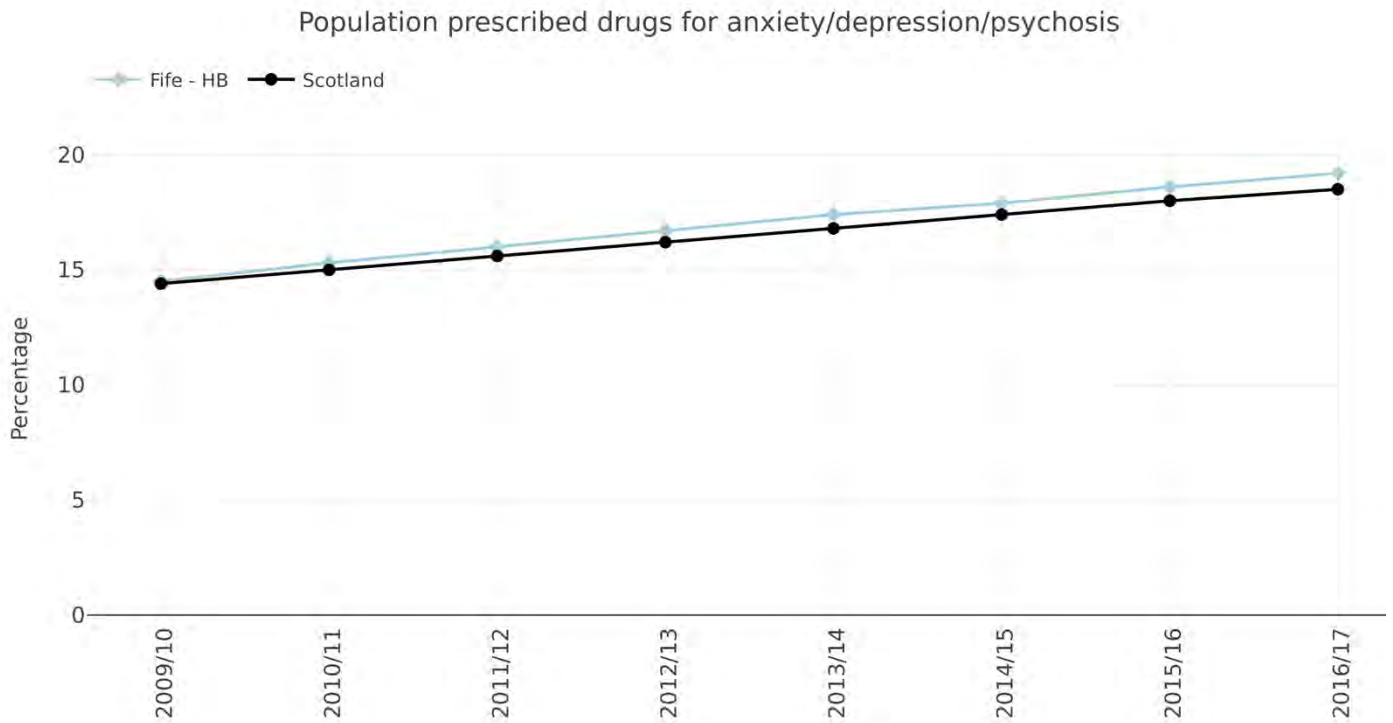


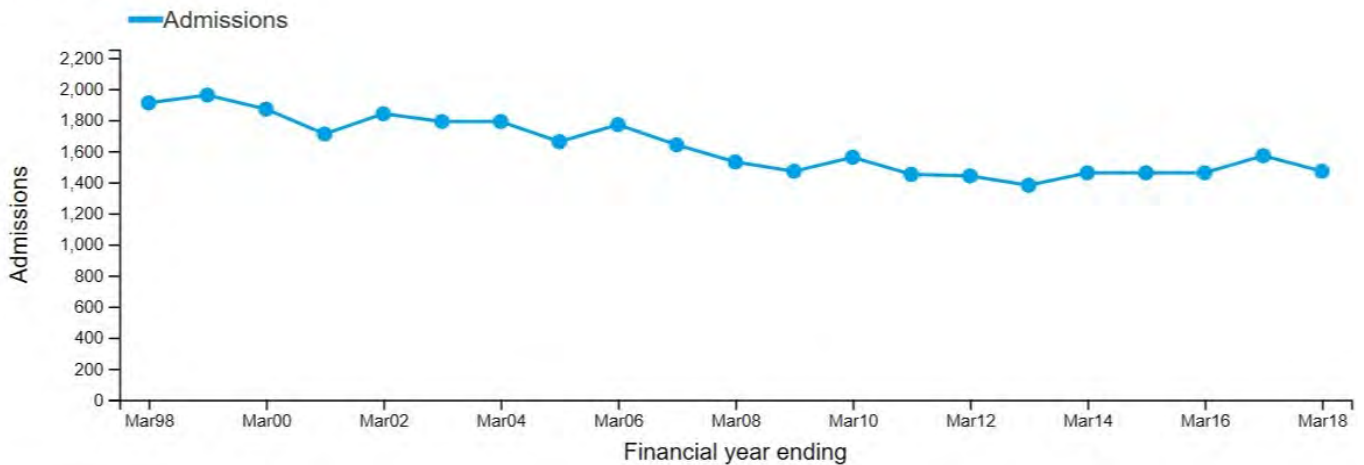
Table 4: Fife population prescribed drugs for anxiety, depression, or psychosis

Year	Number	% of total population
2014/15	65,719	17.9
2015/16	68,529	18.6
2016/17	70,960	19.2

Chart 2: Admission Rates

Admission rates are declining slowly in both Scotland and Fife. This is affected by a number of factors, primarily the move towards community care and does not necessarily indicate a reduction in the incidence of moderate to severe mental illness.

NHS Fife



The Scottish Government recently published their results from their third Mental Health & Learning Disability Inpatient Bed Census and Out of Scotland NHS placement Census.

Some key points from this report include:

There were 3,572 patients occupying a psychiatric, addiction or learning disability inpatient bed in an NHS Scotland facility in the March 2017 Census. This compares to 3,633 in March 2016.

Of the 3,572 patients, 59% were Male, 41% were female.

The patients in the Census were mostly from older age groups, 23% were aged 18-39, 35% were aged 40-64 and 40% aged 65+.

Patients were most likely to be in an Acute Ward (38% of all patients).

There were 4,205 psychiatric, addiction or learning disability inpatient beds available in NHS Scotland, compared to 4,254 in March 2016. The overall occupancy rate in Scotland was 85% (same as March 2016).

There were 484 patients primarily managed by Forensic Services at March 2017. This compares with 458 in March 2016. Forensic psychiatry is a specialized branch of clinical psychiatry which relates to mentally disordered offenders and others with similar problems.

Over half (58%) of patients aged 18+ had at least one long term physical health co-morbidity.

89% of adult patients admitted in the last year had a general physical exam within a day of admission and 82% of those admitted over a year ago had an annual physical exam.

Chart 3: Deaths from suicide

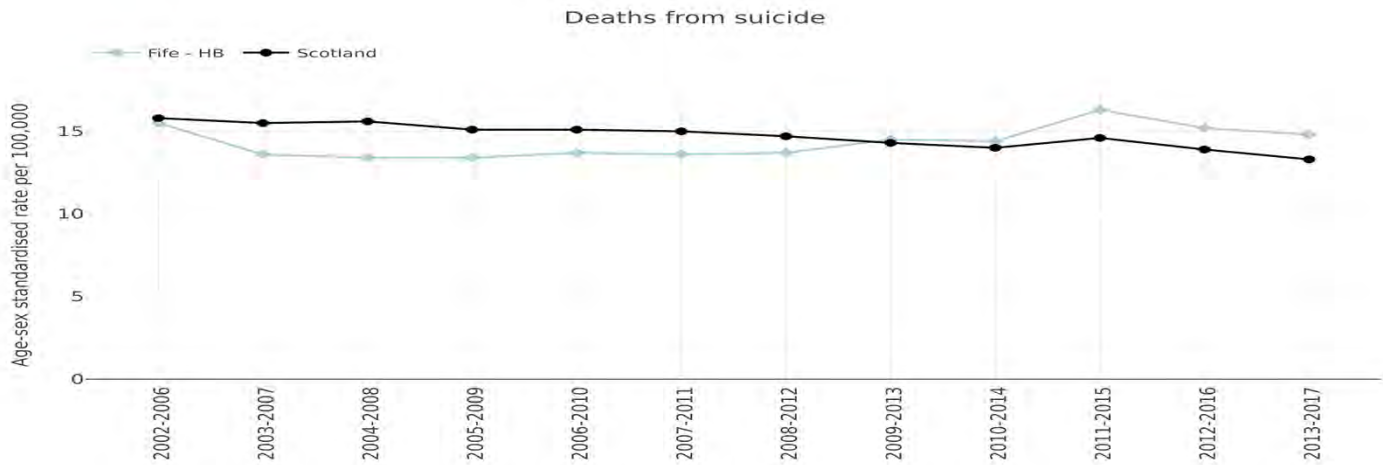
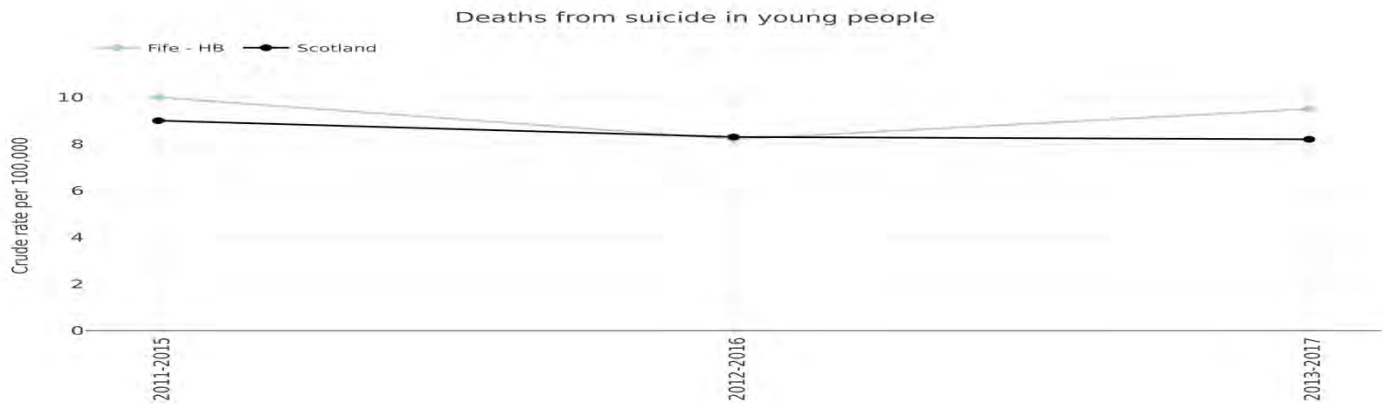


Chart 4: Deaths from suicide in young people

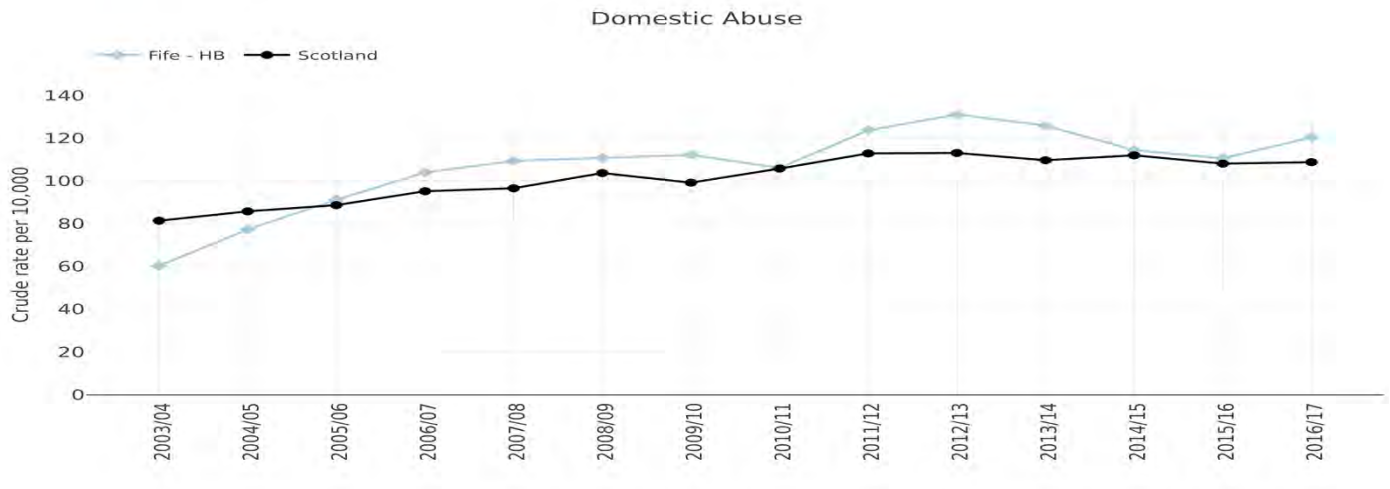


The trends on suicide shows a gradual decline in Scotland but Fife has overtaken the Scottish rate.

Although excellent progress has been made in reducing the rates in suicide, it continues to be a leading cause of death among young people aged 15-34 years. Scottish suicide rates are four times higher in areas of greatest deprivation than in areas of the least deprivation. Rates of

suicide increase as the level of deprivation increases, with rates in the most deprived 30% of areas significantly higher than the rate for Scotland generally.⁶

Chart 5: Domestic Abuse

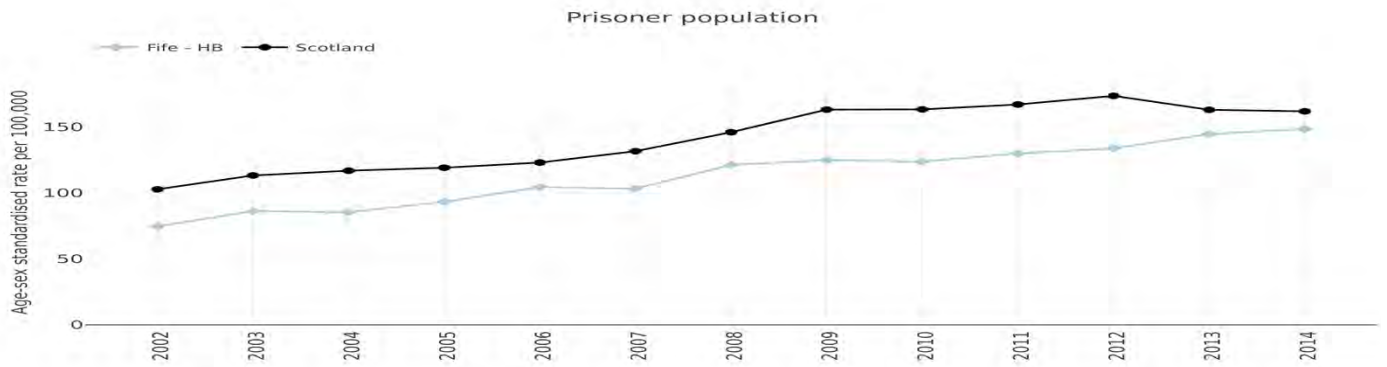


The incidence of domestic abuse has doubled in Fife since 2003/04 and has been higher than the Scottish rate for most years since 2005/06.

Women and girls are often at increased risk of violence, and women living in poverty are disproportionately affected by violence and abuse. The impact of intimate partner violence and abuse can be far-reaching.

This has significant implications for mental health and for the provision of services for those affected, and contribute to adverse childhood experiences (ACES).

Chart 6: Prisoner Population



Although in Fife the rate has been historically lower than that for Scotland as a whole, the gap has narrowed in recent years, and is still increasing in Fife. Given the strong links between offending and mental illness, this data could signify both cause and effect of mental illness. It may mean an increase in the number of people who are vulnerable to both mental health and drug and/or alcohol problems on release from prison.

Prisoners have shown to have significantly higher rates of mental health problems than the general population.

Table 5: Comparison of prison population versus general population

	Prison population	General population
Schizophrenia and Delusional Disorder	8%	0.5%
Personality Disorder	66%	5.3%
Neurotic Disorder e.g. Depression	45%	13.8%
Drug Dependency	45%	5.2%
Alcohol Dependency	30%	11.5%

Source: Mental Health Foundation: *Fundamental facts about Mental Health 2016*

Fife's Seven Commitments to Improve the Mental Wellbeing of our Communities

Commitment 1: Prevention and Early Intervention

Mental health is just as important as physical health “no health without mental health” and we recognise that prevention and early intervention is a key priority.

Local community planning partnerships have an important role to play in working with adults, children, young people, families and communities to maximise their good mental health. Delivering at a population level to address the determinants of mental health problems are likely to prevent them and, in the long term, contribute to a reduction in mental health problems and inequalities in mental health.

Key areas where there is strong evidence for action include:

- Addressing adversity and disadvantage in early years
- Low and insecure income and problem debt
- Unemployment and access to positive work experience/meaningful activity.
- Poor housing and the physical environment.

Fife Community Plan 2011-2020⁷

Prevention in mental health can mean different approaches depending the persons circumstances and/or diagnoses. In addressing prevention in this strategy, we have different levels as follows:

- Primary Prevention targets the whole population, across all ages to promote a mentally healthy Fife through, for example, the anti-stigma and participation and engagement workstreams.
- Secondary Prevention targets people who may need additional support and may be vulnerable, which includes, for example, the CAHMS Primary Mental Health Workers for young people and Peer Support development across age ranges.



- Tertiary Prevention is aimed at preventative approaches for people with diagnosed mental illness, which are being addressed through this strategy for example, through the Community Mental Health Teams and Recovery focused care planning.

Good Mental Health for All

Good mental health is determined by a range of social, economic, environmental, physical and individual factors. NHS Scotland Good Mental Health for All 2016⁸ Working with our partners from health, social work, education, police, housing, transport and the third sector we aim to provide opportunities to empower children, young people and adults as unique individuals to build confidence and resilience to maintain and manage their own mental health by:

- building strong networks and partnerships connecting people, shaping services and supporting healthier lives
- ensuring community assets are fully utilised to support health and wellbeing
- ensuring services are integrated by a shared commitment and approach to improving health and wellbeing
- providing easy access to affordable healthy food
- providing housing that is health enhancing and free from health harms
- ensuring community assets and services promoting community cohesion and addressing abuse, violence, discrimination and the impacts of crime.

Those who experience mental ill health often have poor physical health, lower life expectancy, (for example people with severe and enduring mental illness may have their lives shortened by 15 to 20 years)⁹, inequitable access to services and increased risk of social deprivation. Mental health effects, and is affected by physical health problems, for example, those with depression are at greater risk of cardiovascular disease and diabetes. Those with cardiovascular disease and diabetes are at greater risk of depression¹⁰.

Early intervention at the commencement of illness has been shown to have a positive impact on the development and severity of the illness making a difference to people's life chances and quality of life. Availability of prompt and effective treatment for first episode psychosis matters especially, although not exclusively, to our young people and their families, because first episode psychosis occurs most commonly between teens and late twenties, with more than three quarters of men and two thirds of women experiencing their first episode before the age of 35¹¹.

Public education on mental health problems, and on how to find help, needs to go hand-in-hand with making improvements to mental health services. Information, combined with the right support, is the key to better care and better outcomes. We need to ensure timely, high-quality information is available to individuals, families and carers so that they can make decisions about their own mental health care and support, and about mental health services.

Children & Young Peoples Emotional Wellbeing

The Getting it Right for Every Child (GIRFEC) approach supports children and young people so that they can grow up feeling loved, safe and respected and can realise their full potential. At home, in school or the wider community, every child and young person should be: safe, healthy, achieving, nurtured, active, respected, responsible, and included. Each child is unique and there is no set level of wellbeing that children should achieve. Wellbeing is influenced by children's individual experiences and changing needs as they grow.

A range of experiences can have a negative effect on young people. These might be:

- one of the 10 recognised Adverse Childhood Experiences (ACEs) overt abuse; neglect (both physical and emotional) and household adversity (domestic violence, substance misuse, and criminality) or other adversities such as bereavement or bullying, or where a family is affected by illness, disability or poverty.
- involvement in and/or at risk of offending.
- factors associated with the child becoming looked after are often associated with a range of health needs and higher vulnerability as a result of multiple placement moves.
- social media can be a positive tool to help children develop and grow but it can also affect young peoples' emotional and mental health, e.g. impact on sleep, self esteem, self worth, bullying, etc.
- being a young carer which can involve providing levels of physical and emotional support beyond what is expected for the child's age and stage.

Emotional health does not sit separately to general health and wellbeing and must be seen in the context of wider needs. It is recognised widely that young people face many challenges growing up and so some restraint should be exercised in labeling young people with 'mental illness' diagnoses or medicalising the normal growing up process or medicalising feelings and behaviours that are understandable responses to a child or young person's experiences.

Stigma and discrimination

While mental health problems and the side effects of some medication can contribute to poor health and social outcomes, stigma, injustice and discrimination are significant barriers to achieving the same level of access to services and resources (for example financial services, healthcare, employment), health and citizenship.

Good mental health for all means reducing stigma and discrimination. It means that every individual is respected and has equal access to all public services including mental and physical health services and positive work or meaningful activity. This is included in the National Mental Health Strategy (2017–2027) vision of having a ‘Scotland where people can get the right help at the right time, expect recovery and fully enjoy their rights, free from discrimination and stigma’¹².



Suicide Prevention

Suicide prevention is a Scottish Government health priority. Every case of suicide represents an individual tragedy and a loss to society. It has devastating effects on families and communities as well as survivors. It is potentially preventable by wider public health interventions but also amenable to high quality evidence-based care. In 2002 the then Scottish Executive published its suicide prevention strategy entitled Choose Life¹³, a National Strategy and Action Plan to prevent suicide in Scotland. It was established as a 10 year plan with the ultimate objective of reducing the suicide rate in Scotland by 20% by 2013.

At the end of this period the government established a working group to consider the future strategy. This resulted in the Suicide Prevention Strategy 2013-2016¹⁴ which showed that in the 10 years following the publication “Choose Life” there had been a reduction in the suicide rate in Scotland of 18%. Its focus was on engagement with individuals and the general public, reducing stigma and improving the response to suicide.

In August 2018, the Scottish Government published its new Suicide Prevention Action Plan “Every Life Matters”.¹⁵ This was designed explicitly to continue the work from the previous strategy as well as the strong downward trend in suicide rates in Scotland. In the foreword to this action plan, the Minister for Mental Health stated that the suicide rate in Scotland had fallen by 20% between 2002 – 2006 and 2013-2017 i.e. the two periods covered by the two previous strategies. The new action plan committed to a new target to reduce further the suicide rate by 20% by 2022.

Fife Health & Social Care Partnership will use the action plan to inform its own suicide prevention strategy which will aim to ensure that by working singly or in partnership with other agencies, vulnerable people at risk of suicide, are supported and kept safe from preventable harm.

Prevention and Early Intervention - What are we currently doing in Fife?

Good Mental Health For All

Fife's Community Planning Partners have developed and signed up to a Fife Community Plan 2011 – 2020. The Plan sets out what we need to do to improve the wellbeing of people in Fife.

One of the high level outcomes within the plan is:

Reducing inequalities: Reducing inequalities by tackling multiple deprivation will require broad based action in areas such as economic development, health, education, housing, community safety, sport, leisure and culture, and environmental improvement. Partners need to make a long term commitment to breaking cycles of deprivation.

Locality working has also confirmed mental health and wellbeing as a key priority area. In response, the Health & Social Care Partnership is in the process of rolling out a programme of 'Wells'. This initiative aims to connect with local communities, developing community capacity and resilience, providing information on health and social care and allowing people to speak to the right people at an earlier stage.

Physical Wellbeing

The Physical Health and Mental Health Steering Group in Fife supports the development and delivery of standardised, safe, effective and person centred physical health care for people being supported by mental health services.

The Steering Group has progressed several key areas of physical health improvement activity within mental health services in line with the aspirations of the local and national mental health strategies. This has had a reportedly positive impact on the care people receive. The group continues to focus efforts to support better physical health outcomes for people in receipt of care and support from NHS Fife and Fife HSCP.

This will be evidenced through the group's work plan which includes:

- The implementation of the "Passport to Health"¹⁶ tool in all wards and appropriate community teams to provide screening, clinical support and signposting for individuals.
- The review of hospital admission documentation to include physical health screening.
- Elements of the current Dementia Strategy, related to physical health, will be progressed.
- The implementation of staff awareness and training programmes in supporting people experiencing delirium will continue.
- The safe transfer of people between Acute and Mental Health Wards will be ensured.

- A Smoking Cessation plan, with support from Health Promotion colleagues, will be implemented.

Staff from the Health Promotion Team provide “Delivery of Impact” training to increase knowledge and awareness of the links between poor physical health and poor mental health. Practitioners are actively encouraged to have informed discussions about this link with the people they support.

NHS Fife and Fife HSCP continue to work in partnership with organisations to raise awareness of the importance of good nutrition for people with mental ill health, promoting key messages and campaigns including building capacity through the Fife Food Champions network and the use of community kitchens.

In addition, Fife’s Alcohol and Drug Partnership is developing an integrated care pathway on co-morbidity.

Mental Health Occupational Therapy (OT) Services assess people’s physical health as part of a holistic assessment and work with partners in Fife Sports and Leisure Trust to develop physical activity programmes for people who are able to attend and access local sports centres. OTs also discuss potential alcohol and drug use with people they support - carrying out alcohol brief interventions, signposting people onto other services including smoking cessation groups.

Employment

Actions 36 and 37 of the National Mental Health Strategy¹⁷ and feedback obtained through our engagement and consultation identifies that engaging in meaningful activity and/or working towards paid employment plays a key role on people’s journey to recovery.

Returning to work can be daunting for people who have been away from the workplace for a period of time. There is a recognition, therefore, that creative solutions should be identified to allow people to ‘dip their toe’ into (or back into) employment, providing safe spaces to help them learn new skills and increase their confidence. Options may include peer support, supported employment, volunteering and community cafés.



The Single Health and Work Gateway, currently being piloted in Fife and Dundee, has been established to increase employability support for people living with disabilities and long-term health conditions. The project, which will run until 2020, provides a single point of contact for those at risk of falling out of work or who have recently left work due to ill health.

Mental Health Occupational Therapy service works in partnership with Fife Employment Access Trust (FEAT) to deliver the Employ Your Minds project as well as with Fife's Individual Placement Support Service (IPS). The IPS Service supports people with severe and enduring mental ill health to return to work, both paid and voluntary. In addition, the Service works in partnership with the Delivering Differently project, which aims to improve employment outcomes for people in Fife who are experiencing mental ill health.

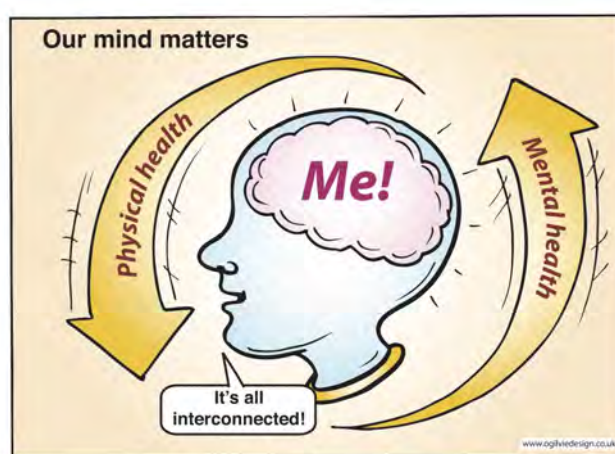
Housing and homelessness

Fife Health & Social Care Partnership, Fife Council's Housing Service and Housing Providers in Fife, through the Housing Priorities Working Group and in line with the Local Housing Strategy (2015-2020), have:

- mapped the current housing provision for vulnerable adults to identify what is being provided within health and social care localities.
- developed and implemented a training plan for front line housing staff; providing them with information especially about housing for those with additional support needs.
- recorded and reported regularly on housing support and adaptations for people with additional support needs ensuring equity across the general population.

Children & Young People's Emotional Wellbeing

Fife's Community Planning Partners have produced the Our Minds Matter (2017) framework which was launched in June 2017. It was borne from recognition that children and young people need support from good, broad pastoral care around them. The framework aims to give focus to services for children and young people to clarify who is involved in this support, what it might look like at different levels and to encourage integration and sharing of approaches.



Fife Child and Adolescent Mental Health Service (CAMHS) has recently developed an Enhanced Early Intervention Service to promote good mental health across Fife schools, colleges and universities. The main aim of this approach is to empower and support frontline workers and to ensure referrals to specialist services are appropriate, thereby creating a more integrated service that will be able to respond more effectively to the broad mental health needs

of children and young people in Fife schools, as well as improving the overall wellbeing of the school population.

Fife CAMHS has undertaken significant redesign of how services are delivered; they have developed online referral forms, a single point of access, a website for Fife, guidance on alternative service providers and a clearly articulated threshold statement for referrers.

Fife CAMHS has recruited additional staff to specifically target those children and young people who have waited the longest to ensure that clinicians are meeting appropriate groups of children; thus ensuring the greatest impact on those with the greatest need.

Fife CAMHS remains committed to providing and further developing supports and services modeled on the success of the joint NHS Fife/Fife Council Springfield Project. The launch in 2017 of The Beeches, sought to ensure an equitable and needs-led service was available to all Looked After and Accommodated Children and Young People resident in Fife.

Fife's School Nursing Service is supporting children and young people who are experiencing mental health issues and continues to work closely with CAMHS colleagues to increase the advice and support they are able to offer children and young people.

Fife's Clinical Psychology Service is currently developing a new mental health and wellbeing Personal and Social Education (PSE) curriculum pack for secondary school pupils, called 'Branch Out', building on positive interventions already happening with children and young people in Fife.

Psychology of Parenting Programme (POPP), the Breadth of Parenting multi-agency group, oversees and audits the variety of parenting programmes currently underway in Fife.

Primary Mental Health Workers (PMHW) facilitate workshops for parents and pupils to explore child and adolescent wellbeing. Adolescent brain development, managing difficult behaviours and the concept of containment are all considered, as well as the parent's own mental wellbeing.

Keep Trauma in Mind (KTIM) trains staff working in services for adults about Adverse Childhood Experiences (ACES) and their impact on mental health. The KTIM cascade model of training allows for large numbers of staff, not just those working in mental health settings, to be trained.

Fife CAMHS delivers a training programme to support Fife Police Wellbeing Champions to encourage improved understanding of mental health and wellbeing amongst frontline police officers working with young offenders.

A national film about Adverse Childhood Experiences (ACEs) and how to develop resilience 'Resilience – The Biology of Stress and the Science of Hope' film is currently in use. Multi-agency partners have created their own Fife film called 'Be that Person' aimed at adults who support children, which showcases good practice in Fife for building resilience in children and

young people. A workshop pack has been developed around the two films to raise awareness of ACEs and help workers and parents know how to build resilience.

The Children Affected by Disability (CABD) Group has been set up to take forward the service gaps outlined in a report published on the Scoping of Services working with children affected by a disability in Fife.

Fife is currently represented on a national group which will be taking forward the Needs Assessment: 5 Year Survey of Need for Mental Health Inpatient Care for Children and Young People in Scotland with Learning Disability and/or Autism.

Fife CAMHS is an integral part of the South East Consortium for Specialist CAMHS Services. A working group has been established to address the needs of those children and young people who engage in offending behaviour and experience mental health issues. This work will link in with the pathways that are being established through the creation of a National Secure Adolescent Inpatient Facility, currently under development in Ayrshire.

The CAMILLE training programme, Empowering Families where the Parent is Mentally Ill, which was created by a European Union (EU) group of experts with input from CAMHS Playfield Institute, is being rolled out across Fife with a small group of champions from CAMHS, Education and Social Work Services. This training has led to the development of a pilot support group for parents who have expressed the need for support with their mental health in a Fife primary school.

A variety of 7 habits programmes are underway in Fife. This approach is a useful framework for building emotional intelligence and therefore positive mental health and wellbeing. Fife is leading in the UK for this pioneering 7 habits development work. 15 schools have now started on the whole school's approach programme (called Leader in Me). Fair Isle Primary, Kirkcaldy has been recognised at a national level for reaching Lighthouse status for this programme.

For children under 5 years of age, Fife CAMHS has developed and delivers a pathway for children presenting with signs of emotional distress related to early trauma, conflict or significant life events such as parental mental health.

Stigma and discrimination

One of the key requirements of success for early intervention approaches is to formulate anti stigma measures. Fife continues to be fully committed to challenging stigma and discrimination in mental health and to advance people's rights to live in an inclusive society. Fife is actively working in partnership with national and local organisations fully supported by its Mental Health Focus Group of experts with lived experience to strengthen the anti-stigma message through

the “Its Okay” Campaign, “Pass the Badge” and “Walk a Mile” events. Two hundred people signed up for the ‘walk a mile event’ in 2018, doubling the previous year’s figures.

Suicide Prevention

Fife Health & Social Care Partnership is currently using the Scottish Government Suicide Prevention Action Plan “Every Life Matters¹⁸ published in 2018 to inform its own suicide prevention strategy which will aim to ensure that by working singly or in partnership with other agencies, vulnerable people at risk of suicide, are supported and kept safe from preventable harm.

Key Actions for Commitment 1: Prevention and Early Intervention

Good Mental Health For All

- We will continue to work with our partners from health, social work, education, police, fire service, housing, third sector and local communities of Fife to deliver the objectives set out in Fife's Community Plan 2011-2020 in relation to reducing inequalities.
- We will ensure timely, high-quality information is available to children, young people, adults, families and carers so that they can make decisions about their own mental health care and support, and about mental health services.
- We will ensure the implementation of best practice for early intervention for first episode psychosis, according to clinical guidelines.
- We will develop the On Your Door Step resource to ensure we capture as many community groups, organisations and sources of information that is available within all local communities.
- We will continue to support the roll-out of 'The Wells' across all Fife localities.

Physical Wellbeing

- We will continue to promote and raise awareness of the importance of keeping physically well for those affected by mental ill health.
- We will continue to work in collaboration with all partners to promote early attendance for physical symptoms and reduce the risks associated with multi-morbidity.
- We will continue to focus on outcomes that matter to individuals; reflecting the importance of aspiration and meaningful activity as part of a person's journey to health.
- We will promote the NHS Scotland National Physical Activity Pathway (NPAP) as a set of steps staff can take to encourage people they work with to be more active. It targets adults who are inactive or not active enough to benefit their health and can be used in any face to face conversation.

Employment

- We will continue to educate and challenge stigma with employers in order to promote mentally healthy workplace environments.
- We will continue to focus on outcomes that matter to individuals; reflecting the importance of employment as part of a person's journey to health.
- We will take into account the Delivering Different findings around employability, self-management, peer support and raising the voice of experience.

Housing and homelessness

- We will ensure that people with mental ill health are offered the same access to housing and support as those not so affected.

Children & Young People's Emotional Wellbeing

- We will provide all children and young people, who present to GPs with emotional or mental health issues, with a face to face contact and provide a timely holistic assessment of their needs and effective signposting and engagement with services offering support for emotional wellbeing and mental health.
- We will reduce the waiting times for children and young people to access specialist services where this is required thus providing the right mental health support at the right time.
- We will improve transition pathways for children moving into adult mental health services.
- We will develop multi-disciplinary assessment and pathways for those individuals with more complex needs, e.g. children who have experienced trauma, Attention Deficit Hyperactivity Disorder (ADHD) and Autism.
- We acknowledge that a variety of training approaches is required to be developed ranging from awareness raising to skilled intervention depending on the population group being trained, e.g. GPs, Emergency Department Staff, receptionists, NHS24 staff, Pharmacists, etc.
- We will develop our use of social media, choosing channel and content type best suited to the target audience.

Stigma and discrimination

- We will contribute to the Equality & Mainstream Plans which have been developed by NHS Fife and Fife Council to ensure all activity within this Strategy is in line with the Equality Act 2010.
- We will continue to embed the Equality Act 2010 with respect to discrimination on grounds of mental health across all communities and in all areas of life. We will take every opportunity to combat stigma which acts as a barrier to people seeking support with their mental health and wellbeing and promote social inclusion at every opportunity.
- We will continue to reinforce and strengthen Fife's Walk A Mile, It's Okay and Pass the Badge anti stigma campaigns.
- We will work with See Me to review Fife's anti-stigma campaign approach to ensure we effectively challenge stigma and discrimination.
- We will work alongside Fife's Mental Health Focus Group, our experts with lived experience, local and national partners to develop new approaches to challenging stigma and discrimination in mental health, which will include social media campaigns.

Suicide Prevention

- We will develop a Suicide Prevention Strategy and Action Plan using the Scottish Government Suicide Prevention Action Plan "Every Life Matters published in 2018.¹⁹
- We will ensure that all inpatient areas undertake an environmental ligature audit using a standardised tool on an annual basis, or more frequently, if there has been a significant change of use or service redesign.
- We will share information when necessary with partner agencies and professionals including Police Scotland.
- We will regularly review academic and analytical studies that provide the evidence base for what makes a difference to suicide rates and use this evidence to improve practice and make positive and effective service change.

Prevention and Early Intervention - What will success look like?

Good Mental Health For All

- There will be an increase in the number of community groups, organisations and sources of advice, support and information available across Fife's communities listed on our "On Your Doorstep" community website (www.onyourdoorstepfife.org)

Physical Wellbeing

- We will have equity across mental and physical health; that is emotional and mental health care will have equal status with physical health care.
- There will be an increase in the number of people with mental ill health accessing health screening.

Employment

- There will be an increase in the number of people with mental ill health accessing or returning to work.

Children & Young People's Emotional Wellbeing

- We will provide all children and young people, who present to GPs with emotional or mental health issues, with a face to face contact within 2 weeks.
- At least 90% of children and young people will wait no longer than 18 weeks from referral to treatment for specialist child and adolescent mental health services.

Stigma and discrimination

- There will be an increase in the number of people participating in our Fife events which challenge stigma and discrimination.
- Conversations about mental health and wellbeing will take place naturally in the same way as we discuss our physical health; there will be an acceptance that it is okay not to always feel okay.
- The majority rather than a minority of people experiencing mental health problems will seek help at an early stage and the stigma of mental illness (and associated behaviours) considered

a major barrier to seeking appropriate support will recede. The aim is to reduce distress at an individual level.

Suicide Prevention

- All inpatient areas will have a ligature audit undertaken at least annually.
- There will be at least a 20% reduction in suicides in Fife by 2022.

Commitment 2: Shifting the Balance of Care

Fife remains committed to supporting people who are admitted to hospital with mental ill health to continue their rehabilitation and recovery in community settings. Modernisation of psychiatric rehabilitation services aims to maximise the opportunity for social inclusion. Adopting a multi-disciplinary approach, the focus will be on the person's unique ability to recover within a variety of settings.

The significant policy drivers around enabling care and treatment at home, shifting the balance of care from hospital to the community, supporting recovery in mental health, preventing admission and readmission to hospital and facilitating timeous discharge from hospital requires a partnership approach involving all relevant areas within NHS, including GPs, Community Pharmacy, Health and Social Care, the third and private sector, the support of carers as well as our wider communities.

Identified as a key partner, it is imperative that carers are supported to be both effective in their caring role and enabled to look after their own health and wellbeing. The carer's journey (adult carer or young carer) runs parallel to the cared for person's journey and neither can be considered in isolation.

The promotion of effective partnership working will result in clearer pathways which will facilitate the right support at the right time, based on the needs and outcomes of each individual; ensuring they are an active partner at all times.

Our ongoing rebalancing care agenda will ensure that, where possible, anyone with severe and/or enduring mental ill health will be supported to have meaningful opportunities living in their own community, as is their right. The rebalancing care agenda aims to reduce reliance on inpatient hospital care and is underpinned by access to treatment and the promotion, awareness raising and further development of joined up accessible community care supports and services across all of Fife's localities.

This will be supported by increased awareness raising and continued promotion of our community website, On Your Doorstep (www.onyourdoorstepfife.org) and the MoodCafe website (www.moodcafe.co.uk). Both contain information about local supports and services, resources, self-help guides as well as links to related external information and websites.



Shifting the balance of care - What are we currently doing in Fife?

As part of our rebalancing care agenda and redesign of services, a multi-disciplinary team has been working with individuals resident in Stratheden Hospital, Cupar, some for many years. Using a personal outcomes approach to assessment and care planning, the team has successfully worked in partnership with individuals to support discharge from hospital and to access alternative housing and support within their local communities. The individuals are now fully experiencing life and enjoying their rights in the same way, as far as practicable, as people not so affected by mental ill health.

Shifting the balance of care away from reliance on inpatient beds requires to be done in the context of the development of access to community treatment and joined up accessible community supports and services and the key resource, our workforce. The development of alternative community care models delivered by a confident, competent workforce will support shorter stays in hospital and will reduce admissions.

A proposal on Mental Health Estate Reconfiguration is currently being developed to start the process of delivering its vision for inpatient services, as part of the rebalancing care agenda. This will focus on:

- Optimum use of inpatient care within high quality, therapeutic environments
- Optimum community care provision
- Increased choice and empowerment for those who use services
- Increased knowledge and skills of staff to develop the personal outcomes approach across settings and all services

The redesign work will continue to create alternative models of care and crisis response in the community establishing Integrated Community Teams, reducing variation Fife-wide and providing a quality assurance framework.

Key Actions for Commitment 2: Shifting the balance of care

- Our commitment to shift the balance of care will mean less reliance on our mental health estate. For the estate that is retained, it will be high quality, person centred, outcome and recovery focused within facilities and environments that are fit for purpose; and through our improved pathway, discharge planning will begin at the point of admission.
- Our approach to care and support (in hospital and in the community) will be holistic, embedding “Good Conversations” training for staff, keeping the person at the centre and recognising the invaluable role of families and carers.
- We will ensure that carers, as key partners, have improved access to support and information.
- We will support and enable people to live safely and independently within local communities, developing community-based peer led networks and assets recognising that ‘probably the single most important factor contributing to change towards more recovery oriented services’²⁰ is the added value of mutual support.



Shifting the balance of care - What will success look like?

- There will be a reduction in the number of inpatient beds required and the retained inpatient estate will be high quality, safe, therapeutic and fit for purpose.
- There will be improved outcomes for people requiring hospital admission.
- People will experience choice, control and flexibility in relation to their care and support, within facilities that are fit for purpose, and be supported to be able to communicate their wishes effectively.
- There will be local multi-disciplinary community mental health teams supporting people with complex needs ensuring co-ordination of high-quality care and streamlined access to the right support at the right time.
- A suitable range of community alternatives will be co-ordinated and available to support people to be discharged from hospital and to live independently in the community.

Commitment 3: Workforce

As part of our agenda to shift the balance of care, we must have the correct combination of suitably trained, confident and experienced staff to promote prevention and early intervention, to support people within their local community as well as provide care within ward settings, where this is required. The work being progressed in reshaping our mental health services is aligned to the National Health and Wellbeing Outcomes in addition to Fife's Clinical Strategy, NHS Scotland Quality Strategy, the Scottish Government 20:20 Vision and the Everybody Matters Workforce Plan.

Our workforce will be reshaped as we continue to commit to meeting the expected increasing demands on services, with a recognition that support can be delivered for many, using a multi-disciplinary approach, which combines drawing on personal strengths and assets, social care, support from the third sector as well as traditional health models.



There are several workforce challenges which are relevant to the implementation of this four year strategy. They include an ageing workforce with experienced members of staff across all sectors retiring or approaching retirement age; staff from NHS Fife with Mental Health Officer (MHO) status have the option to retire at the age of 55, recruitment and retention of staff at all levels as well as the reliance on locums and agency staff.

Healthy Workplaces for All

Mental health issues are known to be a common problem within many workplaces and it is one of the leading causes of sickness absence. It is estimated that 70 million work days are lost each year due to mental health problems in the UK, costing employers approximately £2.4 billion per year ²¹.

For many of us, being in employment is a significant part of our lives. It is where we spend much of our time, it provides us with an income and is often where we make friends and meet other people. Being in a rewarding job can be good for your mental health and general wellbeing.

As recommended by NICE ²², health and wellbeing at work is of significant importance. Employers should encourage a consistent, positive approach to all employees' health and

wellbeing across all sectors who employ staff. The strategic importance and benefits of a healthy workplace cannot be underestimated. Good mental health is every bit as important as good physical health.

Like physical health, a person's mental health can be affected by various factors. The promotion of good mental health and the provision of support for people who do experience mental ill health is one of the top three priorities for the NHS in Scotland, alongside cancer and heart disease. We all have a part to play in safeguarding our own mental health and that of those around us - in the family, in the community, at school or in the workplace. Whether it be helping children to grow up into confident adults or fostering a mentally healthy workforce, promoting good mental health should be a priority for us all.

Workforce – What are we currently doing in Fife?

Recruitment and retention

Following a comprehensive review in 2018 across all mental health inpatient wards in Fife, a Mental Health Nursing Recruitment Group was formed to consider various aspects of nursing across mental health services including support with workforce planning, promoting professionalism, engaging with schools and universities to promote mental health nursing in Fife as an aspiring career opportunity, to lead recruitment, as well as to provide support for student nurses with the development of an education programme.

We are actively working with our local Higher Education establishments (Dundee and Abertay Universities) to look at the potential to increase student placements in Fife and to promote mental health nursing in Fife, in general.

For staff who are new to Fife, there is a continued focus to ensure they have a positive experience; working with our current workforce, to support individual career planning and a career pathway.

The Recruitment Group continue to evaluate roles and responsibilities across the service, to ensure all tasks are being undertaken by the most appropriate staff members, whilst at the same time, identifying gaps that may enhance people's experience of the service being provided.

Training

Our Health Promotion Service leads on approaches and services which maintain and improve health and wellbeing and reduce health inequalities. The Health Promotion Training Programme features a wide range of free training courses aimed at helping people working in Fife to contribute towards preventing ill-health, improving health and wellbeing and reducing health inequalities. For individuals, from all sectors, working within the mental health and wellbeing field, there are a range of training opportunities including Applied Suicide Intervention Skills Training (ASIST),

Promoting Mental Health and Wellbeing in Children and Young People, safeTALK and Scotland's Mental Health First Aid.

Specifically, for staff working in the field of complex trauma, Fife has implemented the NHS Education for Scotland (NES) Knowledge and Skills Framework.²³ This provides training for staff to become more trauma aware and/or trauma informed and ensures staff have the necessary knowledge and skills to meet the needs of people affected by trauma, their families and carers.

In addition, for staff supporting individuals who have a diagnosed personality disorder, the Decider Model²⁴ training tool is available. The training provides a range of proactive life skills that are helpful in a variety of circumstances, and particularly at times of crisis. The skills provide a common language for communicating about difficulties in emotional regulation and self-management. Skills are based on evidence-based interventions - Cognitive Behaviour Therapy (CBT), Dialectical Behaviour Therapy (DBT) and mindfulness - and are grounded in theory and can be adapted to a range of service settings.

Healthy Workplaces for All

To support employers, Fife's Health Promotion Service Workplace team provides advice and information with all aspects of workplace health, safety and wellbeing, including developing and supporting mentally healthy workplaces.

The team organise and deliver a number of training courses for employers including:

- Mentally Healthy Workplace for line managers and supervisors
- Mental Health First Aid courses provided to workplaces in Fife
- Steps for Stress training

The team has developed Mental Health information and campaign packs in partnership with the Health Promotion Service Information and Resource Centre to raise awareness of these topics.

As a partnership project with Fife Council's Supported Employment Service and Delivering Differently, the Health Promotion Service Workplace team has developed the just:ASK, LISTEN,TALK (j:ALT) toolkit which provides helpful advice and information to employers to help improve mental health at work. Employers can pledge to improve how their workplaces and staff view mental health at work with support available for staff working with individuals who experience mental ill health at work.

Key Actions for Commitment 3: Workforce

- We will continue to review our workforce requirements, taking into account service redesign, to ensure the correct levels of staffing, with the right mix of skills, are available where required.
- Through our Mental Health Recruitment Group we will seek to promote Fife as a Centre of Excellence in the delivery of mental health services, encouraging people with a wide range of skills and expertise to work, and remain working, in Fife.
- Future workforce planning will continue to take into consideration Fife Health and Social Care's Strategic Plan and NHS Fife's Clinical Strategy commitments to enable people to stay in their own home for as long as possible, supported by person centred community services.
- We will continue to work with our partners across all sectors to share learning opportunities in relation to mental ill health and mental disorders and our referral pathways.
- We will continue to support the health and wellbeing of our staff through training, information sharing and supervision to continuously improve the quality and safety of care.

Workforce – What will success look like?

- There will be an appropriate mix of staff across acute and community settings to meet the requirements of our redesigned mental health services.
- The workforce within mental health services will expand beyond traditional roles and be confident, competent and suitably trained.
- We will see a reduction in the use of agency/locum staff.
- Resources will be used efficiently to deliver best value, best quality interventions across mental health services.
- There will be a reduction in work related stress absence.

Commitment 4: Access to Treatment and Joined-up Accessible Supports and Services

Appropriate, responsive, consistent and flexible access to evidence-based services and support for people with mental ill health, within an appropriate timescale, is something that should be available to everyone regardless of age, ability or geographical location.

All supports and services including health care, housing, therapeutic support and social care, should be suitably flexible and digitally informed to offer the least intrusive, high quality care for everyone whether they require general information, sign posting and advice or have higher levels of need that require more intensive types of intervention or support.

Primary Care and Mental Health

Primary Care has been defined by The Health Foundation (2011) as “the first point of contact for people using services. It involves generalist care rather than care from a specialist and may be a one off visit or part of a series of ongoing care. About 90% of all contact with health services in the UK involves primary care”.²⁵

The strategic planning and commissioning for primary care services is the responsibility of Integration Authorities. The National Mental Health Strategy (2017-2027) highlights the fact that mental health and wellbeing is a common reason why people consult their GP. Transformation of primary care is seen by the Scottish Government as key to delivering the National Clinical Strategy, with testing and evaluating new models and available options of service provision, including those for supporting mental ill health in primary care, being a vital part of this.

Unscheduled/Out of Hours Care

Unscheduled care is a term usually used to describe care and support that is needed outwith normal primary care working hours, which are usually 8am to 6pm.

In cases of serious illness, accidents or emergencies, out of hours care is provided by the Emergency Department located at the Victoria Hospital, Kirkcaldy. People who attend the Emergency Department who are known to mental health services are triaged to the Unscheduled Care Assessment Team (UCAT), where appropriate. Through regular meetings, staff from the Emergency Department and UCAT will share information and co-ordinate responses, where possible.

Help and support can also be accessed from Primary Care Emergency Service (PCES) by contacting NHS24 (Freephone 111) where care and support is provided by a multi-disciplinary team of healthcare professionals.

PCES is accessible to anyone requiring urgent medical care that cannot wait until GP surgeries re-open. The service aims to ensure urgent care is delivered to members of the public during the out of hours period. Calls to NHS 24 from individuals presenting with a mental health issue that are deemed to be suitable for telephone advice and support are transferred to UCAT.

Unfortunately, people presenting with mental health issues can experience longer waits for out of hours services than people with physical health needs. This is unacceptable and is a basic issue of parity in healthcare.

People in psychiatric crisis often lack connections to local community resources and present to Emergency Departments as there are no alternatives. Models providing a rapid response, post initial crisis, have proven to reduce frequency of Emergency Department attendances over a period of time.

Effective transitions for people receiving care with their mental health can also help reduce suicide risk. Planning for care transitions and making them as easy as possible has been highlighted as an important part of a comprehensive approach to suicide prevention. Failure to attend appointments following on from a suicidal crisis assessment frequently occurs.

Fife is committed to working with partners to develop effective, efficient and sustainable approaches to deal with people in distress who impact heavily on critical services.

Community Mental Health Teams (CMHTs)

In a CMHT people are supported by a single multi-disciplinary team who are familiar to them and with whom they have a continuous relationship. CMHTs sit within secondary care services, operating a tiered approach, with procedures in place to facilitate communication between tiers.

The inception of CMHTs has brought a new way to deliver care and treatment to people in or close to their own homes. The relatively recent establishment of CMHTs throughout Fife is a means of meeting the objectives laid down in both national and local strategies by providing co-ordinated, integrated care in a proactive, anticipatory approach, with the person at the centre, using resources, including technology enabled care, as efficiently and effectively as possible.

Specialist Mental Health Teams, Supports and Services

Mental health specialist supports and services in Fife are many and varied. Staff teams work with people requiring support for a variety of mental health and/or psychological issues. These include psychiatrists, psychologists, nurses, Allied Health Professionals and therapists. Some examples of the specialist teams, supports and services currently working in Fife are detailed below.

Access to Treatment and Joined-up Accessible Supports and Services – What are we currently doing in Fife?

Primary Care and Mental Health

The Scottish Government has allocated additional funding to support the realisation of Action 15 of the National Mental Health Strategy: ²⁶

Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP Practices, every police custody suite and to our prisons.

Over the next five years, increasing additional investment to £35m for 800 additional mental health workers nationally, in these key settings, sits within the access to treatment and joined up accessible services workstream of the National Mental Health Strategy (2017-2027). The funding is available from 1st April 2018 to 31st March 2022.

Fife's Health & Social Care Partnership (HSCP) portion of this commitment is to initially employ an additional 54 paid mental health workers who will be employed across a variety of services and projects.

The following initiatives have been, or are in the process of being, developed under Action 15 funding from the Scottish Government, to support those accessing primary care with mental health related issues.

Within GP Practices, we are introducing Mental Health Triage Nurses and Local Area Coordinators/Community Connectors. The nurses will provide first contact appointments in Primary Care for people seeking help with mental health-related issues. The Local Area Coordinators/Community Connectors will provide information to people of all ages to source and promote a range of community-based resources, including on-line, digital self-help tools to promote and support good mental health and wellbeing.

We have also invested funding into developing the Better than Well Service, which is a new model of care to provide assistance for people with a history of traumatic experiences who are experiencing mental health problems. People can either refer themselves or be referred by their GP. The service, which is run by the third sector in collaboration with staff from Fife's Psychology Service, offers a joined up and accessible way to meet a wide range of needs. The service has been evaluated and, based on its success in Kirkcaldy and Levenmouth, is being rolled out to other areas of Fife.

Both of these new projects will be funded for an initial period of 12 months, during which they will be closely monitored and evaluated to ensure objectives are being met. The Scottish Government has acknowledged that projects will evolve and develop over the years and may look quite different to those identified at the initial stage.

Unscheduled Care/Out of Hours

As part of the development of services under Action 15 funding from Scottish Government, the following projects are underway in Fife to reduce pressure on out of hours/unscheduled care services including Emergency Departments.

Unscheduled Care Assessment Team Psychological Intervention (UCAT-PI)

The Unscheduled Care Assessment Team is currently piloting access to time limited sessions with a mental health practitioner post UCAT assessment. These sessions are available to people assessed in crisis and referred onwards to the Community Mental Health Teams (CMHT) whilst waiting for their first appointment.

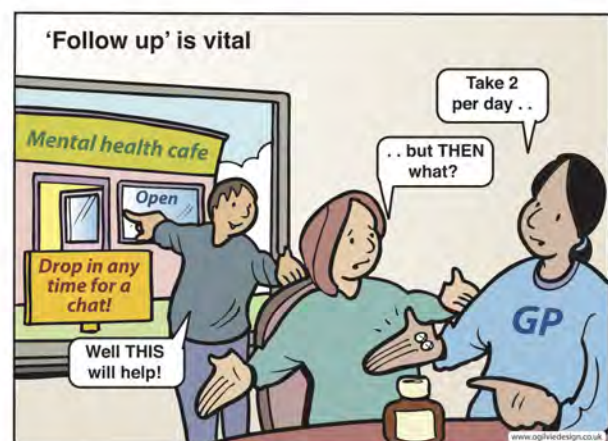
Peer Support Out of Hours/Community Café

We have developed, in collaboration with one of our partners in the third sector, a community café/peer support service. This is situated within an informal local community café, where advice and support is provided out with normal working hours. The cafe offers mental health support to people who are struggling with their mental wellbeing in their own community. The service provides a safe space for people to discuss and explore mental wellbeing and also increase their resilience.

Community Mental Health Teams (CMHTs)

Fife's CMHTs currently provide support for people with complex mental health needs where there are concerns regarding impairment as a consequence of diagnosed mental illness/disorder and/or the impact of trauma. The teams will support people where input from several mental health professionals is required (e.g. Psychiatrist, Occupational Therapist, Psychologist, Community Psychiatric Nurse), where there is diagnostic/conceptual uncertainty and where a diagnosis is likely to influence treatment or where there are concerns about risk.

CMHTs support people where other treatments may have been ineffective such as primary care based psychological approaches or medication. The teams work closely, as part of a multi-disciplinary approach, with the local community health and wellbeing hubs to help facilitate hospital discharges for adults with a mental ill health diagnosis.



Mental health occupational therapists are involved in the provision of psychological therapies to people of all ages which is evidence-based

including behavioural activation, cognitive behavioural therapy and cognitive remediation therapy.

Specialist Mental Health Teams

Perinatal Mental Health

National clinical guidelines in maternal mental health (SIGN 127²⁷ and NICE CG192 ²⁸) recommend that women with severe mental illness, who require psychiatric admission late in pregnancy or within twelve months of childbirth, should be admitted to a specialist mother and baby unit (MBU), unless there are specific reasons for not doing so. Section 24 of the Mental Health (Care and Treatment) (Scotland) Act 2003 also sets out a duty on health boards to support mothers, who require hospital admission, to be admitted with their baby. There are currently two specialist inpatient MBUs in Scotland, in Glasgow and in Livingston.

In Fife, women requiring support with their mental health and wellbeing either in the latter stages of pregnancy or after childbirth can access support either through the liaison psychiatrist, via the maternity unit, or once back home, from their GP. Either the GP or Health Visitor can make a referral to the appropriate specialist mental health support service.

Eating Disorders

Eating disorders are psychological disorders that require specialist care due to the complex combination of both psychiatric and physical health problems.

Fife CAMHs established Scotland's first Intensive Therapy Service (ITS) in 2002. The ITS provides high levels of support and therapeutic intervention to young people who are experiencing severe and complex mental health issues, and their family and carers. The support is provided within community settings and is tailored with regards to intensity, frequency and therapeutic approach to meet the needs and clinical presentation of each individual young person.

Approximately 50% of the children and young people seen by the ITS have a diagnosable eating disorder. The service has developed a range of evidence-based interventions to be responsive to both physical and emotional needs and provides therapeutic support to these children, young people and their families. Intervention includes:

- Home meal support
- Individual psychological interventions
- Family based intervention including Family Based Therapy (FBT) and systemic psychotherapy

Fife Anorexia Nervosa Intensive Treatment Team (ANITT) provides intensive community-based support and treatment for adults with severe and/or enduring anorexia nervosa, who might otherwise require admission to hospital. The multi-disciplinary team provides medical monitoring, psychological therapy, nutritional input as well as mealtime and social support. In

addition to the support provided by ANITT, individuals with an eating disorder can also receive support from the Adult Mental Health Psychology Service or the Nutrition and Clinical Dietetic Service.

Personality Disorder

Providing support for people with a diagnosed personality disorder and/or who are experiencing the negative impact of complex trauma is recognised as core business of the mental health and psychology services in Fife. There is ongoing work within the services across all departments to develop an integrated care pathway to improve the care experience for people with personality disorder/complex trauma. This work is informed by the Royal College of Psychiatrists in Scotland Report (CR214 2018)²⁹.

Recognising that personality disorder is common, the service provides parity of esteem for people with this disorder. It is acknowledged that stigma is a reality in the lives of people with personality disorder (MWC 2018)³⁰. Providing a Fife wide service, diagnoses are made collaboratively with shared formulation. Using effective evidence-based therapy models, the service is committed to providing support in a recovery focused way, promoting empowerment and self-management.

Psychological Therapies

Psychological interventions are effective for common mental health problems. Fife's Psychological Therapy Service specialises in the delivery of evidence-based psychological assessment and interventions which meet the needs of varied populations. This includes working with individuals, families, groups, staff teams and organisations. The Service works alongside colleagues in multi-disciplinary teams to share psychological formulations and together make sense of complex problems.

The Scottish Government continues to support NHS Boards to reduce waiting times for access to psychological therapies for all ages. Services are being developed to make it easier for people to access support including the appointment of additional psychology staff in Older People's Services, Adult Mental Health Services, Children's Services and CAMHS.

New group programmes and classes have been developed to help people deal with stress, anxiety, low mood and depression, improving assertiveness and improving wellbeing. All of these have been tested and evaluated and found to be successful.

The Access Therapies Fife website (www.accesstherapiesfife.scot.nhs.uk) was launched in November 2018. Adults of all ages in Fife can refer themselves to the newly developed group programmes and classes or they can book an assessment appointment for a 10-week trans-diagnostic therapy group. All of the groups and classes are held Fife-wide. The website makes it easier for adults of all ages to find high-quality, self-help information and resources.



Fife's Psychology service has been actively involved with the Scottish Government's Mental Health Access Improvement Support Team (MHAIST) programme to support quality improvement work. Fife's online therapy programme, Beating the Blues, provides sessions of cognitive behavioural therapy (CBT) that people can access in their own home or local libraries. This service is now mainstreamed within Fife's Psychology Service and has received over 3700 referrals since 2014.

The primary care Psychology Service for children and young people who are experiencing mild to moderate psychological difficulties provides early intervention for children and young people up to 17 years of age and their families. The service offers a range of brief interventions/therapies including 1:1 and family-based CBT and parenting work. The service is continuing to expand its range of group programmes to meet demand.

To support the delivery of evidence-based therapies for people as part of an holistic approach to their needs, Fife's Adult Mental Health Psychology Service is a key partner in the multi-disciplinary approach to developing services for adults with complex needs, including the establishment of community mental health teams across Fife and a pathway for people with personality disorder/complex trauma referred to previously.

Older Adult and Dementia Services

The Community Assessment and Support Team (CAST) is a Fife-wide service which provides an intensive, specialist needs assessment for people with dementia or other mental health issues in their own homes. This early intervention approach supports older people to remain at home for longer, connected to their communities. The input of the team often prevents the need for admission to hospital.

The Care Home Liaison (CHL) Team provides multi-disciplinary support to care homes across Fife, providing specialist mental health advice, support, treatment and specialist training for care home staff. Access to the CHL service has resulted in a reduction in hospital admissions and a reduction in the use of anti-psychotic medications.

The Early Onset Dementia Team supports people across Fife who are diagnosed with dementia at an early age. The team includes a Psychiatrist, Neurologist, Psychologist and Mental Health nurses.

The Dementia Post Diagnostic Support (DPDS) Team provides a Fife-wide service supporting people following a diagnosis of dementia. The team supports the commitments set out in the Dementia National Strategy and the Scottish Government's guarantee that all people diagnosed with dementia will receive one year DPDS.

Women's Justice Team Health Support

A Mental Health Liaison Nurse and Psychology Assistant have been employed as part of the Women's Justice Team, providing a multi-disciplinary approach to women who offend. This ensures appropriate interventions are implemented to enable women to adopt pro-social lifestyles and reduce or eliminate their pro-criminal activity; improve self-esteem, health and wellbeing, and through this reduce re-offending.

Third Sector

It is widely recognised that third sector organisations are a key component in the Health & Social Care Partnership being able to deliver on its outcomes and it is of critical importance that we continue to work in partnership to drive progress. Support and services provided by our partners within the third sector are key to the successful implementation of this four year strategy. Various forms of intervention, advice, information and support at the right time can prevent an individual's mental health condition or illness from escalating and requiring statutory services (health and social care). They can also enable timely discharge from hospital where additional support is required to facilitate this.

It is therefore essential we ensure that the functions of external organisations working with us in partnership to support people with mental ill health and their carers, align with the development of a 'joined up' pathway for mental health supports and services, through our rebalancing care agenda. Resources must be targeted effectively to support people to access the right support at the right time; ensuring an even balance of access across all of Fife's localities.

There is currently a broad spectrum of support being provided by the third sector across Fife to support individuals affected by mental ill health, many of which have been in place for several years. In order to ensure that supports align with the commitments of this strategy and remain focused on improving people's outcomes, building on their own personal strengths and assets, and those of their carers, we will as a matter of priority, work with our partners in the third sector to review and ensure that current services and supports meet the needs of people across Fife, both now and in the future.

Key Actions for Commitment 4: Access to Treatment and Joined-up Accessible Supports and Services

Primary Care and Mental Health and Unscheduled Care/Out of hours

- We will continue to design, implement and evaluate supports and services that provide timely, accessible, efficient and effective responses to common mental health problems to reduce the pressure on GP resources across Fife.
- We will continue to provide supports and services that are proactive, pre-emptive and co-ordinated with people and their families/carers at the centre, using our resources as efficiently and effectively as possible and seek to decrease crisis presentations.
- We will establish a culture of anticipatory care planning within our community teams to promote and support self-management and enable best management of crises.
- We will work with partners in the third sector and Police Scotland to make available more community-based safe places for people experiencing mental health crises or who are under the influence of alcohol or drugs to avoid the default use of Custody Suites or Emergency Departments where it is not appropriate for their care and support.
- We will ensure parity in healthcare for individuals attending Emergency Departments with a mental health related issue.

Specialist Mental Health Teams

- We will develop a Fife-wide care pathway for perinatal mental health assessment and referral to ensure the person receives care at the right level for their need and provide awareness sessions/training on infant mental health is available for all staff working with mothers and their babies.
- We will develop a range of flexible psychological therapy options for people of all ages who have less complex needs as well as continue to specifically raise awareness of the availability of psychological therapies amongst older adults.
- We will improve transition pathways between tiers of care, between age related support services and between statutory supports and third sector, ensuring they are as seamless as possible.
- We will review our specialist older adult/dementia services following Community Mental Health Teams (CMHTs) becoming embedded across all localities.

- We will undertake a full review of the services currently provided by our partners in the third sector, informed by this four year strategy, to further develop innovative service solutions where required. The focus will be the provision of asset based, person centred recovery and support to individuals and their carers, including young carers. This review will be completed by 30th September 2020.

Access to treatment and joined up supports and services – What will success look like?

- People presenting to specialist mental health services will have a clear pathway resulting in timely, positive experiences of using the service
- Increasing numbers of people across all ages will access evidence-based psychological therapies that meet their needs and are delivered in a timely manner
- A range of out of hours support with additional mental health workers located within key settings across Fife communities will be established.
- Police Scotland, GPs, Emergency Departments and Custody Suites will see a reduction in demand for their services with improved outcomes for people accessing mental health services. (Action 15 National Mental Health Strategy)
- Support and services provided by our partners in the third sector will reflect the joint commitment to an asset based, person centred and recovery based approach informed by national and local drivers for change

Commitment 5: Technology Enabled Care

Telehealth and telecare technologies can radically transform the way health and social care for people of all ages is delivered. Deployed thoughtfully and appropriately as part of service redesign, telehealth and telecare can:

- support people to engage in and control their own health care, empowering them to manage their care in a way that is right for them.
- enable safer, effective and more personalised care and deliver better outcomes for the people who use health, housing, care and support services.
- help generate efficiencies and add value through more flexible use of our workforce capacity and skill mix
- reducing wasteful processes, travel and minimising access delays.

Telehealth and telecare can be used to support the whole spectrum of long term conditions and can be deployed in all sectors and across the breadth of care pathways; within the home; in primary and community care; in supported housing, hospitals and care homes; and within our emergency care services. Access to these technologies and services should not be restricted by client grouping, point of care, or health condition as they assist in a very wide range of health, care and support situations from early years through to end of life to develop potential areas for better self-management³¹.

It will only be adopted if our care systems adapt to embed it through service redesign and new ways of working.

Technology Enabled Care - What are we currently doing in Fife

- Access Therapies Fife website provides information to help people deal with mental health problems and to access a range of local services.
- We are currently developing a business case for an electronic system for all our community services which will replace MIDIS (Multi-disciplinary Information System) which is an electronic system mainly used by our Allied Health Professionals Teams. The proposed new Community System promotes mobile access which will allow staff to view appointments and record information on a mobile device, therefore recording their findings and case notes directly into the electronic record whilst in the individuals' home, eliminating the need for manual recording and subsequent transcription of notes in the community system. The electronic record will then provide an almost real time up to date record of the situation and will be accessible to community staff from other professions participating in their care.

Key Actions for Commitment 5: Technology Enabled Care

- We will optimise the use of digital and mobile technologies to enable people to self-manage their health, to enable monitoring, diagnostics, advice and access to enhance ongoing care and decision making closer to home wherever possible.
- We need to build public and professional awareness and confidence in how technology can make a difference to the lives of individuals, and ensure it is reliable and easy for all to use.
- There will be “fit for purpose” systems for the seamless transfer of clinical information. This will improve communication between health and social care professionals and other partners, and enhance quality of care and experience for those who use our services.

Technology Enabled Care - What will success look like?

- People will be able to live with increased independence through a range of technology based supports in addition to improved self-management strategies and a range of appropriate accessible supports.
- The proposed new community system will provide an almost real time up to date record of the individuals' situation and will be accessible to community staff from other professions participating in their care. This will prevent people having to repeat their story again and again if there are staff changes or to individual teams or services.

Commitment 6: Participation & Engagement

Fife's HSCP Participation & Engagement Strategy co-written with public representatives sets out the underpinning principles and engagement approaches which will enable the Integration Joint Board (IJB) to communicate in a person centred way whilst meeting the legislative requirements³².

The Strategy:

- Ensures the HSCP has mechanisms to engage with a wide range of people at locality level.
- Provides a feedback mechanism to ensure the Partnership is sighted on public/community views.
- Provides a forum for members of the public who are committed to supporting the work of the Partnership.
- Raises the profile of an IJB which values the experience of people accessing services or supporting those who do.
- Provides opportunities for collaborative working across sectors with an ability to build capacity for participation and engagement.

Gathering community views and knowledge

The aim is to ensure that individuals within communities can deliver their perspective on current and future service provision in a way that suits them.

Individual experience

This approach takes into account the value of the individual experience and how this can influence service changes and achieve positive outcomes.

Special interest groups

The users of specialist services have the knowledge and experience which will increasingly be used to enhance or redesign services and make changes when needed. We will use networks that are knowledgeable and have access to the right people for the particular topic.



Participation and Engagement – What are we currently doing in Fife?

- Individual experience is taken into account from feedback provided through complaints, compliments, questionnaires, etc.
- There is a well-established Mental Health Focus Group; the group is for people with lived experience (including their carers). This group acts as a reference group for the Mental

Health Strategy Implementation Group (MHSIG) in Fife through participation and engagement activity. Representatives of the Mental Health Focus Group sit on the Mental Health Strategy Implementation Group. Group members are in a position to feed issues that matter to them into the MHSIG group as well as taking direction from the MHSIG to develop and contribute to the mental health agenda in Fife.

To date, the Focus Group has helped to organise, participate in and feedback on consultations, been involved with discussions around the options for crisis care, supported the National See Me Campaign to challenge stigma and discrimination, have successfully influenced befriending support, with selected voluntary organisations identified to develop befriending approaches across Fife and raised key issues through the MHSIG.

- A 'taking stock' event took place on 15 May 2018. The purpose of this event was to ensure that all stakeholders were informed of progress and to provide an opportunity to sense check priorities within a rapidly changing context. 173 people attended from across people who use services, carers, HSCP, NHS Fife, Fife Council and third sector partners.
- In line with Fife's HSCP Participation & Engagement Strategy which sets out best practice principles for the way Fife engages with communities, a Communication and Engagement Plan has been developed. The Plan provides a framework detailing the process of informing, engaging and consulting on the refresh of the Fife Mental Health Strategy. Since December 2018 information has been sent to all key stakeholders, e.g. individuals, staff groups and partners to seek their views on current mental health service provision in Fife. A variety of methods were used to ensure we provided everyone with the opportunity to contribute. In total we received over 1,200 responses.

Key Actions for Commitment 6: Participation and Engagement

- We will develop and expand the membership of the Fife Mental Health Focus Group.
- We will strive to be as inclusive as possible in our reach and ensure that individuals or groups whose voices are not traditionally as strongly heard or represented are identified and involved. We will deliver a range of participation points to facilitate this.
- We will see the development of an independent hospital visitor role to evidence our commitment to transparent engagement and participation in ward settings thus maximising the influence of those who are in our care. We will listen to, respect and learn from each other.
- We will develop a 'keeping in touch' single page newsletter to regularly let everyone know of progress in mental health redesign.

Participation and Engagement – What will success look like?

- Increased membership of the Fife Mental Health Focus which will meet across all localities in Fife.
- Success will be achieved through a range of approaches and activities. This will be on a sliding scale of involvement that ranges from giving people information and asking them for their views, to a direct say in decisions and in some cases, control over future developments. All approaches will continue to be evaluated. Success will not just be involvement but meaningful engagement thus stronger relationships and a stronger culture.

Commitment 7: Rights, Information Use and Planning

A human rights-based approach is intrinsic to the commitments of our Strategy. This is being addressed through the PANEL principles: Participation, Accountability, Non-discrimination and equality, Empowerment, and Legality.

Mental Health Legislation

The **Mental Health (Care and Treatment) (Scotland) Act 2003** introduced changes to develop community-based mental health services, to ensure active involvement of those accessing services and importantly unpaid carers in decisions concerning treatment. The legislation is underpinned by the principles of, respect for the human rights of people with mental disorders.

We are governed by a number of other legislative requirements:

Social Care (Self Directed Support) (Scotland) Act 2013 gives people greater control over the provision of their care and support needs and enables them to take as much control as they want of the individual budget. The Act requires local authorities to offer people four choices on how they can manage their care and support arrangements

Equality Act 2010 requires local authorities, health boards and service providers in the statutory, third and independent sectors not to discriminate on the basis of protected characteristics and to make reasonable adjustments in certain situations.

Adult Support and Protection (Scotland) Act 2007 requires public bodies to work together to support and protect adults and decide whether someone is an adult at risk of harm. It includes measures to identify and protect individuals who fall into the category of 'adults at risk'.

Adults with Incapacity (Scotland) Act 2000 provides a framework for safeguarding the welfare and managing the finance of adults (people aged 16 or over) who lack capacity due to mental illness, learning disability or a related condition, on an inability to communicate.

Children & Young Peoples Act (2014) places a number of requirements and duties on both services and professionals who work with children and young people, for instance to make provision about the rights of children and young people; to make provision about investigations by the Commissioner for Children and Young People in Scotland; to make provision for and about the provision of services and support for or in relation to children and young people; to make provision for an adoption register; to make provision about children's hearings, detention in secure accommodation and consultation on certain proposals in relation to schools; and for connected purposes.

United National Convention of the Rights of the Child (UNCRC) (2009): is the basis of all of UNICEF's work. It is the most complete statement of children's rights ever produced and is the most widely-ratified international human rights treaty in history.

Patient Rights (Scotland) Act 2011 outlines the aims to improve patients' experiences of using health services and to support people to become more involved in their health and health care. It also outlines how we meet our aspiration for an NHS which respects the rights of both patients and staff.

Rights, Information Use and Planning - What are we currently doing in Fife?

The Scottish Government's mental health, adult support and protection and incapacity laws will continue to provide the necessary protection to people who are affected by mental ill health.

In Fife we will continue to work within the legislation to ensure that a human rights based approach is taken throughout the implementation of all commitments under this Strategy. The legislation will be reinforced within all induction, training and workforce development plans for staff, as appropriate.

Key Actions for Commitment 7: Rights, Information Use and Planning

- We will ensure our staff continue to practice and adhere to all human rights legislation.
- We will increase staff awareness of Children & Young People's Rights: UN Convention on the Rights of the Child (UNCRC).
- We will ensure all staff understand their responsibilities in relation to the principles underpinning the suite of adult protection legislation, namely Mental Health (Care and Treatment) (Scotland) Act 2003, Adults with Incapacity (Scotland) Act 2000 and Adult Support and Protection (Scotland) Act 2007.

The Experience of Good Mental Health Service Delivery in Fife

Responses received from the public during our engagement (People's Panel Survey December 2018/January 2019)

Good information for self-treatment and advice for parents

Information available and accessible. Interaction by telephone enabled me to discuss matters ... and obtain objective support

Everyone concerned was very helpful and understanding. They made me feel relaxed and I felt able to speak freely about my issues

Fife CAMHS provided efficient and respectful therapeutic intervention

I had positive experiences in group sessions as being around people who suffer from less than healthy mental health it was easier to convey your thoughts and feelings. It made me feel more normal

Some services are better than others. This year I managed to rebuild my life – couldn't have done it without the help of professional support....

... is able to build their life again thanks to the support of CPN

Very supportive of my experience and feelings. I was not made to feel I was wasting their time or that I wasn't important

Timely appointment, effective treatment and nursing input - effective management from day hospital service

Able to talk easily and not judged. Raised my self-esteem and made me feel more positive.

Managing Risk

Any transformational change to services will carry a degree of risk. Whilst not all risks can be anticipated, we have identified areas which may contain a degree of risk as this strategy is implemented.

Risk Title	Risk Description
Financial	The level of available resource is insufficient to meet the outcomes and commitments of the Strategy.
Staffing	That the service is unable to recruit to vacant posts (registered nurses and medical staff) within Mental Health services to current establishment levels and the requirement of the Nursing and Midwifery Workforce Review which will impact on service delivery, patient experience, continuity, staff morale and finance.
Hospital beds	Following redesign there are insufficient acute beds for people presenting with mental ill health that require admission to hospital.
Availability of information	Any follow up engagement reports a lack of knowledge and information about available services and support.
Lack of External Provision	Following redesign, a suitable mix of supports is unavailable outwith the statutory sector.
Communication	The Partnership fails to properly engage with all stakeholders.
Children's Services	There is a risk that pressure to prevent children and young people with non-acute mental health problems waiting more than 18 weeks for treatment will impact on the safety of young people with more severe mental health problems.

A Risk Log will be maintained to monitor risks as they arise as well as action taken as part of each implementation plan

Management and Governance

Responsibility for Mental Health Services in Fife sits with the Health & Social Care Partnership's Integration Joint Board. Strategic and operational delivery for the services has been devolved to the Fife-wide Divisional General Manager.

Governance arrangements

System wide governance is co-ordinated by the Mental Health Strategy Implementation Group (MHSIG). The MHSIG reports on its work and the work of those sub groups it oversees to the HSCP Clinical & Care Governance Committee and ultimately to the Integration Joint Board of Fife's Health & Social Care Partnership.

The development and implementation of this Strategy will be overseen by the MHSIG with representatives from all professional leadership roles, people with lived experience of mental illness and from third sector organisations with a specific interest in mental health.

The remit of the MHSIG is:

- To set direction for Mental Health Services in the partnership, bringing in aspirations from Mental Health Strategies and other relevant local and national strategies
- To maintain a strategic overview of all Mental Health activity and planning across Fife and make decisions in relation to priorities.
- To commission the establishment of Sub Groups to drive forward priority pieces of work.
- To monitor the Implementation Plan of the refreshed Fife Mental Health Strategy.
- To monitor the Performance Framework of the revised Fife Mental Health Strategy.

Finance

The most recent Scottish Government budget paper commits to increase direct investment in mental health by £27million, taking overall funding for mental health to £1.1 billion – this will include improving mental health services for young people and providing support in schools, colleges, universities. (Scottish Budget 2019/20 - Dec 2018)³³

Budgets to provide mental health support services across Fife are administered by NHS Fife and Fife Council on behalf of the Divisional General Manager (Fife wide), Fife Health and Social Care Partnership.

The budgets managed by NHS Fife cover, in the main, clinical costs which include staffing and clinical supplies associated with service delivery. The budgets do not include funds to provide and maintain estates and facilities. These are managed separately by the NHS Estates Directorate.

Budgets managed by Fife Council cover the cost of staff delivering services in a mental health capacity and for the purchase of support services from both the third and independent sector.

In addition, NHS Fife and the Health and Social Care Partnership oversee the funding allocated by the Scottish Government under Action 15 of the National Mental Health Strategy to reduce the pressure on emergency/crisis services by funding increases in the workforce.

The table below provides detail of the budgets allocated to deliver mental health support services in Fife over the last 3 years.

		2016/17	2017/18	2018/19
NHS Fife	Staffing and Services	£37,949,785.00	£38,601,568.00	£40,494,000.00
	Scottish Government (Action 15)			£344,023.00
Fife Council (Health & Social Care)				
	Staffing	£877,154.00	£886,412.00	£919,726.00
	Payments to independent sector (support and services)	£5,080,411.00	£5,041,713.00	£5,030,114.00
	Payments to third sector (support and services)	£1,138,984.00	£1,138,984.00	£1,122,565.00
	Re-provision of services (Stratheden Hospital)	£330,000.00	£660,000.00	£661,798.00

A significant challenge as this Strategy is implemented will be meeting an increasing need for services and supports whilst continuing to manage available resources. Fife is committed to ensure that all available resources are used in the most effective and efficient way, ensuring our commitments are delivered within existing funds.

Strategic Context

The national policy context applies to and has informed this Strategy as detailed below. Where there is a local equivalent policy, strategy or action plan, this is summarised after the national overview.

National Mental Health Strategy 2017 to 2027 provides new opportunities for local areas to develop their own approaches, to innovate and to work across service boundaries to meet the needs of local population. This Strategy aims to make clear the scale of the ambition over 10 years, to focus national actions to support local delivery, to remove barriers to change, and to make sure that change happens.

Scottish Government's 2020 Vision for Health and Social Care Delivery (2011) emphasises integrated care and prevention, anticipation and supported self-management

Health and Social Care Integration: The Public Bodies (Joint Working) (Scotland) Act 2014 sets out the legislative requirements for health and social care integration. The overall aim is to improve the outcomes of people who use support and service by integrating health and social care in Scotland, underpinned by national health and wellbeing outcomes. By focusing on outcomes, integration aims to maximise the impacts of the opportunity to shift the focus of performance improvement onto the achievement of individual personal outcomes for those receiving support, and their carers.

National Health & Wellbeing Outcomes 2014 provides a strategic framework for improving the planning and delivery of integrated health and social care services. This suite of nine national health and wellbeing outcomes focus on improving the experiences and quality of services for people using integrated health and social care services, carers and their families. These outcomes focus on improving how services are provided, as well as the difference that integrated health and social care services should make, for individuals.

Scottish Governments Health and Social Care Delivery Plan 2016 sets out a programme to further enhance health and social care services. Working so the people of Scotland can live longer, healthier lives at home or in a homely setting and which reinforces the equal importance of mental and physical health and the need to address the underlying conditions that affect health.

National Dementia Strategy 2016 to 2019 sets out proposals for the key priorities relating to post diagnostic support, palliative and end of life care and supporting and challenging integrated joint boards in redesigning local dementia care systems now and for the future.

Fife Dementia Strategy 2010-2020 - aims to ensure that significant improvements are made to services for people affected by dementia, and to ensure that in the future services have the capacity to cope with an increase in demand.

Fife Health & Social Care Strategic Plan 2019-2022 describes how the Fife Health and Social Care Partnership, an integrated partnership between Fife Council and NHS Fife, will develop health and social care services for adults to improve personal outcomes; provide care at home or in a homely setting; and, ultimately, enhance the experience of the people who use services and their carers.

NHS Fife Clinical Strategy – Transforming Healthcare in Fife - 2016 to 2021 outlines how healthcare in Fife will be developed and delivered in response to changing needs of a rising and ageing population.

NHS Fife Strategic Framework 2015-2020 outlines the vision and values we believe will enable us to continue to deliver good quality, person centred care and is based on that what matters to you matters to us

Fife’s Community Plan 2011 to 2020: aims to highlight the challenges facing Fife, both now and in the coming decade, empower communities to respond to these challenges and sets out what the Fife Partnership’s plans to do to improve the wellbeing of people in Fife and to strengthen Fife’s future.

Getting it right for every child (GIRFEC) (2006) is the national approach to reforming children’s services to improve outcomes for all children and young people. It overarches all other policies for children, young people and families. GIRFEC is important for everyone who works with children, young people and families, as well as those who work with adults who look after children. It provides the strategic policy framework supporting other key policies and guidance, including Curriculum for Excellence.

Mental Health Act (Care and Treatment) (Scotland) Act 2003 increased the rights and protection of people with mental illness, learning disability and personality disorder. It introduced changes to develop community-based mental health services, involvement of service users and unpaid carers in decision concerning treatment, and respect for the human rights of people with mental disorders.

Social Care (Self Directed Support) (Scotland) Act 2013 gives people greater control over the provision of their care and support needs and enables them to take as much control as they want of the individual budget. The Act requires local authorities to offer people four choices on how they can manage their care and support arrangements

Equality Act 2010 requires local authorities and service providers in the statutory, third and independent sectors not to discriminate on the basis of protected characteristics and to make reasonable adjustments in certain situations.

Adult Support and Protection (Scotland) Act 2007 requires public bodies to work together to support and protect adults and decide whether someone is an adult at risk of harm. It includes measures to identify and protect individuals who fall into the category of 'adults at risk'.

Adults with Incapacity (Scotland) Act 2000 provides a framework for safeguarding the welfare and managing the finance of adults (people aged 16 or over) who lack capacity due to mental illness, learning disability or a related condition, on an inability to communicate.

Children & Young Peoples Act (2014) places a number of requirements and duties on both services and professionals who work with children and young people, for instance to make provision about the rights of children and young people; to make provision about investigations by the Commissioner for Children and Young People in Scotland; to make provision for and about the provision of services and support for or in relation to children and young people; to make provision for an adoption register; to make provision about children's hearings, detention in secure accommodation and consultation on certain proposals in relation to schools; and for connected purposes.

United National Convention of the Rights of the Child (UNCR) (2009): is the basis of all of UNICEF's work. It is the most complete statement of children's rights ever produced and is the most widely-ratified international human rights treaty in history.

Patient Rights (Scotland) Act 2011 outlines the aims to improve patients' experiences of using health services and to support people to become more involved in their health and health care. It also outlines how we meet our aspiration for an NHS which respects the rights of both patients and staff.

Fife Health & Social Care Equality Plan / NHS Fife Equality Plan 2016 to 2021 outlines how they are 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.

Mental Welfare Commission protects and promotes the human rights of people with mental health problems, learning disabilities, dementia and related conditions. They do this by empowering individuals and their carers, by influencing and challenging service providers and policy makers.

Care Inspectorate regulates care services in Scotland. Care services cannot operate unless they are registered with them. They inspect and evaluate the quality of care delivery. They support improvement in individual services and across the care sector.

Our Minds Matter: A framework to support children and young people's emotional wellbeing in Fife 2017 aims to give focus to services for children and young people to clarify who is involved in this support, what it looks like at different levels and to encourage integration and sharing of approaches.

Children & Young People’s Mental Health Taskforce Delivery Plan (December 2018): aim is that children, young people and their families should know that they will be supported in good mental health and will be able to access help for mental health problems which is local, responsive and evidence-based.

Scotland's Suicide Prevention Action Plan: Every Life Matters 2018 sets out how it will continue the work of Suicide Prevention Strategy 2013 to 2016 which was to improve engagement with people in distress, to change the way we talk about suicide in Scotland, and to support improvements in how the NHS responds to people who are suicidal.

The Road to Recovery: A new Approach to tackling Scotland’s Drug Problem: Refreshed 2018 focuses on recovery but also looks at prevention, treatment and rehabilitation, education, enforcement and protection of children.

Rights, Respect and Recovery Scotland’s Strategy 2018 to improve health by preventing and reducing alcohol and drug use, harm and related deaths

Changing Scotland’s Relationship with Alcohol: A Framework for Action: Refreshed 2018 sets out the next phase of the Scottish Governments Alcohol Strategy in tackling alcohol misuse in Scotland, to reduce consumption; to support families and communities; to encourage positive attitudes and positive choices; and to improve treatment and support services.

Scottish Government The keys to life 2019-2021: Improving quality of life for people with learning disabilities.

The Scottish Strategy for Autism: outcomes and Priorities 2018-2021 outlines our commitment to improving the lives of autistic people in Scotland

Scottish Government: Health & Social Care Standards, My support, my life (2018) sets out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to be upheld.

The Community Empowerment (Scotland) Act 2015 details the provisions of the act which are spread over eleven parts, covering different areas relating to community empowerment and public participation in policy and planning.

Scottish Government Chief Executive Letter CEL 4 (2010) provides guidance on Informing, Engaging and Consulting People developing Health & Community Care Services and to assist NHS Boards with their engagement with patients, the public and stakeholders on the delivery of local healthcare services.

Fife HSCP Participation & Engagement Strategy 2016 to 2019 outlines the principles which will underpin the participation and engagement approach and working practices for the Health and Social Care Partnership in Fife.

National Carers (Scotland) Act 2016 gives carers rights to a new adult carer support plan or young carer statement without first requiring them to be providing care on a substantial and regular basis. This reflects a **preventative approach** to identify each carer's personal outcomes and needs for support through meaningful conversations with individual carers. This preventative approach is also reflected in the requirement to provide **information and advice** services to carers.

Fife Carers Strategy 2018 to 2021 outlines the commitments Fife will make to improve support for carers as well as helping carers to become more self-sufficient in helping themselves. It summarises the key factors which will help carers to make positive choices about their caring role to live fulfilling lives alongside their caring role for as long as they want to.

Getting it Right for Young Carers in Fife Strategy 2018-2021 reflects the partnership work of all Children's Services, working together to support young carers in Fife. The strategy reflects the views, hopes and aspirations of young carers in Fife and gives them an opportunity to shape and influence how they are supported and how services are delivered to them.

Fife Advocacy Strategy 2018 to 2021 explains how we will provide independent advocacy services in Fife and continue to improve awareness of and access to services to ensure the best outcomes for people who are unable to speak for themselves.

Justice in Scotland: Vision & Priorities (2017): setting out Scottish Government's plan for a just, safe and resilient Scotland, with established priorities for 2017 to 2020.

Pulling together: transforming urgent care for the people of Scotland (2015): an evaluation report on the effectiveness of the delivery of primary care out of hours services in Scotland.

A National Telehealth and Telecare Delivery Plan for Scotland 2015: sets out the vital contribution that telehealth and telecare will make to implement key health, care and housing strategies in Scotland.

eHealth Strategy for Scotland 2011 to 2017: reinforces our move towards a focus on benefits and outcomes experienced by professionals in helping them to re-design and improve services, and the citizens of Scotland who benefit from those improvements.

Scottish Government Active and Independent Living Programme (ALIP) Strategy 2016 to 2020: Allied Health Professionals co-creating wellbeing with the people of Scotland. The Active and Independent living programme in Scotland.

Scottish Government Allied Health Professional (AHP) Strategy 2017 to 2020: Connecting People, Connecting Support Transforming the allied health professionals' contribution to supporting people living with dementia in Scotland

Fife Council Housing Strategy 2015-2020 provides the strategic direction to tackle housing need and demand and to inform the future investment in housing and related services across Fife.

Appendix B

Implementation Plan (Example) (to be populated once agreed)

Progress Indicator	
Not started	Not started
Complete	Complete
On Target – the work is progressing as agreed and will be completed within the anticipated timescale.	On Target – the work is progressing as agreed and will be completed within the anticipated timescale.
Some Slippage – some difficulties are beginning to emerge impacting on the pace of delivery resulting in some slippage in the timescale set.	Some Slippage – some difficulties are beginning to emerge impacting on the pace of delivery resulting in some slippage in the timescale set.
At Risk – the work is not progressing and the set timescale will not be met.	At Risk – the work is not progressing and the set timescale will not be met.

Prevention & Early Intervention				Commitment Owner: Clinical Service Manager for CAMHS		
<p>Commitment: We will reduce the waiting times for children and young people to access specialist services where this is required thus providing the right mental health support at the right time.</p>						
Action No.	Action	Action Owner	Update Due	Completion Date	Current Position	Progress Indicator
1.0	To improve the quality of referrals ensuring better signposting and appropriate referrals a SCI Gateway referral pathway for GPs to be developed.	E Adams	April 2019	August 2019	Further discussion to be held with e-Health and Local Medical Committee (LMC)	
2.0	To develop a range of group interventions for people accessing into Tier 3 services for those with intensive needs however don't meet priority or urgent criteria.	H Maddox	May 2019	September 219	Proposal has been submitted.	

Appendix C

Performance Framework (to be populated once agreed)

Our Performance Framework identifies the key indicators which will evidence, in conjunction with the actions identified in the individual implementation plans, performance against our Strategic Commitments.

Prevention and Early Intervention

Shifting the Balance of Care

Workforce

Access to Treatment and joined up Accessible Supports & Services

Technology Enabled Care

Participation & Engagement

Rights, Information Use and Planning

Equality Impact Assessment

Part 1: Background and information

Title of proposal	Mental Health Strategy for Fife (2019-2023)
Brief description of proposal (including intended outcomes & purpose)	This proposal is to provide an update on the refreshed Mental Health Strategy for Fife which provides a strategic framework within which people of all ages, who have mental ill health, will be able to access services and supports. The services and supports that people can access will be available in various formats and from a range of sectors.
Lead Directorate / Service / Partnership	Health and Social Care
EqlA lead person	Suzanne McGuinness, Service Manager (Fife wide)
EqlA contributors	Alison Morrison, Change Manager (Fife wide) Julie O'Neill, Business Manager (Fife wide) Consider all relevant stakeholders, including people internal and / or external to the organisation
Date of EqlA	25/03/19

How does the proposal meet one or more of the general duties under the Equality Act 2010? (Consider proportionality and relevance on p.12 and see p.13 for more information on what the general duties mean). If the decision is of a strategic nature, how does the proposal address socio-economic disadvantage or inequalities of outcome?)

General duties	Please Explain
Eliminating discrimination, harassment and victimisation	A key commitment within the Strategy is to challenge and eliminate discrimination and advance equality of opportunity to ensure people affected by mental ill health can live in their community in the same way as people not so affected by mental ill health.
Advancing equality of opportunity	The new Mental Health Strategy for Fife aims to ensure an equitable balance in relation to the geographical location of mental health supports and services. The developments in their entirety seek to advance the equality of opportunity for all people affected by mental ill health.

Fostering good relations	The Strategy refresh has been undertaken in partnership with key stakeholders through adopting an outcomes focused approach. Prior to final approval, the draft Strategy has been subject to scrutiny and consultation with people with lived experience, families, carers, members of the public, NHS Fife and HSCP staff and Police Scotland in addition to external organisations.
Socio-economic disadvantage	One of the Strategy commitments is to ensure that Health and Social Care will work closely with all of our partners to ensure mental health related supports and services are accessible to all
Inequalities of outcome	As above

Having considered the general duties above, if there is likely to be no impact on any of the equality groups, parts 2 and 3 of the impact assessment may not need to be completed. Please provide an explanation (based on evidence) if this is the case.

Part 2: Evidence and Impact Assessment

Explain what the positive and / or negative impact of the policy change is on any of the protected characteristics

Protected characteristic	Positive impact	Negative impact	No impact
Disabled people	People affected by mental ill health are provided with equitable and streamlined services targeted to the right people at the right time. The services will be provided irrespective of protected characteristic whilst recognising that mental illness is considered to be a disability		
Sexual orientation			
Women			
Men			
Transgendered people			
Race (includes gypsy travellers)			
Age (including older people aged 60+)	The commitments of this Strategy are fully inclusive for people of all ages		
Children and young people	The commitments of this Strategy are fully inclusive for people of all ages		
Religion or belief			
Pregnancy & maternity			
Marriage & civil partnership			

Please also consider the impact of the policy change in relation to:

	Positive impact	Negative impact	No impact
Looked after children and care leavers			
Privacy (e.g. information security & data protection)			
Economy	The commitment of this refreshed Strategy is to reshape mental health related services and supports within current budget		

- Please record the evidence used to support the impact assessment. This could include officer knowledge and experience, research, customer surveys, service user engagement.

- Any evidence gaps can also be highlighted below.

Evidence used	Source of evidence
1. Survey of current mental health related support services	People's Panel, general public, H & SCP staff, NHS Fife staff, Police Scotland (Fife), Fife Council staff, Mental Health Focus Group
2. Staff team feedback	H & SCP staff, NHS staff, external partners – voluntary sector providers
3. National Mental Health Strategy 2017-2027	Scottish Government
Evidence gaps	Planned action to address evidence gaps
1.	
2.	
3.	

Part 3: Recommendations and Sign Off

Recommendation	Lead person	Timescale
1. To approve the implementation of the refreshed Mental Health Strategy for Fife 2019-2023. A sample implementation plan is included in the draft Strategy document. Full implementation plans will be completed and progress monitored for each commitment following strategy approval	Suzanne McGuinness	2019-2023
2.		
3.		
4.		
5.		

Sign off

(By signing off the EqIA, you are agreeing that the EqIA represents a thorough and proportionate analysis of the policy based on evidence listed above and there is no indication of unlawful practice and the recommendations are proportionate.

Date completed: 25th March 2019	Date sent to Equalities Unit: Enquiry.equalities@fife.gov.uk
Senior Officer: Name: Suzanne McGuinness	Designation: Service Manager

FOR EQUALITIES UNIT ONLY

EqIA Ref No.	EqIA/662/19/H&SC
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Date checked and initials	26/03/19 ZR
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Equality Impact Assessment Summary Report

(to be attached as an Appendix to the committee report or for consideration by any other partnership forum, board or advisory group as appropriate)

Which Committee report does this IA relate to (specify meeting date)? Clinical and Care Governance – 29 th March 2019 Clinical Governance - 29th March 2019 Integration Joint Board – to be confirmed
What are the main impacts on equality? The impacts on equality are positive in relation to refreshing the Mental Health Strategy for Fife. The Strategy promotes equitable access to supports and services for people of all ages and abilities. Reshaped services will be accessible to everyone irrespective of protected characteristic whilst recognising that mental illness is considered a form of disability.
In relation to a strategic decision, how will inequalities of outcome caused by economic disadvantage be reduced? By reshaping the current provision in line with the Strategy commitment, services and supports will be accessible to all.
What are the main recommendations to enhance or mitigate the impacts identified? Recommend that the reshaping of mental health services in Fife, in line with the refreshed Strategy is supported by all.
If there are no equality impacts on any of the protected characteristics, please explain.
Further information is available from: Name / position / contact details: Suzanne McGuinness/Service Manager Fife Wide/ 03451 555555 443010

One of the following statements must be included in the “Impact Assessment” section of any committee report. Attach as an appendix the completed EqlA Summary form to the report – not required for option (a).

- (a) An EqlA has not been completed and is not necessary for the following reasons: (please write in brief description)
- (b) The general duties section of the impact assessment and the summary form has been completed – the summary form is attached to the report.
- (c) An EqlA and summary form have been completed – the summary form is attached to the report.

Appendix E

Glossary

Delivering Differently	A partnership project that envisions “people with mental health problems in Fife can easily access appropriate support as and when they are ready to make the journey (back) into work.”
Single Health & Work Gateway	The Single Health and Work Gateway is a 2 year trial of a new access channel and enhanced and aligned core health and work services. This will act as a single point of contact for health and work support for people in Fife and Dundee, as well as employers, healthcare professionals and Job Centre Plus. It will allow people with health issues or disability who are struggling to stay at work or recently unemployed, to get fast access to support.
Employ Your Minds	Employ your mind is an innovative vocational rehabilitation project aimed at developing the employability skills in patients and outpatients of Fife mental health services.
Individual Placement Support Service (IPS)	The IPS employment model is internationally recognised as the most effective way to support people with mental health problems and/or addictions to gain and keep paid employment.
Adverse Childhood Experiences (ACES)	Adverse Childhood Experiences (ACEs) are stressful events occurring in childhood including <ul style="list-style-type: none"> • domestic violence • parental abandonment through separation or divorce • a parent with a mental health condition • being the victim of abuse (physical, sexual and/or emotional) • being the victim of neglect (physical and emotional) • a member of the household being in prison • growing up in a household in which there are adults experiencing alcohol and drug use problems.
Personal & Social Education (PSE)	Personal and Social Education (PSE), the term used to deliver health and wellbeing (HWB) education in schools. Learning in HWB/PSE is designed to ensure that children and young people develop the knowledge and understanding, skills, resilience, capabilities and attributes which they need for mental, emotional, social and physical wellbeing.
The ‘Wells’	This initiative aims to connect with local communities, developing community capacity and resilience, providing information on health and social care, allowing people to speak to the right people at an earlier stage.

National Physical Activity Pathway (NPAP)	The National Physical Activity Pathway (NPAP) is a set of steps a healthcare professional can take to encourage the people in their care to be more active. It targets adults who are inactive or not active enough to benefit their health and can be used in any face to face conversation between you and the person in your care.
Good Conversation Training	It is an asset based approach as it asks important questions about hope and expectation, coping and resilience, the person's own knowledge, what the person is already doing that is helping them move towards where they want to be and using this information to make decisions and plan support/ treatment .

Appendix F

Ref No	Document	Page No
1	World Health Organisation	
2	Commission on the Future Delivery of Public Services (C Christie) 2011	
3	NHS Scotland Mental Health Briefing November 2017	
4	Mental Health Foundation: Fundamental Facts about Mental Health 2018	
5	Audit Scotland: Children & Young Peoples Mental Health 2018	
6, 8, 10	NHS Scotland- Good Mental for All 2016	
7	Fife's Community Plan 2011-2020	
9, 11, 12, 17, 26	National Mental Health Strategy 2017-2027	
13	Scottish Government: 'Choose Life' National Suicide Strategy	
14	Scottish Government: Suicide Prevention Strategy 2016-2016	
15, 18, 19	Scottish Government Suicide Prevention Action Plan 'Every Life Matters' 2018	
16	Passport to Health	
20	Prejudice, discrimination and social exclusion: reducing the barriers to recovery for people diagnosed with mental health problems in the UK (Perkins, R and Repper, J) 2013	
21	Mental Health Foundation Scotland, University of Edinburgh Academy of Government, Healthcare Improvement Scotland: Mental Health in the Workplace: Seminar Report February 2019	
22	National Institute of Clinical Excellence (NICE) – Public Health Guideline PH22 - Mental Wellbeing and Work	
23	National Education for Scotland (NES) Knowledge and Skills Framework	
24	Decider Training	
25	Healthcare Improvement Scotland; Driving and Supporting Improvement in Primary Care 2016-2020	

27	Scottish Intercollegiate Guideline Network (SIGN) 127 – Management of Perinatal Mood Disorders	
28	National Institute of Clinical Excellence (NICE) – Clinical Guidelines CG 192 – Antenatal and Postnatal Mental Health, Clinical Management and Service Guidance	
29	Royal College of Psychiatrist in Scotland CR214 2018	
30	Mental Welfare Commission Report on Living with Borderline Personality Disorder 2018	
31	A National Telehealth and Telecare Delivery Plan for Scotland: Driving Improvement, Integration and Innovation 2015	
32	Fife Health and Social Care Partnership Participation & Engagement Strategy	
33	Scottish Budget 2019/20	

**NHS FIFE
CLINICAL GOVERNANCE COMMITTEE**

DATE OF MEETING:	16 th January 2020
TITLE OF REPORT:	Medicines Efficiency Structure
EXECUTIVE LEAD:	Dr Chris McKenna, Medical Director
REPORTING OFFICER:	Scott Garden, Director of Pharmacy & Medicines

Purpose of the Report (delete as appropriate)		
For Decision reach a conclusion	For Discussion consider the options and any impact	For Information for noting

SBAR REPORT

Situation

This paper outlines options for the medicine efficiency structure in NHS Fife and Fife Health & Social Care Partnership (H&SCP).

Background

NHS Fife launched a three year Medicines Efficiency Transformation Programme in August 2016, with the aim of delivering significant medicines efficiencies, improving safety and quality of prescribing across the organisation. Key to the success and delivery has been the leadership and expertise of the Pharmacy team along with multidisciplinary clinician engagement. This has been underpinned with project support from the IMPACT team (now Transformation and Change Team) and support from Communications, Finance, eHealth and Procurement.

The Medicine Efficiency Transformation Programme is now viewed as a mature programme and it remains a priority for 2019/20 as outlined in the Annual Operation Plan. However, project support from the Transformation and Change Team has ended. Furthermore, Communications support has reduced due to there being no maternity leave backfill for the Communication Manager who provided support to the Programme.

Following discussion with the Portfolio Lead, Transformation and Change Team, a band 5 project support officer is to be recruited until March 2020 with 0.5WTE being allocated to the Medicines Efficiency Programme.

The three priority areas for the Programme are:

- Continue to improve formulary compliance
- Reduce medicines waste
- Reduce polypharmacy / increase realistic prescribing

Assessment

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

The Medicines Efficiency Programme has entered a fourth year but now requires reinvigorated and refreshed to evolve as we move beyond the “low hanging fruit” and “easy wins”. This will involve significant culture change - “winning hearts and minds” - the Programme will require broad support, engagement and expertise from across the whole health and social care system to deliver further efficiency savings.

Key drivers for change:

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

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

1) Status Quo

Continue with the structure that developed for the Medicines Efficiency Transformation Programme over the past three years.

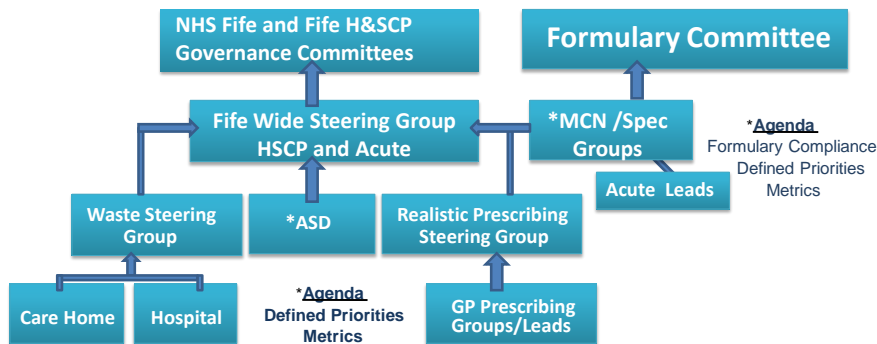
However, there is a risk that a “business as usual” approach is not sustainable as this structure was put in place with additional support from the Transformation and Change team, ehealth and Communications and there was significant energies invested beyond that of “business as usual” from across the organisation, most notably from the Pharmacy team.

2) New Structure (preferred option)

Develop a new medicines efficiency structure that includes a Fife Wide Steering Group. This will build on the success of the SLT Medicines Efficiency Huddle but will be expanded to have a Fife wide remit with oversight of all prescribing budgets and prescribing efficiency action plans. This will provide a whole system approach and also a forum for discussing scenarios where efficiencies are realised in one part of the system but require investment in another area to enable deliver. Membership of the group will include prescribing budget holders, Associate Medical Directors, senior managers, senior Finance representatives and senior Pharmacists. The group will be chaired by the Director of Pharmacy and Medicines or Medical Director

To further facilitate the engagement and fully utilise the expertise of clinicians, there is a desire to further integrate Managed Clinical Networks (MCNs) and Speciality Groups into the Medicines Efficiencies structure. Consideration should be given to include medicines efficiencies into the MCNs remit.

Proposed Medicine Efficiency Structure



3) Work through existing medicines governance structure

The Fife Area Drug and Therapeutics Committee (ADTC) has a remit to provide a strategic lead to promote good quality and cost effective prescribing and to ensure that a plan to promote cost-effective prescribing and deliver set prescribing efficiency savings is in place and delivered and expenditure is monitored and fed back to prescribers. This committee meets bimonthly and its membership includes those outlined in Option 2. The ADTC reports dually to the NHS Fife Clinical Governance Committee and the H&SCP Clinical and Care Governance Committee.

Through its sub-committees, namely the Managed Services Drug and Therapeutics Committee (MSDTC) and the Fife Formulary Committee, the ADTC ensures that a cost-effective Fife formulary is in place and that there is oversight, systems and monitoring in place for formulary and non-formulary medicines. The MSDTC is responsible for identifying any relevant actions for the managed services within the prescribing efficiency action plan and to implement a credible mechanism for tackling non-formulary prescribing.

Option 3 does not require an additional Fife wide group with similar membership to be introduced. However, the bimonthly ADTC meetings may not have capacity or meeting frequency to absorb the proposed enhanced role overseeing medicines efficiencies. To accommodate this, one option would be to increase the frequencies of the ADTC meetings to monthly.

Options appraisal

<u>Option</u>	<u>Pros</u>	<u>Cons</u>
1	Status quo; continues existing structure;	Separate medicines efficiency groups in Acute/ HSCP- no joint decision making/ accountability across NHS Fife; lack of engagement from wider services; pace of delivery likely to be slower; primarily pharmacy led/ driven; not sustainable model

2	Wider engagement of all clinicians/ services; joint decision making/ accountability across acute/ HSCP; recognises expertise of specialist groups/ MCNS; pace of delivery likely to be faster; builds a more sustainable model	Requires establishment of new strategic group and review of TORs for groups
3	Utilises existing groups	May lose focus and pace of delivery due to competing priorities of existing groups; requires review of TORs for groups; lack of involvement in services Will need to increase frequency of ADTC meetings to ensure appropriate capacity is in place

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

Recommendation

The NHS Fife Clinical Governance Committee is asked to:

- **agree** the preferred option for the Medicine Efficiency structure
- **support** the need for ongoing input from Transformation and Change Team; ehealth; Communications

Objectives: (must be completed)

Healthcare Standard(s):	Support Cost Effective Use of Medicines
HB Strategic Objectives:	Patient safety, cost effective & optimal use of resource

Further Information:

Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Transformation Stocktake Workshop H&SCP Senior Leadership Team NHS Fife Executive Director Group Area Drug & Therapeutics Committee

Impact: (must be completed)

Financial / Value For Money	Transformation Programmes support the effective and efficient use of resources.
Risk / Legal:	Risks of not delivering significant medicines efficiencies, improving safety and quality of prescribing across the organisation
Quality / Patient Care:	Patient safety will be paramount in any changes to prescribing.
Workforce:	Set out in the paper.
Equality:	Changes in services are all impact assessed

**NHS FIFE
CLINICAL GOVERNANCE COMMITTEE**

DATE OF MEETING:	January 2020
TITLE OF REPORT:	Annual Child Protection Clinical Governance Report
EXECUTIVE LEAD:	Helen Buchanan, Director of Nursing
REPORTING OFFICER:	Cicilie Rainey, Lead Nurse Child Protection

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

SBAR REPORT
<p>Situation</p> <p>The Scottish Government's Child Protection Improvement Programme sets out key actions to improve child protection in Scotland. In Fife protecting children is one of H&SCP children's services strategic priorities and strong leadership and governance arrangements are in place to support, strengthen, improve and align our activity with that of other agencies with whom we work to jointly to progress core areas of service delivery. This report will focus on:</p> <ul style="list-style-type: none"> • Health's Child Protection Team's performance and quality assurance data; • Progress update on improvement work generated from Significant Case Reviews (SCR)/recent Initial Case Reviews (ICRs) learning, and recommendations from last year's Inspection through the lens of one SCR • Finally the development of a Quality Assurance Child Protection Framework for Children's services
<p>Background</p> <p>Fife continues to strengthen quality assurance and self evaluation activity, both as a single agency and as a multi-agency partner. Health contributed to the CPC multi-agency case file audit which focused on children and young people on the Child Protection Register. This is an annual planned audit, but focus of audit was in response to a surge of children registered and remaining longer on the Child Protection Register. The findings of this audit are still in draft and will be reported on early 2020. There has been six Initial Case Reviews (ICRs) this year which included one Sudden Unexpected Death of an Infant as well as an older child. These ICRs have been subject to intensive reviews, and inform the ongoing improvement work. The two Significant Case Reviews are on the cusp of being signed off and continue to be subject to targeted improvement work and quality assurance. Due to the number of ICR and SCRs the Multi-agency Case Review Working Group benefits from maturity and effective partnership working, underpinned in Health by our own strategic oversight group – the Child Protection Health Steering Group (CPHSG).</p>
<p>Assessment</p> <p>Health Child Protection Team: The team is now fully staffed; we have 4.8 WTE Senior Child Protection Nurse Advisors, in addition to the Lead Nurse. The Child Protection Consultant Paediatrician is now in a substantive post, working five sessions (2 extended days)/week.</p> <p>The core functions of the team include supporting and developing workforce competence and confidence in the protection of children and young people. For the purpose of this report the following performance management data and audit findings exemplify this:</p> <p>Support and advice: 153 calls were received by the team between 1st January and 17th December 2019, which is similar with last year's stats. The team issue a record of the discussion to the caller, as well as a feedback request to ascertain whether the discussion informed decision making and better outcomes for children. A Likert scale is used and the team report quarterly its findings to the Children's</p>

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annual report 291219.doc

Services Senior Manager. The feedback is unequivocally positive (96% agree or strongly agree), however response rate is low. The team is working to improve this.

Child Protection training: The training programme incorporates the core training framework for Child Protection which was launched in December 2016, and was implemented across the organisation as a three year plan. Uptake for training is monitored through the Child Protection Health Steering Group. This was the final year of the Core Training Framework, and the objective at the outset was for 75% of the specific and intensive health workforce to have met training requirements. This year so far 17 of the 22 disciplines (77%) represented at the Child Health Management Team and the Child Protection Health Steering Group have submitted their training needs analysis. Of these, **73%** of staff has completed fundamental training, 72.5% have accessed and completed an e-learning module and 60% have already had their annual update. Due to some variation in reporting of data it is likely that the 73% is an underestimate, and the 75% aim of uptake to training has been met. This is very encouraging and indicates a high level of compliance with the core training framework.

Feedback from participants indicates a consistently positive response in terms of learning: With a return rate of 96%, **97%** of respondents rated the training sessions as good or very good in relation to meeting their learning needs.

Paediatricians - RCPCH Level 3 competencies: Following findings from a survey of level 3 competencies a calendar of learning opportunities is now available locally. For key medical staff in paediatrics and the Emergency Department various learning opportunities are available:

- Monthly regional peer reviews in conjunction with Royal Hospital for Sick Children. Attendance at meetings is around **15 to 20** which include: Consultants (Paediatric, ED), Nurses, GP Trainees and Medical Students. Learning points are disseminated from the RHSC CP Team
- Quarterly local peer reviews. The last 2 sessions have had representation from Police and Social Work colleagues. The feedback received about developing this into an interagency session has been very positive with significant benefits in being able to **discuss the wider child protection issues and increased understanding of agency roles**. Attendance at these events has increased for the last 2 events (**34-35**) including: Consultants (Paediatric and Neonatal); Paediatric and GP trainees, Nurses, both acute and from the CP team, Medical Students, Detective Inspectors and Senior Social Workers Child Protection Team. This multi-agency peer review model will be taken forward on a quarterly basis next year.
- As part of an established induction programme the consultant Paediatrician, together with the acute child wellbeing nurses, delivers child protection training to all ED and paediatric staff rotating into the VHK on a quarterly basis.

Child Protection Supervision: Case supervision is delivered by Team Leaders and managers. As an adjunct, the Child Protection Team continues to deliver group supervision to key staff groups as well as one to one on demand. This year **142** sessions were delivered by the team. Supervision is subject to ongoing review and quality assurance will be set out in the QA framework scheduled to be launched January 2020.

Team huddle: Senior CP Nurse Advisors act as the health representative at the daily Inter-Agency Referral Discussions (IRD) and are responsible for making decisions in collaboration with police, social work and education regarding the immediate response to children believed to be at risk of significant harm, in collaboration with the on-call paediatrician. To strengthen governance and promote consistent child centred decisions, the CP team hold daily 'huddle' following the IRD meeting. This is attended by all nurses present, Lead Nurse and Paediatrician if available, where all IRDs and any calls/issues brought up in supervision are discussed. Quality Assurance mechanism is being developed, and stats from April 2019 revealed that out of **163 huddles**, the Lead Nurse/CP Consultant/Paediatrician on call was present at **117 huddles (72%)**. We are currently developing data measures that can indicate

impact.

Significant and Initial Case Reviews: Learning and improvement activity relating to one of the SCRs illustrates the depth and extent of work undertaken within Health, both as a single agency and partnership working: In this instance focus for Health was on recognition and response to non mobile infants presenting with bruising, referral mechanisms and interdisciplinary communication and dissent within the Acute sector in particular. As a result, a Joint Acute/Child Protection Team Working Group was re-established in November 2017 for the purpose of taking forward quality assurance work relating to child protection/safeguarding processes within the Acute setting, as well as strengthening collaborative working. The group reports to the Child Protection Health Steering Group, and evaluative reports, once approved by the CPHSG are submitted to relevant CPC subgroup.

This group also provides an additional platform for liaison between the CP team and the child wellbeing liaison nurses (previously known as child protection liaison nurses). In terms of effective safeguarding, the Care Inspectorate's 2018 Inspection report of Fife's Child Protection Services also recognised the role of the Child Wellbeing Liaison Nurses as a strength, which provided Fife with external confirmation of effective arrangements.

The group has been monitoring data over the last two year in terms of systems and compliance with Child Protection Guidance, and recently submitted a self evaluation summary to the CPHSG evidencing sustained improvement in terms of recognition and response by the Emergency Department

In terms of dissent, The Multi-Agency Escalation Guidance was approved by the CPC in August 2019, hence it's too early to assess and report impact. Anecdotally however the escalation guidance is often referred to (Source: NHS Fife CP team Advice & Support/Supervision) and has triggered Stage 1 resolution, which is good practice and supports collaborative working.

Following the launch of the refreshed Multi-agency Non Mobile Infant Bruising Guidance (NMI) and the Fracture Guidance (under 2 year olds), the Lead Paediatrician Child Protection undertook an evaluation of compliance with guidance for 2017-2018. The RHSC database of fractures occurring in Fife was checked to ensure there were no fractures in an under 2 year old that were not assessed as per the guidance (original or revised). It was reassuring that there was compliance with the guidance at the time of presentation. This will be an annual audit/report.

In terms of the NMI bruising guidance, embedding takes time as is evident from more recent ICRs. We have listened to feedback from staff and parents, and have as a result negotiated an agreement with paediatrics which enables primary care staff to refer any non mobile infant with a suspected bruise directly in to the children's ward the same day. A primary care adjunct has been launched for staff which sets this out. Furthermore, with support from the East Region Child Protection Managed Clinical Network (MCN) Fife has also developed a leaflet for staff to give to parents/carers whenever they need to invoke the NMI bruising guidance/adjunct.

From a partnership perspective, last year's Care Inspection spoke highly of the quality of IRDs. 'The daily inter-agency discussions (IRD) to jointly share information and consider risk about children and young people was ensuring timely action as part of a well-coordinated multi-agency response'. In more recent months the Scottish Government has expressed interest in Fife's multi-agency IRD protocol and requested documentation to reference within the new national CP guidance. The IRD protocol has been updated to include "When a child concern has been raised to a Consultant Paediatrician and it has been assessed that it meets the criteria for an IRD then they will raise a request for a teleconference IRD with Police and Social Work".

Quality Assurance Child Protection Framework for Children’s services. We have long recognised that although ‘It’s Everyone’s Job to make Sure I’m Allright’; our quality assurance and performance management data doesn’t reflect this notion, as most evidence tends to be derived from specialist services only. In order to address this we have developed a Child Protection Quality Assurance Framework, which will enable us to evidence child protection and safeguarding activity, as well as early intervention aimed at improving outcomes and preventing harm. All members represented at the Child Protection Health Steering Group have contributed to the co-production of the framework, and QA activity will be reported to the CPHSG at agreed times. The framework will remain fluid in terms of data collection and responsive to learning from SCR/ICRs so that specific quality assurance activity related to findings can be incorporated. We view this framework as a significant governance measure which should more rigorously provide assurance on workforce activity and responsiveness to child wellbeing and protection matters. -

Recommendation

NHS Fife’s Board is asked to note the information presented within this update in particular the significant steps being undertaken to strengthen quality assurance and governance in keeping children safe from abuse and neglect.

Objectives: (must be completed)

Healthcare Standard(s):	This proposal reflects the standards of the three Quality Ambitions as set out in the Healthcare Quality Strategy for Scotland.
HB Strategic Objectives:	This proposal meets the HB objectives to pursue quality improvement across health and social care integration in accordance with the National Health and Wellbeing Outcomes Indicators. This proposal supports attainment of outcomes 3, 4, 5, 7, 8 and 9.

Further Information:

Evidence Base:	Children and Young People (Information Sharing) (Scotland) Bill 2017 Children and Young People (Scotland) Act 2014 Children’s Hearing (Scotland) Act 2011 Data Protection Act 2018 Human Rights Act, 1998 Children (Scotland)Act 1995; United Nations Convention on the Rights of the Child, 1991 Fife Inter-agency Child Protection Guidance 2016 Fife Children’s Services Plan Updated March 2016 Getting it Right in Fife Framework National Guidance for Child Protection in Scotland Scottish Government (2013) Child Protection Guidance for Health Professionals Vincent (2010) Learning from Child Deaths and Serious Abuse
Glossary of Terms:	CPC: Child Protection Committee ED: Emergency Department ICR: Initial Case Review IRD: Inter-agency Referral Discussion MCN: Managed Clinical Network SCR: Significant Case Review

Parties / Committees consulted prior to Health Board Meeting:	Children's Services Senior Manger – Chair of Child Health Protection Steering Group
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Impact: (must be completed)	
Financial / Value For Money	No financial commitment.
Risk / Legal:	Risk assessment completed and recorded within children's services risk register. Will be updated once decision is made at Board level. Legal implications once statutory guidance is enforced (next August)
Quality / Patient Care:	No impact on patient care. Interventions promote safeguarding patients.
Workforce:	Training needs have been identified and will be met through committed support. Regular updates at child health management team / child health protection steering group including attendance from NHS Fife's legal team.
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 <ul style="list-style-type: none"> • Has EQIA Screening been undertaken? No (If yes, please supply copy, if no please state reason) • Has a full EQIA been undertaken? 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) N/A

**NHS FIFE
CLINICAL GOVERNANCE COMMITTEE**

DATE OF MEETING:	Thursday 16 th January
TITLE OF REPORT:	Alcohol and Drug Partnership (ADP) Report
EXECUTIVE LEAD:	Nicky Connor
REPORTING OFFICER:	Steve Hopton

Purpose of the Report (delete as appropriate)	
	For information

SBAR REPORT

Situation

The Alcohol and Drug Partnership (ADP) is a strategic partner of the Health and Social Care Partnership. Its role is reducing the prevalence, impact and harms associated with problematic alcohol and drug use throughout Fife. Membership is drawn from senior officers of Fife Council, Fife Health and Social Care Partnership, NHS Fife, Fife Constabulary, Third Sector Alcohol and Drugs field and Elected member representation.

ADPs are required to report to the Scottish Government on progress and improvements achieved from the annual ring-fenced government alcohol and drugs allocation and partner agency contributions. This funding is routed through NHS boards to Integrated Authorities for onward allocation. The Scottish Government also requires ADP's to have annual reports and delivery plans endorsed by local Integrated Joint Boards

Fife ADP's terms of reference require a direct reporting link to Clinical Care Governance Committee and the Integrated Joint Board.

The Fife ADP Annual Report (Appendix 1) is in the format required by the Scottish Government.

A Red, Amber, Green (RAG) status has been added to provide members with a visual indication of local progress on the ministerial priorities for this area of work.

Background

The national strategy for alcohol and drug use "Rights, Respect, Recovery" was launched in June 2019. The strategy reaffirms that individuals' families and communities have the right to:

- health and life - free from the harms of alcohol and drugs
- be treated with dignity and respect
- be fully supported within communities to find their own type of recovery

The strategy directs what local areas are expected to implement, and evidence:

- a focus on prevention which will reduce the individual, family and societal factors which increase the likelihood of alcohol and drug use and related harm.
- ensuring that actions to reduce use and harm are tackling health inequalities.
- a continuing whole-population approach to changing Scotland's relationship with

alcohol, aligned with the World Health Organisation's "Best Buys"³ for reducing the harmful use of alcohol.

- a Human Rights-based, person centred response to individuals and families experiencing alcohol and drug related harm, ensuring a focus on those who are most at risk.
- a focus on taking an improved public health approach in justice settings - reducing use and harm - and taking vulnerable people out of the justice system.
- an evidence informed approach, which appropriately involves academic evidence, the voice of lived and living experience, family members, those with professional experience and other intelligence on alcohol and drug related harm and recovery.
- clear arrangements for continuous improvement in delivery across the Scottish Government, Health Boards, Local Authorities, Police Scotland, the Scottish Prison Service, the Third Sector and other key organisations, particularly in working with local communities and recovery groups

The Partnership Delivery Framework (July 2019) sets out ADPs' role in delivering the national and locally agreed strategies. ADPs will be required by Scottish Government to encourage and evidence the use of whole systems approaches to reducing harm. A timeline for the development of a local delivery plan has been set out and it is expected that Integration Joint Boards approve these plans prior to publication in April 2020.

Assessment - Key statistics and trends

Prevention

The rate of S4 pupil in Fife of who report drinking weekly in Fife has been reducing in line with national trends since 2006.

Monthly drug use among S4 pupils in Fife reduced between 2006 and 2010 and had remained stable at around 6% since. This is slightly above the Scottish level.

In the most recent study of injecting drug use, Fife had a lower rate of prevalence of Hepatitis C antibody positivity than the Scottish rate.

Recorded drug crimes in Fife were 36.13 per 10,000 (1342) compared to the Scottish rate of 59.72 in 2017/18. The Fife rate has been lower than the Scottish rate since 2006.

Prevalence

The estimated numbers of individuals with problem drug use in Fife is 2900 or 1.23% of the population. This is less than the Scottish percentage of 1.74% (2013 estimate)

The percentage of individuals with harmful alcohol use in Fife is 14.92 of the population, less than the Scottish rate of 17.64 (2014-2017)

Mortality

Alcohol related deaths in Fife are 17.32 per 100,000 of the population, lower than the Scottish average of 20.21 per 100,000.

Drug related deaths are 0.14 per 1,000 of the population. The Fife rate is the joint 6th highest, in Scotland with NHS Lothian, and Forth Valley areas. This rate is below the **Scottish average of 0.16 per 1000**. (Figures for 2017-2018). The number of drug deaths in Fife in 2018 was 64, a reduction on the 66 deaths in 2017.

Hospital stays.

The rate of Alcohol related hospital stays in Fife was 651.87 per 100,000 of population (2384 stays), less than the Scottish rate of 676.33. (35,917 stays). Fife has the 6th highest rate of alcohol stays in Scotland. This has been a relatively stable rate over the last 5 years.

The rate of drug related stays in Fife was 219.46 per 100,000, higher the Scottish rate of 180.51. The majority of drug related stays involved opioids. This is the 3rd highest rate of admission in Scotland. This rate has continued to rise nationally and locally.

Demand

The recent Fife ADP needs assessment identified that around one third of people with drug dependency were in treatment for problem drug use in Fife. The needs assessment concluded the figure was likely to be lower for people affected by problem alcohol use.

Performance against national targets

Delivery of Local Delivery Plan (HEAT) standard A11 Access to Care, (90% of clients will wait no longer than three weeks from referral received to appropriate drug treatment that supports their recovery). In 2018/19 Fife services exceeded the 3-week referral to treatment target, 95% (1290) of people referred for alcohol treatment and 97% (1254) referred for drug treatments were seen within 3 weeks.

Delivery of Local Delivery Plan (HEAT) standard ABI A4. Fife was one of 9 NHS Board areas which exceeded its target, delivering 4914 alcohol brief interventions in 2018/19 (117% of the target).

Local analysis and outcomes

Appendix 1 is the ADP's annual report to Scottish Government for 2018/19.

Appendix 2 provides members with an overview of relevant statistics and outcomes achieved though local investment.

Appendix 3 is a summary of progress on additional Scottish Government investment.

Recommendation

The committee is asked to note the contents of the ADP report

Objectives: (must be completed)	
Healthcare Standard(s):	The healthcare standards are relevant to the ADP .The ADP and its services also work towards the Quality Principles “Standard Expectations in Care & Support for Alcohol and Drug Services” as required by the Scottish Government.
HB Strategic Objectives:	The Annual report reflects the vision, mission statement and the values incorporated in the Health & Social Care Strategic Plan. Its production also incorporates the governance, accountability and evaluation and monitoring elements of the work of the C&CG.

Further Information:	
Evidence Base:	Fife ADP activity is aligned with the evidence informed Scottish Government Rights Respect Recovery Strategy 2019. The Fife Needs Assessment undertaken in 2018 and the subsequent NHS Fife Public Health Evidence review is informing current improvement activity.
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	Clinical and care governance committee

Impact: (must be completed)	
Financial / Value For Money	<p>Financial / Value for Money</p> <p>The annual report details the investment of Scottish Government funds into the provision of services for those affected by alcohol and drugs. This investment was £3,297,789 in 2018/19.</p>
Risk / Legal:	The production of the Annual Report does not require a risk assessment or analysis of legal implications.
Quality / Patient Care:	The ADP annual report and assessment of outcome performance allows the ADP Committee to analyse and understand the quality of care provided to those affected by alcohol and drugs in Fife.
Workforce:	The production of the ADP annual report does not have a direct impact on the workforce of the ADP support team or the commissioned services.
Equality:	<p>1. An EqIA has not been completed and is not necessary for the following reasons</p> <p>The production of the ADP Annual Report reflects the work undertaken over the year. An equality impact assessment is not required to record activity and outcomes. However, any planned changes in services’ operational delivery</p>

	<p>and/or strategic structure of the ADP will need to include an equality impact assessment and these will be completed in due course if indicated by the Needs Assessment. There are no plans at this stage.</p>
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ADP ANNUAL REPORT 2018-19 (FIFE ADP)

Document Details:

ADP Reporting Requirements 2018-19

1. Financial framework
2. Ministerial priorities
3. Formal arrangements for working with local partners

Appendix 1 Feedback on this reporting template.

In submitting this completed Annual Report we are confirming that this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **30 September 2019** for the attention of Amanda Adams to: alcoholanddrugdelivery@gov.scot copied to Amanda.adams@gov.scot

1. FINANCIAL FRAMEWORK - 2018-19

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners. It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	preventing and reducing alcohol and drug use, harm and related deaths
Scottish Government funding via NHS Board baseline allocation to Integration Authority	£3,297,789
Additional funding from Integration Authority (excludes Programme for Government Funding)	£711,092
Funding from Local Authority	£1,220,743
Funding from NHS (excluding NHS Board baseline allocation from Scottish Government)	£2,936,232
Total Funding from other sources not detailed above	
Carry forwards	£100,000
Total (A)	£8,255,856

B) Total Expenditure from sources

	preventing and reducing alcohol and drug use, harm and related deaths
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£1,103,795
Treatment & Recovery Support Services (include interventions focussed around treatment for alcohol and drug dependence)	£7,145,635
Dealing with consequences of problem alcohol and drug use in ADP locality	
Total (B)	£8,249,429

C) 2018-19 Total Underspend from all sources: (A-B)

Income (A)	Expenditure (B)	Under/Overspend
£8,255,856	£8,249,429	£6,427 underspend



D) 2018-19 End Year Balance from Scottish Government earmarked allocations (through NHS Board Baseline)


	* Income £	Expenditure £	End Year Balance £
2018-19 investment for preventing and reducing alcohol and drug use, harm and related deaths	£3,297,789	£3,297,789	0
Carry-forward of Scottish Government investment from previous year (s)	£0	£0	£0

Note: * The income figure for Scottish Government should match the figure given in table (a), unless there is a carry forward element of Scottish Government investment from the previous year.

2. MINISTERIAL PRIORITIES

Please describe in bullet point format your local Improvement goals and measures for delivery in the following areas during 2018-19:

PRIORITY	*IMPROVEMENT GOAL 2018-19 This should include your percentage target for each priority area where applicable.	PROGRESS UPDATE Maximum of 300 words for each priority. This should include percentage of delivery against target	ADDITIONAL INFORMATION Maximum of 150 words
<p>1. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)</p>	<p>All core treatment services in Fife (NHS Addictions, DAPL, FIRST, ARBD and FASS) will be 100% compliant with DAISy from its go live date.</p> <p>No records will be entered anonymously.</p>	<p>The Fife DAISy subgroup met three times during 2018/19.</p> <p>Fife ADP Support Team carried out improvement work with all services using Scottish Drug Misuse Database (SDMD) to maximise compliance and reduce anonymous record entries.</p> <p>Compliance with the Waiting Times system was 94% for the year 2018-2019.</p> <p>Anonymous records reduced from 59% in 17/18 to 45% in 18/19.</p> <p>Work is ongoing to ensure the goal of 100% compliance and zero anonymous entry is achieved before the implementation of DAISy.</p>	<p style="text-align: center;"></p> <p>Anonymous record entries in Fife are exclusively related to alcohol treatment where some services had been offered with a guarantee of anonymity.</p> <p>The average percentage of anonymous entries for first five months of 2019 was 3.2%.</p>
<p>2. Tackling drug and alcohol related deaths (DRD & ARD)/risks in your local ADP area. Which includes - Increasing the reach and coverage of the national naloxone programme for</p>	<p>To improve the reach of, and access to treatment and harm reduction services for those most at risk of alcohol/drug related death.</p>	<p>Alcohol and drug related deaths were lower in Fife during 2018 than in 2017.⁽¹⁾</p> <p>Drug Deaths A multi agency service brief for a hospital liaison service REACH (Reach, Engage, Act in Communities and Hospital) was developed</p>	<p style="text-align: center;"></p>

<p>people at risk of opiate overdose, including those on release from prison and continued development of a whole population approach which targets harder to reach groups and focuses on communities where deprivation is greatest.</p>	<p>Improve understanding of drivers for drug and alcohol related deaths in Fife which will feed into ADP working groups, where evidence-based improvement plans will be created.</p>	<p>(funded from additional Scottish Government investment in Fife). This service will provide a rapid route into harm reduction and/or treatment for those who are admitted to hospital and are seen to be at high risk of alcohol or drug related death. The co-located team consists of the Third Sector, NHS, Housing and Social Work staff. A development group is in place to establish values, principles and working protocols and processes for this team. Recruitment of staff is almost complete and the expected go live date for the full team is November 2019.</p> <p>Overdose Prevention and Drug Deaths</p> <p>Fife ADP Overdose Prevention and Drug Death Monitoring group (OPDDMG) is responsible for planning and reviewing initiatives designed to tackle drug related death and near fatal overdose, for example:</p> <ul style="list-style-type: none"> Development of a local naloxone strategy. Development of a near fatal overdose (NFO) assertive outreach service (with go live date of April 2019). Coordination of local action (which involved services, local residents and people in recovery) in an area of multiple deprivation which was experiencing a cluster of suspected drug deaths. 	
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Outputs from this work included;

- Establishing a local SMART (2) recovery group
- Holding a conversation café with local People with Lived Experience (PWLE)
- Providing naloxone training to members of the public, family, PWLE, and services
- Contacting family members of the bereaved to offer support, including counselling.



This year, ADP commissioned services distributed more naloxone kits than ever before.


2016	2017	2018
343	281	412

Alcohol Deaths

Caldicott approval has been received to carry out an audit of Fife alcohol related deaths. This work is being undertaken by ADP support staff and NHS Fife Public Health Department. A report will be completed with the aim of establishing an understanding of the factors contributing to alcohol related deaths in Fife and identifying opportunities for early intervention and prevention work across the whole system.



		<p>Whole Population Approach</p> <p>A report 'The Provision and Impact of Alcohol in Fife' (3) was produced to raise awareness of the WPA for alcohol and as supporting evidence for joint ADP/Public Health submissions to licensing applications. An alcohol and drugs needs assessment was carried out in 2018 which has informed ADP work on prevention of alcohol and drug related harm.</p> <p>Examples of the approach in action include:</p> <ul style="list-style-type: none"> • Influencing work related to alcohol awareness week and overdose prevention day. • Development of alcohol brief interventions in wider settings. • A comprehensive programme of school-based education on alcohol and drugs. • Investment and support to maintain and expand the network of SMART meetings across Fife. <p>SMART meetings currently take place in 17 locations in Fife and include a weekly online meeting and Family and Friends group. Over 800 meetings were held in 2019 with over 100 people participating on weekly basis.</p>	
<p>3. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women</p>	<p>To offer follow up support as standard to all those returning to Fife following liberation from prison where there is an alcohol and drug issue</p>	<p>Fife ADP is represented on the Reducing Offending and Reoffending Partnership (ROAR). Partner agencies scoped out a pilot project to offer routes from custody into treatment support and rehabilitation services. It is</p>	

		<p>anticipated this will form part of the next phase of “Reach, Engage, Support” activity in Fife.</p> <p>250 SMART meetings were delivered by Fife Drug Treatment and Testing Order (DTTO) staff.</p> <p>140 referrals were made DTTO team to alcohol and drug support services.</p> <p>13 people from Fife were referred to the Turnaround Residential Service.</p> <p>http://www.turningpointscotland.com/what-we-do/criminal-justice/turnaround/</p>	
<p>4. Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care Inspectorate Report, which examined local implementation of the <i>Quality Principles</i>.</p>	<p>To provide evidence of improvements made from the Care Inspectorate Report undertaken in 2016 and be able to stand up to scrutiny if a further self-assessment of the quality principles was conducted.</p>	<p>Fife ADP commissioned Fife Council Research Team and The Scottish Health Council to co-produce a needs assessment to identify gaps in service and appropriateness of current provision. This work stemmed from the previous Care Inspection recommendations and will inform improvement actions, systems changes and commissioning decisions in the current financial year.</p> <p>The 2016 improvement plan has been completed and a revised plan has been drafted for Fife ADP from 2019 to 2022.</p>	

* SMART (*Specific, Measurable, Ambitious, Relevant, Time Bound*) measures where appropriate



- Not Started



- Under way, some challenges or delays affecting progress.



- Progressing as planned

3. FORMAL ARRANGEMENT FOR WORKING WITH LOCAL PARTNERS

<p>What is the formal arrangement within your ADP for working with local partners including Integrated Authorities to report on the delivery of local outcomes?</p>	<p>Fife ADP annual reports and delivery plans are submitted to the Clinical Care Governance Committee (CCGC) for approval, and subsequently to the Fife Health and Social Care Partnership (HSCP) Integrated Joint Board (IJB). Fife ADP provides Fife HSCP with;</p> <ul style="list-style-type: none">• Regular updates on progress against strategic aims, outcomes and indicators as required.• A fuller and more detailed annual report for noting and approval in autumn of 2019. <p>The Divisional General Manager for the HSCP also sits on the ADP committee and acts as the link between Fife ADP and the HSCP ensuring that reporting to and from the HSCP is achieved.</p> <p>Fife ADP also has a number of important links across strategic bodies which are designed to raise awareness of the work the ADP carry out and to integrate Fife ADP with other strategic partnerships such as the Adult Protection Committee, the Child Protection Committee, Fife Violence Against Women Project and Reducing Offending and Reoffending Partnership.</p>
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Notes and references


1. Fife alcohol specific deaths reduced from 91 in 2017 to 59 in 2018. (<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/alcohol-deaths>) Drug Related Deaths reduced from 66 in 2017 to 64 in 2018. (<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2018>).
2. SMART, Self Management and Recovery Training. <https://smartrecovery.org.uk/>

3. The Provision and Impact of Alcohol in Fife, <https://know.fife.scot/knowfife/wp-content/uploads/sites/44/2018/05/The-Provision-and-Impact-of-Alcohol-in-Fife-Full-Report.pdf>

In submitting this completed Investment Plan, we are confirming that this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

APPENDIX 1:

1. **Please provide any feedback you have on this reporting template.**

	<p>Submission to: Chair Fife ADP Divisional Manager, Health and Social Care Head of Strategic Performance and Commissioning</p>
<p>FROM:</p>	<p>Mark Steven</p>
<p>DATE:</p>	<p>6/08/19</p>
<p>SUBJECT:</p>	<p>Additional Investment in Alcohol and Drugs Treatment and Prevention. (SEEK, KEEP, TREAT – REACH, ENGAGE, SUPPORT)</p>
<p>Situation:</p>	<p>The Scottish Government allocated an additional £20million of investment in 2018 to develop and deliver new and innovative ways of meeting the needs of people affected by alcohol and drugs. This was a response to a number of key reports, national policy statements (Ref 1,2,3) and the continuing rise in drug related deaths in Scotland. Fifes share of the £20 million additional fund was £1,156,983, based on the NRAC formula. (Ref 4). Fife received this funding in the second quarter of 2018/19. The Scottish Government allocation letter of 2nd August 2019 confirms the 2019/20 baseline award for Fife ADP at £3,297,788 for the current financial year and the additional award for 19/20 as £1,156,983. Fife IJB is the end recipient of this funding which is routed through NHS Fife Finance by the Scottish Government. Fife ADP investment and strategic actions and priorities are expected to be signed off by Integrated Authorities as a condition of the ring-fenced Scottish Government allocations for alcohol and drugs.</p>
<p>Background:</p>	<p>The initial branding of Seek, Keep and Treat has been replaced by Reach, Engage, Support as a more person-centered way to describe the underlying approach to improving access to services.</p> <p>The 7 priority areas set out by Scottish Government for the additional spend are</p> <ol style="list-style-type: none"> 1. Increased involvement of those with lived experience of addiction and recovery in the evaluation, design and delivery of services; 2. Reduce waiting times for treatment and support services. Particularly waits for opioid substitution therapy (OST) including where these are reported as secondary waits under the LDP Standard; 3. Improved retention in treatment particularly those detoxed from alcohol and those accessing OST; 4. Development of advocacy services; 5. Improved access to drug/alcohol treatment services amongst those accessing inpatient hospital services; 6. Whole family approaches to supporting those affected by problem drug/alcohol use; 7. Continued development of recovery communities <p>The initial priorities for Fife, identified through stakeholder and service user consultation related to hospital liaison, increased involvement of people with lived experience though peer led approaches and development of recovery communities. A three-year investment plan was submitted to the Scottish Government on the 2nd of November 2018. This included provision for IJB to utilise additional funding to support mainstream services impacted by levels of alcohol and drug related harm among service users and reduce waiting times in the 2018/19 financial year. A short life working group was formed to take forward proposals for the additional spend that were consistent with the findings from the need’s assessment. The need for greater integration of services and improvement in coordination of individual and family care and support.</p>

	<p>Service briefs were developed on Hospital Liaison (£672,910k per annum), Recovery Community development (£45,571), Employability and Peer Mentoring/Advocacy (£129, 589k per annum).</p> <p>The organisations submitting successful bids were; SB1 Partnership of NHS Fife & Social Work Service, Addaction & ADAPT SB2 Phoenix Futures & Clued Up SB3 Restoration</p> <p>Some revisions of bids occurred during the application process. The total final amount allocated in this year currently sits at £849,070. The amount currently unallocated is £308,930.</p> <p>Slippage in spend is primarily the result of delays in recruitment in the Hospital Liaison Service. The</p> <p>The SLWG group also commissioned an evidence and literature review which was undertaken by NHS Fife Public Health Department. The SLWG group has now concluded its work and it is proposed that the necessary development and redesign of services based on this report, our strategic priorities and the findings of our recent need's assessment will be overseen by ADP Joint Commissioning Group.</p>
<p>Assessment:</p>	<p>Hospital Addictions Liaison Team (HALT) <u>Progress</u> An Oversight/Project Development group has been meeting to establish the principles, working protocols and processes of the team. The Team Leader took up post on 5th August 2019. ADAPT have recruited 3 staff. Addaction recruitment of 2 posts is complete, NHS Medical, Admin, and Pharmacy posts are complete and interviews are underway for 3 addictions nurse. 2 Social Work posts are complete. A work base has been secured in Outpatients 6 Whytemans Brae, Kirkcaldy and the expected go live date for full team is December 2019.</p> <p><u>Challenges</u> Some additional capital costs may need to be allocated to cover base refurbishment, IT infrastructure and equipment. Additional finances may be required to support evaluation and service user involvement and ensure that high quality induction, team development and support and supervision arrangements are in place for the team.</p> <p>Employability and Peer Mentoring/Advocacy <u>Progress</u> This is a combined brief between Clued-Up and Phoenix Futures. Clued-Up had previously ran this project and had staff in place to take up post. Phoenix Futures have now recruited a team leader and are in the process of employing one more member of staff. The Clued-Up element of this brief is live, whilst the Phoenix element of recruiting peer mentors and mentees expected to go live in the next month. The Phoenix Futures employees shall be based within Clued-Up to create a partnership approach.</p> <p>Challenges- Phoenix have had some issues with recruitment and were looking to change the post slightly to make it more attractive to applicants. They were hoping to increase the post to full time, rather than part time, using money allocated for the first quarter that was unspent.</p> <p>Recovery Communities <u>Progress</u> Recovery Cafes and activities are being developed in new areas. More partnership work is taking place with Phoenix to develop peers, and Fife wide activities.</p>

	<p>Restoration have a new development worker who has recently graduated from the Addiction Worker Training Program. New premises were also identified in Lochgelly. <u>Challenges</u>- Further funds were required for startup costs and equipment.</p> <p>Development of REACH, ENGAGE, SUPPORT approach out with Hospital Settings</p> <p><u>Progress</u> A service brief is being developed to expand the approach of the Hospital Addictions Liaison teams to other settings.</p> <p><u>Challenges</u> Identifying the priority areas for action (e.g. Custody/Prison liaison, Homeless services, Women Only Addiction Service, Residential Rehabilitation). Timescale and logistics of setting up an additional service to utilise funding in this financial year.</p>
<p>Recommendations:</p>	<p>That ADP identify a lead for a HALT project implementation and evaluation group and decide whether this reports to ADP commissioning group or directly to ADP.</p> <p>That ADP delegates power to set aside additional core funds to provide induction, team development, training and support and supervision arrangements to HALT implementation group for this financial year up to a limit of £60,000.</p> <p>That responsibility for allocation of in year under spends from additional investment and planning for full utilization of funds from 20120/21 is delegated to Fife ADP Joint Commissioning Group</p>

1. Staying Alive http://www.sdf.org.uk/wp-content/uploads/2016/08/Staying_Alive_in_Scotland_17_June_2016.pdf
2. 2017 Ministerial Statement on Seek, Keep & Treat principles <https://www.gov.scot/publications/alcohol-drug-treatment-strategy-ministers-statement/>
3. Rights Respect and Recovery , <https://www.gov.scot/publications/rights-respect-recovery/>

4. NRAC – NHS Scotland Resource Allocation Committee

Report Contact;
 Mark Steven
 Team Leader, Sexual Health & BBV Development Team
 Fife ADP Coordinator (Temporary)
 Whytemans Brae Hospital
 Whytemans Brae
 Kirkcaldy
 KY1 2ND
 Ext:29266
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Agenda item no

Title of Group/Sub-committee	Acute Services Division Clinical Governance Committee
Date of Group/Sub-committee Meeting:	26 th November 2019
Release: draft/final minutes	DRAFT
Author/Accountable Person:	Dr R Cargill

Summarise the items of significance from the minutes and the important points you want to raise to the attention of the committee?

CARDIAC ARREST AUDIT – showing progressive improvement in Cardiac Arrest rates. Note change from National Cardiac Arrest Audit participation to local reporting.

PERINATAL MORTALITY AUDIT REPORT 2017 DATA – appropriate peer comparison noted.

What are the concerns/issues/risks you want to bring to the attention of the committee?

REVIEW OF FEWS vs NEWS 2 - Committee decided to continue use of FEWS until comparative data available.

WAITING TIMES AUDIT – delivery challenges including Cancer Waiting Times.

Linked committee cover template	Version: 8	Date:
Author: Clinical Governance	Page 1 of 1	Review Date: May 2020

A NOTE OF THE ACUTE SERVICES DIVISION CLINICAL GOVERNANCE COMMITTEE HELD ON TUESDAY 26TH NOVEMBER 2019 AT 2.00PM WITHIN TRAINING ROOM 1, DINING ROOM, VICTORIA HOSPITAL

Present	Designation
Dr Annette Alfonzo	Clinical Director – Emergency Care Directorate (until end of FEWS/NEWS – Item 5)
Mrs Lynn Campbell	Associate Director of Nursing
Dr Robert Cargill	Associate Medical Director – ASD (CHAIR)
Ms Gemma Couser	General Manager - WCCS
Dr John Donnelly	Clinical Director – Planned Care Directorate
Mrs Donna Galloway	Laboratory Manager - Women, Children & Clinical Support
Mrs Elizabeth Muir	Clinical Effectiveness Co-ordinator
Mrs Nicola Robertson	Head of Nursing – Planned Care Directorate
Miss Arlene Saunderson	Head of Nursing, Planned Care Directorate
Mrs Miriam Watts	General Manager – Emergency Care Directorate

Apologies	Designation
Ms Aileen Lawrie	Head of Midwifery
Dr Tahir Mahmood	Clinical Director – Women, Children & Clinical Services
Ms Marie Paterson	Head of Nursing - Acute
Ms Farah Rozali	Chief Registrar (shadowing Dr Cargill)

In Attendance:	
Dr Sean Ainsworth	Consultant Paediatrician & Neonatologist
Mrs Margaret Dodds	Senior Nurse – Quality & Risk – Emergency Care Directorate
Miss Lynn Godsell	PA to the Associate Medical Director & Associate Director of Nursing (minutes)
Dr Gavin Simpson	Consultant Anaesthetist/ICU
Dr Kim Steel	Consultant in Palliative Care Medicine
Ms Claire Steel	Pharmacy Operations Manager (rep Mr S Garden)
Mrs Andrea Wilson	Waiting Times Manager

ACTION

1 Welcome and Introductions

Dr Cargill welcomed those present to the meeting.

Dr Cargill intimated that those who had attended to present a specific item would be taken first and then the agenda items would follow.

2 Apologies for Absence

Apologies for absence were noted from the above named members.

3 Unconfirmed Minute of ASDCGC Meeting held on 17th September 2019

Dr Cargill referred to the notes of the meeting from September and asked members for any issues.

There were no issues raised, hence the minutes were approved as an accurate record.

Acute Services Division Clinical Governance Committee	DRAFT	Created by: LG
Meeting – 26/11/19	1	Created on : 18/12/19

4 Matters Arising

4.1 Action List

Action 91 – PAA Spinal Governance – Dr Donnelly to check this is all in order and signed off appropriately with a review date of 1 year.

JD

Action 199 – CSA – Patient Feedback – This is contained within the multi-professional report. Regard as complete.

Action 225 – FEWS/NEWS update – Agenda item. Regard as complete.

Action 244 – Cleft Care Report – Dr Donnelly advised that he had liaised with Mr Sharma re the report. Include in PCD workplan.

PCD

Action 249 – PCD - HPB Cancer Report - Mrs Muir confirmed she had met with Mrs Nicoll regarding planning the Cancer QPIs to the relevant Directorate workplans. Regard as complete.

Action 260 – Tissue Viability Report – SBAR to come to the Committee. Mrs Muir advised that Lynn Barker had done one. The query was raised if there was value in an aggregated report? The response was not at the moment. Regard as complete.

Action 268 – Boarding Policy – Dr Cargill asked if this could be circulated electronically for final comment. Dr Cargill and Mrs Campbell to discuss and ratify.

RC/LC

Action 278 – Vaccine Programme – Mrs Couser reported that mechanism for vaccine uptake had an update but should now be included in a Performance Review or similar. Regard as complete.

Action 279 – Divisional Risk register – Risk owned by Scott McLean – amendment in progress. Regard as complete.

Action 285 – SSR Audit – c/f to January 2020.

LG

Action 286 – Cardiac Arrest Data – remains outstanding.

Action 287 – EOL Report – agenda item. Regard as complete.

Action 288 – EOL Report – check reporting cycle for the EOL audit.

LG

Action 289 – WCCS – Neonatal Incidents – remains ongoing.

Action 291 – Update re Botox Injections – Mrs Couser reported that discussions with Charlie Chung are ongoing. It was noted that it is not a new service just a change to delivery. c/f to January 2020.

LG

Actions 294 & 295 – Testis & Breast Cancer – Dr Donnelly to liaise with Mr Chapman and update at January meeting.

JD

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5 Hospital/Board or Population Level Reports
Scheduled Governance Items :

- **Cardiac Arrest Audit Q1&2 – Apr – Sept 19**

Dr Simpson attended the meeting to present this report.

Dr Simpson introduced himself to the Committee and advised that he Chairs both the NHS Fife Resuscitation Committee and the Deteriorating Patient Group.

Dr Simpson said Victoria Hospital has been subscribed members of the National Cardiac Arrest Audit (NCAA) since 2014. The cost involved with maintaining our membership has increased each year with the last payment being over £1,000. As we have demonstrated a sustained improvement in reducing our cardiac arrest events in the Victoria Hospital, Kirkcaldy (VHK), there was agreement at NHS Fife Resuscitation Committee in October to come out of NCAA as the information within the report is no longer beneficial as we can now replicate this in-house.

Dr Simpson added that to enable us to continue to report, the Resuscitation Officers have worked with the Clinical Effectiveness Team to produce an in-house high quality, meaningful report on our local data, based on the NCAA model. This will allow us to withdraw our membership from NCAA in December 2019 but still maintain cardiac arrest audit reporting. Generic national data will still be available for comparison.

Dr Simpson wished to highlight some points from the report:

- 5 years ago there was a concern regarding the Cardiac Arrest rate in Fife – it was one of the highest and Dr Simpson starting looking into why that was and what improvements could reduce the numbers and noted that half of the Cardiac Arrests could have been avoided and 6 month mortality was reported at 97%
- The 'Know the Score' campaign had 5 elements and has resulted in significant improvement over the last 5 years.
- 2019 sees the lowest Cardiac Arrest rate on record and is now one of the lower rates across the UK.

Dr Simpson said that he was currently working with the Clinical Governance Team to further refine the data. Dr Simpson asked the Committee to acknowledge the report and he asked the committee, what the best way to disseminate the information was. Dr Simpson suggested for the report to go out to the Clinical Leads and Heads of Nursing to disseminate if the Committee were in agreement. Dr Simpson noted that there was sensitive data within the report but it was all anonymised.

LG

Dr Cargill thanked Dr Simpson for the presentation and all of his hard work. Dr Cargill asked for comments from members of the Committee. Dr Alfonzo commended the work around Cardiac Arrests and agreed to disseminate to the Clinical Leads so that they can look at their own ward areas. Dr Alfonzo added that the Emergency Care Directorate also have their own Clinical Governance meetings and Dr Simpson would be welcome to attend if he so wished.

AA

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- **Hospital Anticipatory Care Plan/Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)**

Dr Simpson referred to the HACP/DNACPR report.

Dr Simpson said that the HACP was launched in 2017 and is available for use in all adult inpatient services in the Acute Services Division.

Dr Simpson advised that discussions should take place with families around the completion of a DNACPR with the patient or their relative. When there is not a DNACPR on file which should have been then inappropriate CPR to a patient is not good practice and could be detrimental and this happens in 10% of Acute admissions.

Monthly audits of DNACPR and HACP compliance remain ongoing. It was noted that the percentage of HACPs compared to DNACPR remains low and has varied from 16% to 33% over the past year although there has been a sustained improvement in patients having both an HACP and a DNACPR.

Dr Simpson said that the HACP replaced the Liverpool Care Pathway (LCP) but was not generic so there was an opportunity to refine the pathway. The HACP and DNACPR are linked and patients should have both. Dr Simpson stressed that communications between Doctors and families are important as this saves both time and distress.

Dr Steel said uptake has been poor and a Quality Improvement project is being undertaken on Ward 43. Dr Steel added the HACP is a communication tool for decision making and it is surprising the uptake is poor. Dr Steel described a role for professionals and for patients as well as cultural issues and said that these 3 factors need to be looked at. Dr Steel welcomed the opportunity for the QI project in Ward 43.

Mrs Campbell asked how this was linked together with the Realistic Medicine agenda. Dr Steel said there was national work going on and this would be the link in the gap as the process seems to be disjointed at the moment.

Mrs Muir raised the issue that the audit programme recommendations are recurring monthly and asked who should own them.

The update was noted.

- **SBAR NEWS2 Update – Dr G Simpson**

Dr Simpson presented the NEWS2 Update.

Dr Simpson advised that there is a desire from Healthcare Improvement Scotland (HIS) for us to move from the Fife Early Warning Score (FEWS) to the National Early Warning Score (NEWS2) for patients within NHS Fife.

The system is used to simplify observations and other vital signs. Dr Simpson said that NHS Fife is the only Scottish Board that has not moved over to NEWS or

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NEWS2, although the clinical scoring elements are broadly the same for all systems.

Dr Simpson said the FEWS system was old but successful. The update noted that HIS and UK wide propose that NEWS score takes the 6 same vital signs but were slightly different from the Fife score. NEWS2 was updated in 2017 and oxygen and other elements were added on resulting in paper charts being done all over Scotland. NHS Fife has remained on FEWS but there are concerns about Fife being the only board not to be on the NEWS system.

Dr Simpson went over the statistics and these were broadly the same for all hospitals.

The Committee discussed the potential to move over to NEWS2 noting that as well as external pressure there were also pros and cons.

Dr Simpson said that if we move over to NEWS this would need a comprehensive risk assessment to cover all incidences. Dr Cargill asked for comments, the following were raised:

- The Oxford study does not find any benefits to change over
- Training implications for 4500 staff if changeover made
- Increasing workload for junior doctors
- Changing needs to be beneficial for NHS Fife
- Could we test it in a certain area – or is it all or nothing with the NEWS system? Dr Simpson said it could be adapted but on paper it is complicated and leaves an element of risk that is not currently there.
- Could we adapt the Fife model of FEWS and add Oxygen and not change to NEWS?

Dr Simpson said personally he is 50/50 for FEWS/NEWS but is being pushed nationally.

Dr Cargill said that as a Committee we are tasked with making these decisions.

The Committee all agreed to remain with FEWS. Dr Simpson will speak to IT but said he may need assistance to get the data to do a comparison.

GS

The update was noted and comparative data awaited.

- **Waiting Times Report**

Mrs Wilson informed the Committee that this report is to provide information and assurance about the management of outpatient and inpatient/day case waiting times in NHS Fife.

Mrs Wilson said that following the publication of a report on the management of NHS Scotland waiting lists in 2013 it was recommended that monthly audits were undertaken to validate that the use of availability codes and provide assurance to Boards that NHS Scotland Waiting Times Guidance and statutory TTG conditions were being applied correctly.

Mrs Wilson advised that Outpatient performance has deteriorated due to varying factors including absence and vacancies, Mrs Wilson added that it was not due to demand. Mrs Wilson did say however, that a couple of specialties have seen an

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increase in demand but there is an inability due to capacity to meet this demand. Mrs Wilson added that the Waiting Times has received an investment of £6.7 million but the problem lies with being unable to recruit to the Consultant posts.

The report noted the following:

- NHS Fife was one of the best performing boards in Scotland but in comparison to the same period in 2018 our performance has slipped slightly to 92%.
- The most common reason for unavailability and the cancellation of clinics is Annual Leave.
- As at June 2019, 95.8% of new outpatients were waiting less than 12 weeks for an appointment.
- With the exception of Orthopaedics, there has been an increase in demand.
- The Waiting Times Data Quality Group was set up in September 2019. This group meets monthly and it's aim is to establish and maintain a framework that ensures a high profile for Data Quality as this is essential in order to deliver the best possible care and services to patients.

Dr Cargill commented that the report was fit for purpose and thanked Mrs Wilson for preparing and presenting the report.

Annual Reports:

- **End of Life Audit – b/f from Sept 2019**

Dr Steel presented the End of Life report.

Dr Steel advised that 55% of Fife patients, die in the acute hospital, Dr Steel added that 10% of patient. who are admitted to hospital today, will not leave again. Dr Steel looks at the acuity of the data every year and there are many people in hospital who are clinically sick enough to die and the time to death is much faster in hospital. All patients who are anticipated to die should have a DNACPR in place, the information showed that for the last 3 years this has been 100%.

Dr Steel referred to the Palliative and End of Life Framework and the various measures. The following points were noted, based on 2018 data :

- Died in hospital within 30 days of previous discharge - 38%
- Time from recognising dying to death – 2.1 days
- Anticipatory Prescribing (HACP) as per Scottish Palliative Care Guidelines – 60%
- 3 or more PRN medications in last 24 hours – 16%
- ¼ have evidence of what is important to patients e.g.: (chaplaincy/family)

Dr Steel said that the areas requiring improvement are:

- Ensuring there are discussions with patients and families
- Establishing what matters to a patient and carer at this time
- Ensuring patients who require to come into hospital have a good Anticipatory Care Plan (ACP).

Dr Steel advised that the uptake from Acute for palliative care training had dropped significantly with only 23 nurses from the Acute Services Division attending, with the rest being from the Community. Dr Steel commented that due to competing priorities for staff, uptake for delivery of this training has reduced.

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Recommendations from the report were as follows:

End of Life and Palliative Care facilitators are common in Acute Care but have never been introduced to NHS Fife. A Palliative Care facilitator has been introduced to Ward 43 in October 2019 which has been funded for a year by the Palliative Care Endowment Fund. A working group is set up and there is good support from the ward.

Another two facilitator posts (one nursing and one OT) have been funded for AU1 from Endowment funds. Although this is funded from the Specialist Palliative Care Endowment there needs to be time and energy put in from the ward. Mrs Robertson agreed to share the job description for the facilitator post which included clinical/education aspects in it.

Specialist Palliative Care is undergoing a service review over a 12 month period which will detail where the resources go. Dr Steel said that to ensure ongoing support and investment in Specialist Palliative Care in the Acute there needs to be engagement with this process from Acute. There was an engagement event in Acute (June 2019). The report is now about ready to be submitted to the stage and gate process in the West Partnership.

Dr Cargill asked for comments or questions from members. Mrs Campbell thanked Dr Steel for the report as this helped understand the projects and what the end points will be. Mrs Campbell said that she would welcome further discussion with Dr Steel.

LC/KS

The report was noted.

- **Patient Experience Report/Update**

There was no submission. Information included within Directorate reports.

6 Planned Care Directorate

6.1 Directorate Governance – Specialty National Reports

- **SBAR Prostate Cancer**

Dr Donnelly advised that he has a meeting scheduled with Mr Chapman next week to discuss an issue identified with variation. Dr Donnelly said that he would bring an update back to the January 2020 meeting.

JD/LG

- **Cleft Care Report**

Report unavailable – c/f to January 2020.

JD/LG

- **Commentary on Cancer reports**

Commentary not submitted – c/f to January 2020.

JD/LG

6.2 Directorate Level Outcomes Data:

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- **Clinical Audit**
- **PCD AWI Results**

Mrs Robertson said that the Adults with Incapacity audit looks at the correct completion of the NHS Fife capacity document which includes the following.

- Section A: Assessment of capacity
- Section B: Welfare Power of Attorney / Guardian / NOK details
- Section C: Section 47 certificate (official document)
- Section D: Treatment Plan

Audit Findings

Mrs Robertson added that the audit showed that there are areas for improvement around completion of Section B – Welfare Attorney/Guardian and the other areas were on par with the previous audit.

Mrs Campbell asked if the wards were using the new form yet and was advised that it had been implemented.

Mrs Muir added that an audit across the whole of NHS Fife was due to be carried out in January 2020.

- **SAER LEARN Summaries**

WEB 97714

This SAER related to an ENT patient who developed a SAB.

It was noted that documentation, systems and processes and recording of PVC insertion have been standardised within ED. Dr Cargill said this was interesting as there has been resistance in the past from ED, with the view it was the responsibility of downstream wards. Mrs Robertson to suggest a ward to test this.

NR

WEB 103273

A patient fell in Ward 31 and sustained a fractured right neck of femur.

There were several gaps in care planning and documentation identified.

It was noted that the Falls toolkit and supervision policy have been updated so they are easier for staff to utilise. The Falls group is undertaking a review of alarms.

WEB 102867

It was identified that a patient had had their urethral catheter in situ for over 6 months.

Ms Saunderson advised that following this incident the policy has been evaluated to raise the importance of it. Ms Saunderson added that a Catheter Passport has been trialled within Ward 54, UDTG and AU2. Ms Saunderson agreed to bring back an update from the Catheter passport trial in due course.

AS

Mrs Robertson indicated the Directorate continues to work hard to achieve the 90 day target.

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6.3 Directorate Report

Incidents

There were 225 incidents reported from 1 September to 31 October 2019. There were 11 major and 1 extreme incident.

The extreme relates to a patient boarded from Ward 33 to Ward 10 who had a cardiac arrest. This is now subject to a Stage 2 complaint.

The top 5 commonly reported categories are namely:

- Patient Falls
- Medication Incidents
- Other clinical events
- Access/Appointment/Admission etc
- Tissue Viability

Patient Falls

For the reporting period there were 48 falls reported across the Directorate.

Surgical Site Infection

There were a total of 317 Orthopaedic Procedures performed in Q3 2019 which fall under Surveillance categories, resulting in a total of 4 confirmed SSI. These were 1 superficial infection, 1 deep infection and 2 organ space infections. These cases will be discussed at the next Orthopaedic SSI meeting.

There were a total of 80 operations performed in Q3 2019 which fit into the planned large bowel surveillance programme, resulting in a total of 5 confirmed SSI. These cases will be discussed at the next Large Bowel SSI feedback meeting.

There has been a significant reduction in the incidence of SSIs this quarter from 10% to 6%.

Medication Related Incidents

There were 35 medication related incidents reported.

The major harm severity was reported as missing controlled drugs and is now a disciplinary incident.

Risk Register

This is robustly monitored and updated accordingly. There were no new risks added during this period.

Complaints

The Directorate closed 20 Stage 2 complaints and for the period (a 20% decrease) and closed 44 Stage 1 complaints (a 27% increase).

Anaesthetics

The Directorate reported that Anaesthetics are involved in a number of audits and projects, which include:

- ERAS Colorectal Review
- Orthopaedics
- Paediatrics

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- Recovery
- Pharmacy
- Emergency Surgery
- High Risk Surgery
- Trainees

Legal Claims

There were 3 claims received during the reporting period. These related to Day Intervention Unit, Ophthalmology Outpatient Clinic and Urology DTC.

Patient Experience Feedback

The data for Q2 reflects examples of Directorate patient experience and feedback activities our teams are engaged with. Data had been submitted from Urology, Orthodontics, Ward 10 and Ward 53.

Some areas within Planned Care also have “Making a Difference” board where patients are actively encouraged to write their own feedback.

6.4 Specialty/departmental audit & assurance data (incl guidance)

- **Clinical Quality Indicators**

Included in Directorate report.

6.5 New Interventional Procedures

There were no Interventional Procedures submitted.

6.6 SPSO Recommendations

There were 2 final decisions which were upheld.

7 Women, Children & Clinical Services Directorate

7.1 Directorate Governance – Specialty National Reports

- **Paediatric report**
- **Maternity Unit Report – b/f from July 2019**
- **Perinatal Mortality Report 2017**

Dr Ainsworth attended to speak to this report.

Dr Ainsworth advised that the MBRRACE-UK Perinatal Mortality Surveillance Report is a national UK-wide report (this was initially Scottish data but changed to UK wide 5 years ago) into Perinatal mortality rates. It allows benchmarking against perinatal rates from other similar units; in this case NHS Fife is taken to be a level 3 neonatal unit without surgical beds. The Committee is asked to note the report – which, although published in 2019, is derived from births in 2017.

The MBRRACE-UK Perinatal Mortality Surveillance Report reports on the following:

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- **Late fetal loss** - A baby delivered between 22⁺⁰ and 23⁺⁶ weeks gestational age showing no signs of life.
- **Stillbirth** - A baby delivered at or after 24⁺⁰ weeks gestational age showing no signs of life.
- **Neonatal death** - A live born baby * who died before 28 completed days after birth.
- **Perinatal death** - These are deaths that meet the criteria for being a stillbirth or **early** neonatal death.
- **Extended perinatal death** - These are deaths that meet the criteria for being a stillbirth or neonatal death.

Dr Ainsworth highlighted the rates for NHS Fife for 2017.

Crude stillbirth rate	2.5 per 1000 total births
Stabilised and adjusted stillbirth rate	3.9 per 1000 total births
Crude neonatal mortality rate	3.1 per 1000 live births
Stabilised and adjusted neonatal mortality rate	2.7 per 1000 live births
Crude extended perinatal mortality rate	5.6 per 1000 live births
Stabilised and adjusted extended perinatal mortality rate	6.5 per 1000 live births

The Committee is asked to note that:

- All stillbirths and neonatal deaths were reviewed by a multidisciplinary team. There were no emerging or 'new' clinical themes to explain why mortality in 2017 continues to be in the 'amber' and 'red' zones.

Dr Ainsworth said that the "traffic light split" had recently been introduced and although aspirational this year it is likely NHS Fife will still end up with an amber flag. NHS Fife rates are in comparison to Wishaw General and Crosshouse Hospital rather than NHS Greater Glasgow. Dr Ainsworth advised that Fife has been categorised as amber/red and no Scottish Boards are green and was unsure as to why this was. Dr Ainsworth said there was a definite north/south divide.

Dr Ainsworth added that as 2016 had a large number of perinatal deaths a Perinatal Mortality and Morbidity Review Group was set up and the group now meet monthly to review the timelines for every neonatal/stillbirth deaths and "near misses" – these are not part of MBRRACE data but are term babies who are admitted for treatment for birth asphyxia. These cases are reported through "Each Baby Counts".

Dr Ainsworth advised that 2017 rates were better than 2016 and so far 2019 is performing better than the previous year. It was noted that all deaths are tracked in real time reporting and 50% of stillbirths are women who smoke.

Dr Cargill asked Dr Ainsworth how long the review meetings take? Dr Ainsworth said each meeting takes approximately 3 hours as each case takes some time.

Dr Cargill thanked Dr Ainsworth and the team for taking this forward.

7.2 Directorate Level outcomes data:

- **Clinical Audit**

There were no Clinical Audits submitted.

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- **SAER LEARN Summaries**

There were no SAER Learn summaries submitted.

7.3 Directorate Report/s (Clinical Support & Access)

Incidents

Mrs Galloway reported there were 95 incidents reported between 1st August 2019 and 30th September 2019. This is a substantial reduction compared to the last 2 quarters. There was 1 major incident and 4 moderate incidents. These related to:

- Radiology error for breast cancer
- Bereavement suite flooded with raw sewage – blockage identified and removed by an external contractor
- CT missed a displaced fracture on upper femur
- Deceased unclaimed patient in mortuary for over a month
- Patient treated with inappropriate antibiotic therapy due to failure in reviewing sensitivity test results in a timely manner for a SAB.

Ms Couser advised the Committee that the Directorate will provide two reports – one for Women & Children and another covering the other departments of the Directorate.

The top 5 themes of all incidents are namely:

- Patient information
- Radiation
- Major Haemorrhage activations
- Blood Transfusions
- Other Clinical Events

There were 32 patient information incidents.

There were 17 Radiation Incidents – these resulted in minor or no harm and none of the incidents were reportable to HIS.

Patient Falls

There were 4 patient falls.

Two of these were recorded by Physiotherapy and two occurred within Radiology.

Medication Incidents

There was one medication incident reported (as noted above).

Risk Register

There are currently 22 risks on the CSA risk register. There have been 4 new risks added in October 2019 and can be discussed under the next Directorate report if so desired.

The risk register is robustly reviewed and managed.

Patient Feedback

There was no patient feedback collected during the reporting period. This was noted as awaiting an update regarding the changes to the care experience

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questions.

Complaints

There were no Stage 2 complaints and only one Stage 1 complaint received about poor communication regarding a procedure in Interventional Radiology.

The Directorate also received 7 compliments, 2 enquiries and 2 concerns – all of which were dealt with and responded to appropriately.

7.4 Specialty/departmental audit, assurance data (incl guidance)

- **Occupational Therapy Report**

Mrs Galloway advised that the Occupational Therapy Annual Report was included mainly for information.

The report contained information about various aspects of the department such as:

- Staffing numbers
- Service provision
- Reporting structure
- Record keeping
- TURAS
- Risk Management
- Staff IT drive
- Core training compliance
- Skin Surveillance
- Datix incidents
- Quality Improvement activities
- KPI
- Patient Experience
- Complaints

Ms Couser noted that for the year 2018 – 2019 training was identified as an issue and Ms Couser added that she intended to take this to the Staff Governance Committee for discussion.

- **SBAR - Cancer QPIs**

Ms Couser advised that this SBAR outlines the background and governance process for management of actions agreed to ensure continual improvement in cancer care.

It was noted that complete and accurate data is essential to be able to measure standards of care and outcome of treatment. The objective of SCAN Audit is to evaluate the standards of cancer care and equity of cancer treatments throughout SCAN. The Cancer Audit Facilitators coordinate preparation of SCAN Comparative Audit Reports, these contain; analysis of information about the numbers of patients diagnosed annually, their diagnosis, staging, treatment, and outcome of treatment. Results are measured against nationally agreed Quality Performance Indicators, or other quality standards for cancer. The reports identify action points arising from the results to drive change and improvements in standards of patient care. The audit team will aim to achieve target dates

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throughout the reporting process, according to the SCAN Reporting schedule within the context of National Reporting.

Ms Couser asked the Committee to review and approve the governance process in Fife. Dr Cargill asked the question “the clinical leads and those who manage Cancer, where would they want information visible/reported for good governance? Ms Couser said the Cancer reports were discussed in the Directorate meetings and other appropriate forums. Dr Cargill asked if the reports come to the Committee through a reporting process or by exception? Dr Cargill asked the Directorate leads to ensure sufficient manpower and resource to report these outcomes?

Directorates

- **SBAR – Cancer Waiting Times**

Ms Couser spoke to the Cancer Waiting times report for the period April – June 2019 and the following points were noted:

The current standards for cancer waiting times where 95% of all eligible patients should wait no longer than 31 or 62 days.

The standards are based on the ten main cancer types: Breast, Colorectal, Head & Neck, Lung, Lymphoma, Ovarian, Melanoma, Upper GI (gastro-intestinal), HPB (hepato-pancreato-biliary), OG (oesophago-gastric), Urological (prostate/bladder etc) and Cervical.

- There were 3907 eligible referrals within the 62 day standard, an increase of 242 (6.6%) on the same period in 2018. Ms Couser said there is a requirement for us to understand the demand of patients coming in on these pathways in order to plan them into the DCAQ.
- In NHS Fife 85.4% of patients started treatment within the 62 day standard [previous quarter 84.8%]. SCAN 80.3% and NHS Scotland 82.4%. Fife remains above the Scotland average. Ms Couser advised that NHS Fife has consistently been sitting at above 82%.
- 25% of patients were treated within 0-20 days of receipt of referral; 23% within 21-41 days; 37% within 42-62 days; 7% within 63-83 days and 8% >84 days.
- There were 6582 eligible referrals within the 31 day standard for this period, an increase of 485 (8.0%) on the same period in 2018.
- Seven of the ten reported cancer types met the 31 day standard at Scotland level. In the period October to December 2018. The cancers site that did not meet the target were breast, colorectal and urological.
- In NHS Fife 93.0% of patients met the 31 day standard; this is the first time we have not achieved the 31 day quarterly standard.

Ms Couser advised there were challenges across the cancer workforce with gaps reported in Gastroenterology and Haematology and a retiral in Breast has impacted on performance. Ms Couser added that equipment issues have caused delay to PET due to FDG contrast issues outwith resulting in delays within the pathway and delays to specialist radiotherapy outwith Fife have been instrumental in performance on the lung pathway.

Ms Couser will be looking for an annual review of cancer pathways from her clinical teams and will also be reviewing the administration around cancer tracing as

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improvements and modifications would be beneficial.

Dr Cargill advised that he was content with Ms Couser's plan to leave the actions to the delivery teams but asked that this report be submitted to the Committee on a quarterly basis instead of annually.

GC/WCCS

- **SBAR – Gynaecology Cancer**

Ms Couser said that the report demonstrates that NHS Fife is performing quite well although we have some work to be done as we have not fully delivered QPIs for tumours.

- Previous quality assurance of the cervical data shows accuracy of data recorded was **97.6%** (target 90%)
- Case ascertainment is very good: **90.9%** for cervical cancer and **174.4%** for endometrial cancer and **100%** for ovarian cancer.
- In NHS Fife there were **20** cervical, **68** endometrial (23.6% increase) and **34** ovarian cancers diagnosed in 2017-2018
- NHS Fife met **6** of the **8** QPIs for cervical cancer; **6** out of **8** for endometrial cancer and **8** out of **14** for epithelial ovarian cancer. Reasons for not meeting the QPIs are documented within the report.
- The comparative report shows long waits for the treatment of endometrial cancers. To mitigate waits, non complex cancer surgeries will be carried out by the benign cancer surgical team to release gynae-oncology capacity.

Mrs Robertson commented that these were good results.

- **Clinical Quality Indicators**

There were no Clinical Quality Indicators to report.

7.5 New Interventional Procedures

There were no new Interventional Procedures.

7.6 SPSO Recommendations

There were no SPSO recommendations.

8 Emergency Care Directorate

8.1 Directorate Governance – Speciality National Reports

- **Neurology – c/f to January 2020**
- **Renal Medicine – c/f to January 2020**
- **SBAR/Update re Acute Tissue Viability Rates – c/f to January 2020**

8.2 Directorate Level Outcomes Data

There was no submission from the Directorate.

Dr Cargill noted that a Directorate Report had been received the day prior to the

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meeting but had not been circulated. There is an expectation that members are able to read over the papers prior to the meeting and this short timescale would not afford them that opportunity hence the report was not included.

8.3 Directorate level outcomes data

- **Clinical Audit**
- **SAER LEARN Summaries**

There was no submission from the Directorate.

8.4 Specialty/departmental audit, assurance data and clinical guidance

- **Clinical Quality Indicators**

There was no submission from the Directorate.

8.5 New Interventional Procedures

Mrs Dodds advised that there two new Interventional procedures. Applications are in development.

8.6 SPSO recommendations

There were three SPSO cases which resulted in recommendations but were not upheld.

9 Divisional Risk Register – Active Risks (for review)

Mrs Campbell referred to the Risk Register and advised that it was likely that the risk for Medical Gas will move under the Medical Gas Committee and the risk for Bed frames will be removed. This will be confirmed at the next meeting.

10 ASD CGC Terms of Reference – Updated May 2019

Dr Cargill referred to the Terms of Reference which have been updated to reflect the changes in membership. The Committee ratified the Terms of Reference.

11 Items for information only:

11.1 NHS Fife Activity Tracker

The Activity Tracker was noted.

11.2 SIGN Guidance

The SIGN Guidance was noted.

11.3 ASD CGC Workplan 2019/2020

The workplan for 2019/2020 was noted.

11.4 Infection Control Committee (7th August 2019 & 2nd October 2019)

The Infection Control Committee minutes were noted.

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11.5 HAIRT Report

The HAIRT report was noted.

11.6 NHS Fife CPPAG Minute of 26th August 2019

Mrs Muir noted that there had been two new policies and one new procedure since the group last met.

AHPS – 01 NHS Fife Wide Allied Health Professions Supervision Policy

Scotland's Position Statement on Supervision for Allied Health Professions (2018) offers principles and guidance to support the provision of quality supervision for all AHPs and AHP Health Care Support Workers working across Health and Social Care in Scotland.

One of the recommendations from this statement was the development of a supervision policy relevant to the service.

The NHS Fife AHP Supervision Policy was launched on, 10th October 2019, is based on this position statement. It outlines the responsibilities and operational systems for supervision as well as risk management and examples of related documentation.

It proposes a supervision model as well as elements which should be included, to ensure that all staff members receive quality supervision throughout their career and that supervision is embedded into practice.

POCT1- NHS Fife Wide Policy on Point of Care

The Point of Care Procedure has been replaced by a new NHS Fife Point of Care Testing Policy which has been written to reflect recommendations of the Joint Working Group on Quality Assurance and the framework of the NHS Scotland East Region Laboratory Medicine POCT policy.

New Fife Wide Procedure

FWP - ARTHROP 01 Fife-wide Procedure Management of Patients with BMI > 40 being considered For Lower Limb Arthroplasty (primary and revision surgery)
This procedure provides clinical staff with guidance and identifies the processes to be followed for all patients with a BMI > 40 being considered for lower limb arthroplasty (primary and revision surgery).

The NHSF CPPAG minutes were noted.

11.7 Resuscitation Committee Minutes of 24th October 2019

The Resuscitation minutes were unavailable. c/f to January 2020.

11.8 Patientrak Clinical Users Group – Action Note of 23rd August 2019

The Patientrak Action Note was noted.

11.9 Vascular Access Strategy Group of 22nd August 2019

The VASG notes were noted. Dr Cargill advised that the group had now been disbanded and any actions will be taken forward under the operational strands via

Acute Services Division Clinical Governance Committee	DRAFT	Created by LG
Meeting – 26/11/19	17	Created on : 18/12/19

Arlene Saunderson.

11.10 Hospital Transfusion Committee Minutes of 10th May 2019 – N/A

The Hospital Transfusion Committee minutes were unavailable. c/f to January 2020.

12 Dates & Venues of future meetings

The meetings dates and venues for 2020 were noted.

13 AOCB Reports

Mrs Campbell said that she would like the Directorate Reports to be a joint offer and not just the responsibility of the Heads of Nursing.

14 Date of Next Meeting/s:

ASD CG OVERSIGHT MEETING –

Tuesday 17th December 2019 at 1.30pm within Training Room 2, Dining Room, VHK

ASD CG COMMITTEE MEETING –

Wednesday 22nd January 2020 at 2.00pm within Training Room 1, Dining Room, VHK

DRAFT

Acute Services Division Clinical Governance Committee	DRAFT	Created by LG
Meeting – 26/11/19	18	Created on : 18/12/19

Agenda item no

Title of Group/Sub-committee	Area Clinical Forum
Date of Group/Sub-committee Meeting:	12.12.19
Release: draft/final minutes	draft
Author/Accountable Person:	Janette Owens

Summarise the items of significance from the minutes and the important points you want to raise to the attention of the committee?

Discussion took place around Safe Staffing Legislation and the implications for all Healthcare professionals. Safe Staffing Legislation will be discussed in depth at ACF Development Session in February.

Representatives from Scottish Government delivered a presentation on Safe Staffing and a Q&A session with Fife NHS Board members and senior managers on 09.12.19; commented that work already taken forward in Fife around safe staffing in nursing and midwifery was an exemplar in Scotland. This work will inform and support other healthcare professional groups.

An overview of IJB development session with David Williams was discussed. Work will be taken forward to strengthen links with ACF and IPAG; ACF development session will be arranged, focussing on Integration.

What are the concerns/issues/risks you want to bring to the attention of the committee?

No specific issues.

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UNCONFIRMED MINUTES OF THE AREA CLINICAL FORUM HELD ON THURSDAY 12 DECEMBER 2019 AT 2.00 p.m. IN THE STAFF CLUB, VHK

Present:

Mrs J Owens (Chairperson)	Associate Director of Nursing
Dr S Bailey	Chair - Psychology
Ms D Galloway	Chair – Healthcare Scientists
Mr S Garden	Chair - Area Pharmaceutical Committee
Ms A Hughes	Chair - Area Dental Committee
Dr C McKenna	Medical Director
Mrs A Mackay	Chair - AHPCAF

In Attendance:

Christine Law	Minute Taker
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Declaration of members Interests

There were no declarations of interest from those present.

1 APOLOGIES FOR ABSENCE

Apologies were received from a Lawrie, P Madill, C McDonald

2 CHAIRPERSON'S WELCOME AND OPENING REMARKS

Mrs Owens reported that she had attended the national ACF Chairs meeting the previous week. Discussion had taken place on Public Health: mortality in relation to poverty, deprivation and social isolation. Mrs Owens will circulate information from the meeting to members.

Mrs Owens stated she had had a recent meeting with Mrs Marwick who was keen that ACF presented at an NHS Fife Board Development Session.

3 MINUTE OF PREVIOUS MEETING HELD ON 15 AUGUST 2019

The minute of meeting held on 15 August 2019 was agreed as a correct record.

4 TERMS OF REFERENCE

The Terms of Reference was agreed with the addition of the Director of Pharmacy to the membership.

5 REALISTIC MEDCINE

See item 7.3

6 PROFESSIONAL COMMITTEE – ToR (including Chair and Vice Chair

The Terms of Reference for the following Committees which report into ACF were circulated with the Agenda. Mrs Owens reported that she had discussed with the Communications Team, adding a section for ACF on the Intranet. These terms of reference will be added to that page.

- Allied Health Professions Clinical Advisory Panel
- Area Dental Committee
- Executive Nursing, Midwifery and Allied Health Professions Advisory Council
- GP Sub-Committee

7 DOCUMENTS FOR INFORMATION

7.1 The Health and Care (Staffing)(Scotland) Act Executive Summary

Mrs Owens reported there had been a session following EDG on Monday with representatives from Scottish Government on Safe Staffing. The session had been attended by Executive Directors, Non Executive Directors, Managers and Clinical Staff.

Safe Staffing was originally aimed at Nursing and Midwifery but is to be extended to all health care professionals.

At present there are only workforce tools for nursing and midwifery but it is envisaged that these will be adapted for other disciplines.

The maternity tool has just been run for 4 months. Maternity plan to run this daily along with a SCAMPS. NHS Fife is the only Board in Scotland to undertake this.

Mrs Galloway stated that discussions are taking place with regards to adapting the nursing and midwifery tool for health care scientists.

It was agreed that the topic for the ACF Development Session in February would be Safe Staffing.

7.2 Health and Social Care Integration in Scotland

It was stated that the presentation by David Williams had been very informative and well received.

General feeling is there remains 'lack of clarity' around the IJB, although the presentation from the IJB Development Session was very helpful. Links between IPAG and ACF will be explored.

Presentation noted and it was agreed integration be a topic for a future ACF Development Session.

7.3 Realistic Medicine Update for ACFCG

Mrs Owens had circulated a paper providing a national update on Realistic Medicine.

Dr McKenna stated that over the year a piece of work had been undertaken to pull together a portfolio of realistic medicines projects within NHS Fife. He will bring an update to the next meeting.

7.4 IPAG Minutes

The minutes were circulated with the agenda. It was noted that a new chair of IPAG was to be appointed. Mr Garden is to discuss with Claire Dobson.

8 UPDATES FROM PROFESSIONAL CHAIRS

8.1 Allied Health Professions Clinical Advisory Forum

It was reported that Mrs McDonald will be taking up a new post as Chief AHPO for Scotland in January. Discussions are taking place as to cover arrangements until the post is filled. Mrs Buchanan is looking at strengthening the voice of AHPs.

The recent AHP Careers Day had been a success.

8.2 Area Dental Committee

It was reported Andy Yuille, Dental Practice Adviser is to retire in March 2020. It is being proposed that he is replaced by 2 people, one for clinical governance and one to support Dental Practices.

There is a risk with eHealth in that many dental practices do not use the Practice generic email. This has an impact on patient care as letters cannot be sent back to Practices from Primary Care via email if they are not being opened. This is being addressed.

With regards to Sharps injuries, there is no clear guidance for Practices on what to do following a Sharps injury with regards to Occupational Health and where to attend for blood tests/treatment.

8.3 GP Sub-Committee

It was noted that there are major pressures within GP Practices and there is concern about the introduction of the GP Contract. It is recognised that there is insufficient funding to fully implement.

8.4 Area Medical Committee

Dr McKenna reported these meetings have now been reinstated and will be chaired by Dr Duthie. The Group will support the

medical director to provide advice to the Board.

8.5 Area Optical Committee

No update

8.6 Area Pharmaceutical Committee

A concern within the pharmacy service is the vacancy rate. NHS Fife figure is 6.43% which is higher than the Scottish national figure of 4.19%.

There is also a concern about the stability of community pharmacy.

A point of good practice within community pharmacy is the proposed tiered service for drug misusers.

8.7 Healthcare Science

There is concern at the lack of Neurotherapy staff while activity is increasing. It is not possible to provide more clinics due to lack of staffing.

Healthcare Science Strategy – NHS Fife will complete their submission in December..

A great deal of work is ongoing with regards to lab services. Monthly reports are now produced for key tests.

8.8 Clinical Psychology

There is review of LDP Standard for Psychological Therapies.

It was noted that NHS Fife is one of the best staff Boards for Psychology. There is now an issue with unfilled posts. There is also an issue of inadequate clinic space.

There is an issue with continuity of recording with regards to national targets across Scotland.

NHS Fife has one of the highest referral rates in Scotland.

8.9 Nursing and Midwifery

It was reported that workforce tools have been utilised in mental health, adult in-patient and maternity.

NHS Fife has now implemented person centred visiting.

NHS Fife aims to have veteran aware status by end of the year.

New Nursing and Midwifery Standards have been published.

There will be a change in pre reg education and supervision of staff.

9 ANY OTHER BUSINESS

There was no other business

10 DATE OF NEXT MEETING:

The next meeting will be held at 2.00 p.m. on 6 February 2020 within the Staff Club, VHK. This will be a Development Session.

Agenda item no

Title of Group/Sub-committee	Fife Area Drug & Therapeutics Committee
Date of Group/Sub-committee Meeting:	23 October 2019
Release: draft/final minutes	Final
Author/Accountable Person:	Dr C McKenna

Summarise the items of significance from the minutes and the important points you want to raise to the attention of the committee?

This should include good practice

- Realistic Prescribing - Management of Hypertension in Frailty Guidance. The ADTC supported the guidance for the prescribing of anti-hypertensive medicines in frail, multi-morbid patients and use of the Rockwood Clinical Frailty Scale for categorising frailty. The guidance to be incorporated within the current NHS Fife Hypertension Guidelines.
- HEPMA Outline Business Case. The ADTC agreed to support full implementation in principle subject to finance sign-off.
- Medicines efficiency structure. The ADTC discussed the options for the proposed medicines efficiency structure going forward and agreed to pursue the development of a new medicines efficiency structure including establishment of a Fife-wide steering group.

What are the concerns/issues/risks you want to bring to the attention of the committee?

Include any actions taken to date

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Author: Clinical Governance	Page 1 of 1	Review Date: May 2020

CONFIRMED

MINUTES OF THE MEETING OF THE FIFE DRUGS AND THERAPEUTICS COMMITTEE HELD AT 12.30PM ON WEDNESDAY 23 OCTOBER 2019 IN DINING ROOM 1, THE TRAINING CENTRE, VICTORIA HOSPITAL, KIRKCALDY.

Present: Mr Scott Garden (Chair)
Ms Claire Fernie
Dr Helen Hellewell
Dr John Kennedy
Dr Alan McGovern
Mr Euan Reid
Ms Rose Robertson
Ms Andrea Smith
Ms Geraldine Smith

In attendance: Mrs Sandra MacDonald (minutes)

1 WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were noted from Dr Chris McKenna, Ms Karen Baxter, Dr Rob Cargill, Ms Claire Dobson, Dr John Donnelly, Dr Iain Gourley, Dr David Griffith, Dr T Mahmood.

2 MINUTES OF PREVIOUS MEETING ON 21 AUGUST 2019

The minutes of the meeting held on 21 August 2019 were confirmed as a true record.

3 SUMMARY OF ACTION POINTS FROM AUGUST 2019 MEETING

The summary of action points was reviewed and updated.

Risk Register - Clinical Guidance Documents

Mr Garden provided an update on discussions with L Donovan on the need for a suitable platform for hosting Clinical Guidance documents. The eHealth & IM&T team is currently exploring commercial options, one of which is Macroguide. Mr Garden also provided feedback on initial discussions with NHS Lothian regarding a potential regional Formulary. It is proposed that the Single National Formulary website is adopted and this will also include a section for hosting Clinical Guidance. Mr Garden to report back to the ADTC in due course.

BNF Distribution

Mr Reid advised that a reduced order of paper copies has been delivered for issue in exceptional circumstances. It was noted that order quantities were in line with other Health Board areas. The promotion of electronic versions as the preferred method for accessing the BNF and BNFC to continue. **Action closed.**

ACTION

SG

SOP for Intermittent Catheters

Mr Reid advised that feedback from Elizabeth Muir is that the remit of the Clinical Policy and Procedure Authorisation and Co-ordination Group is to look at Fife-wide policies. As the SOP for Intermittent Catheters is a local document the recommendation was that it should be submitted to the West Division Community Care and Clinical Governance Group where it was approved. **Action closed.**

Budget for Patient Information Leaflet “Looking after your Medicines”

Mr Garden has contacted K MacGregor, Head of Communications to discuss funding and a reply is awaited. Mr Garden highlighted that an additional potential funding stream has also been identified.

Shared Care Agreements for Methylphenidate, Lisdexamfetamine and Atomoxetine

Dr Hellewell and Mr Garden to draft a letter to the LMC to highlight the approval of the Shared Care Agreements.

HH/SG

Cannabidiol - Monitoring of Fife Patients

Ms G Smith provided an update on feedback from NHS Lothian. NHS Lothian maintains a record and undertakes monitoring for patients prescribed cannabis-based products for medicinal use. The record does not currently identify Lothian/Fife patients however this information could be included if it was felt necessary. **Action closed.**

Policy for NHS Prescribing Following Private Consultation

Mr Reid advised that following discussions with Dr McKenna regarding implications of the policy for dentists, feedback from Emma O’Keefe, Consultant in Dental Public Health is that a separate policy for dentists would be preferred. The ADTC noted this and approved the Policy for NHS Prescribing Following Private Consultation as a stand-alone Policy. Policy to be communicated to the LMC and Mr Reid to clarify with Dr McKenna if there are any other groups/committees that the Policy should be submitted to. Mr Reid to draft a separate Policy for dentists and bring back to the ADTC in due course.

ER

ER

PACS Tier Two - Invitation to Comment on 12 Month Review

It was noted that feedback had previously been submitted for the 6 month review and no additional comments were received. **Action closed.**

SMC Not Recommended Drugs - Updating CHP Information in Line with New H&SCP Structure

Mr Reid confirmed that comments have been fed back to ISD. **Action closed.**

Differing Governance Approaches to Recording of Potential Adverse Events - Guidance for Staff

Mr Garden to discuss with Dr McKenna. Carried forward to the December meeting.

SG/
CMcK

4 ANY OTHER MATTERS ARISING FROM THE MINUTES

There were no other matters arising.

5 DECLARATION OF INTERESTS

There were no declarations of interests.

6 ADTC SUB-GROUP UPDATE REPORTS

6.1 Fife Formulary Committee

Mr Reid introduced the update report from the Fife Formulary Committee meeting on 25 September 2019.

Formulary Amendment Submissions for Oral Nutritional Supplements (ONS) to reflect changes in the national procurement contract and the imminent roll-out of non prescription ordering for adult ONS were approved. A Formulary Amendment Submission to amend the Formulary status of Cefalexin from restricted use only to general (not preferred) use for the management of resistant UTI was also approved. Dr Tsafarakidis attended the Formulary Committee meeting to discuss a submission for testosterone (Testavan). The Formulary Committee deferred a decision pending further evaluation of the data and submission of the referral pathway/guidance to the MSDTC. Minor amendments to the melatonin guidance to include newly available licensed products were approved pending finalisation of a full review of the melatonin guidance which is currently underway.

The ADTC noted the update report from the Fife Formulary Committee and supported the recommendations made.

6.2 MSDTC

Mr Garden provided a verbal update on behalf of the MSDTC.

A number of guidelines have recently been approved by the MSDTC including surgical guidelines and guidelines for the use of disease modifying therapies in relapsing remitting multiple sclerosis. It was highlighted that the MSDTC continues to receive a number of bespoke prescribing and administration charts. A neonatal kardex with a robust clinical rationale was approved. Re-submitted termination of pregnancy kardexes were not approved due to inconsistencies with NICE guidance.

The ADTC noted the update report from the MSDTC.

7 SBARs

7.1 Medicines Efficiency Structure

Mr Reid introduced the SBAR outlining options for the medicines efficiency

structure in NHS Fife/Fife Health & Social Care Partnership (H&SCP) going forward and briefed the ADTC on the background to this.

NHS Fife launched a three year medicines efficiency transformation programme in August 2016. Key to the success and delivery of the programme has been the leadership and expertise of the pharmacy team along with multidisciplinary clinician engagement, project support from the Transformation and Change Team and support from communications, finance, eHealth and procurement. It was noted that project support from the Transformation and Change Team has now ended and there is reduced communications support. Short-term funding for a band 5 0.5WTE project support until March 2020 has been agreed and recruitment is underway.

The ADTC discussed the three options for the proposed medicines efficiency structure going forward and the advantages/disadvantages of each: option 1 - status quo; option 2 - development of a new medicines efficiency structure including a Fife-wide Steering Group; option 3 – utilisation of the existing medicines governance structure. The ADTC acknowledged that option one would not be sustainable. The current medicines governance structure outlined in option 3 would potentially create challenges including capacity, frequency of meetings and the membership of existing groups would require review.

Following discussion the ADTC agreed to pursue option 2, development of a new medicines efficiency structure including establishment of a Fife-wide steering group. Further discussion is required on the reporting route of the steering group and role of the ADTC/Governance Committees. Mr Garden and Dr McKenna to consider submission of a paper to the SLT/EDG. Terms of Reference for the Fife-wide steering group to be drafted.

**SG/
CMcK/
ER**

7.2 Management of Hypertension in Frailty

Dr McGovern introduced the SBAR from the Realistic Prescribing Group on Management of Hypertension in Frailty and briefed the ADTC on the background to this.

The ADTC members were asked to approve the inclusion of guidance for the prescribing of anti-hypertensive medicines in frail, multi-morbid patients either within the NHS Fife Hypertension Guidelines or as separate guidance. The ADTC was also asked to support the use of the Rockwood Clinical Frailty Scale as an appropriate method for categorising frailty, subject to a caveat relating to patients who have suffered a stroke. It was noted that the draft guidance was developed in collaboration with Medicines for the Elderly, Cardiology and Stroke/Heart Disease/Diabetes MCNs.

Following discussion the ADTC supported the guidance and use of the Rockwood Clinical Frailty Scale. The guidance to be incorporated within the current Appendix 2A - NHS Fife Guidance on Management and Assessment of Hypertension. The ADTC requested that the Heart Disease MCN take forward and submit to the Formulary Committee for noting.

ER

7.3 HEPMA Business Case

Mr Garden introduced the document “a Hospital Electronic Prescribing and Medicines Administration (HEPMA) - Outline Business Case” and briefed the ADTC on the background to this.

It was noted that capital money to draw down funds for infrastructure development and licence costs to support the implementation of HEPMA in 2020 has been identified.

The ADTC noted the impact of full HEPMA implementation on quality and safety of care and agreed to support full implementation in principle subject to finance sign-off. The ADTC noted the late circulation of the paper and members were asked to feed any comments to S MacDonald by Friday 25 October. A small change required to the table at section 6.3 was noted. R Robertson to feed back comments direct to Fraser Notman.

ALL
RR

7.4 SMC Not Recommended Medicines after Patent Expiry

Mr Reid introduced the SBAR relating to SMC Not Recommended Medicines after Patent Expiry and briefed the ADTC on the background to this.

Following patent expiry the price of a medicine can reduce significantly which can potentially result in medicines not recommended by the Scottish Medicines Consortium (SMC) due to the economic case not being demonstrated subsequently becoming more cost effective than alternative SMC recommended medicines or other medicines in routine use. It was noted that generics and branded generics are outwith the remit of the SMC.

At present approval of a PACS submission is required before a medicine not recommended by the SMC due to the economic case not being demonstrated can be prescribed. It is proposed that submissions for Formulary inclusion be considered for medicines that fall into the category outlined above. It is also proposed that submissions for Formulary inclusion be considered for medicines not recommended by the SMC due to non-submission and following patent expiry subsequently enter the Scottish Drug Tariff at a lower cost than the originator brand. The Formulary Committee would undertake a clinical and cost effectiveness review. It was noted that the NHS Fife Policy on the Introduction, Availability and Safe and Effective Use of Medicines (including Newly Licensed Medicines) states “There may be some exceptional circumstances where the FFC can add a medicine to the Formulary that has not been approved by SMC”.

Following discussion the ADTC **agreed to support recommendation 1**, that if a medicine was not SMC recommended due to the economic case not being demonstrated and following patent expiry subsequently enters the Scottish Drug Tariff at a lower cost than the originator grand, a Formulary Application Form (FAF1) could be submitted for consideration and review by the Formulary Committee. The Formulary Committee to feed back to the ADTC on the outcome of submissions made.

The ADTC noted that medicines not recommended by the SMC due to non-submission would not have undergone a robust clinical, safety and cost effectiveness review by the SMC and **did not support** the proposal relating to medicines that fall into this category.

7.5 Fingolimod (Gilenya) - Drug Safety Update

Mr Reid introduced the update report on recommendations for action within NHS Fife in response to MHRA Drug Safety updated advice on fingolimod (Gilenya) and the management of women of childbearing potential.

The ADTC noted the NHS Fife response to the MHRA Drug Safety advice on fingolimod (Gilenya).

It was noted that at present MHRA Drug Safety Updates are discussed and noted by the Formulary Committee. The ADTC agreed that going forward production and consideration of SBARs outlining actions taken/recommended within NHS Fife in response to MHRA Drug Safety Updates should be delegated to the Formulary Committee.

7.6 Naltrexone/bupropion (Mysimba®) - Drug Safety Update

Mr Reid introduced the update report on the action taken within NHS Fife in response to MHRA Drug Safety advice for healthcare professionals on naltrexone/bupropion (Mysimba®) and the risk of adverse reactions that could affect ability to drive.

The ADTC noted that Mysimba® is not recommended for use within NHSScotland and there is currently no usage of naltrexone/bupropion within NHS Fife. A message highlighting the advice has been added to Scriptswitch.

The ADTC noted the NHS Fife response to MHRA Drug Safety advice on naltrexone/bupropion (Mysimba®).

7.7 Elmiron - Drug Safety Update

Deferred to the Formulary Committee.

7.8 Montelukast - Drug Safety Update

Mr Reid introduced the update report on the actions taken within NHS Fife in response to MHRA Drug Safety advice for healthcare professionals on Montelukast and the potential risk of neuropsychiatric reactions.

The ADTC noted the NHS Fife response to MHRA Drug Safety advice on Montelukast.

7.9 Hormone Replacement Therapy - Drug Safety Update

Mr Reid introduced the update report on the actions taken within NHS Fife in

response to MHRA Drug Safety advice for healthcare professionals on Hormone Replacement Therapy (HRT) and further information on the known increased risk of breast cancer.

The ADTC noted the NHS Fife response to MHRA Drug Safety advice on HRT.

There was a discussion about implications for Community Pharmacy of the actions taken/proposed within NHS Fife in response to MHRA Drug Safety advice. It was agreed that relevant Drug Safety Update SBARs should be taken to the Area Pharmacy Committee for noting and raising awareness of Fife Formulary implications (Mr Alan Timmins, Interim Chair of APC).

ER

7.10 Daratumumab - Drug Safety Update

Deferred to the Formulary Committee.

7.11 Carfilzomib - Drug Safety Update

Deferred to the Formulary Committee.

8 RISKS DUE FOR REVIEW IN DATIX

Mr Reid took the ADTC through the updated risk register and agreed current risk levels and review dates.

Risk 1621 - National Medicine Shortages

A new risk has been added around national medicine shortages and the potential impact on patient care and the increase in cost of medicines. The ADTC agreed the content and management actions. The current risk level to remain high.

Risk 522 - Prescribing & Medicines Management - Prescribing Budget

The ADTC noted the updated management actions. Risk level to remain as moderate.

Risk 1347 - Out of Date Shared Care Protocols

The ADTC noted the updated management actions including progress with approval of the Shared Care Agreements for Methylphenidate, Lisdexamfetamine and Atomoxetine for Children (aged 6 years and over) and Adolescents with ADHD. Risk level to remain as moderate.

9 ADTC-COLLABORATIVE/SCOTTISH GOVERNMENT COMMUNICATION

9.1 SMC - Request for Expressions of Interest in Membership

The ADTC noted the request for expressions of interest for membership of the SMC and/or NDC. Nominations to be forwarded to SMC after discussion with line managers (deadline for submission of nominations to SMC is Friday 8 November).

ALL

9.2 National Therapeutics Indicators Data Visualisation

The ADTC noted the information including links to the second iteration of the National Therapeutics Indicators data visualisation on the ISD website. Mr Garden and Mr Reid to consider this information for feeding into the Five-wide efficiencies steering group going forward.

9.3 Supply and Demand for Medicines: Call for Written Views

Mr Garden highlighted the Scottish Government Health and Sport Committee's call for written views on specific questions relating to the Supply and Demand for Medicines. Mr Garden and Mr Reid to draft a response and circulate to the ADTC members for comment. The closing date for submission of responses to the Health and Sport Committee is Friday 22 November 2019.

SG/ER

9.4 Scottish Government News Release: Preparing for 'No Deal' Brexit

The ADTC noted the news release and the joint letter from the Chief Medical Officer and the Chief Pharmaceutical Officer with further advice on the supply of medicines, medical devices and clinical consumables in the event of a 'no deal' Brexit and on the management of shortages.

9.5 Medicines Procurement Newsletter

The ADTC noted the Medicines Procurement Update issue 10.

Mr Garden to draft a communication to relevant Committees/Groups to raise awareness and encourage use of the information within the document.

SG

10 EFFECTIVE PRESCRIBING

10.1 Access to Medicines for Extremely Rare Conditions via the NHSScotland Ultra-Orphan Pathway

The communication from the Scottish Medicines Consortium was noted.

10.2 EAMS Operational Guidance

10.2.1 Tafamidis for Transthyretin Amyloidosis

The ADTC noted the EAMS operational guidance for tafamidis for the treatment of transthyretin amyloidosis in adult patients with wild-type or hereditary cardiomyopathy to reduce all-cause mortality and cardiovascular-related hospitalisation.

10.2.2 Avelumab for Treatment of Adult Patients with Advanced Renal Cell Carcinoma

The ADTC noted the EAMS operational guidance for avelumab in combination with axitinib for the first-line treatment of adult patients with advanced renal cell carcinoma.

10.3 Biosimilar Update September 2019

The ADTC noted the Biosimilar Uptake Data Report for September 2019. It was noted that a Biologics Reference Group is being established. Representatives from key specialties have been identified. Progress will be fed back to the ADTC in due course.

11 PACS/SMC Non Submissions

11.1 Latest Submissions

The table detailing the latest PACS/SMC non submissions was noted.

12 2020 ADTC Meeting Dates

Meeting dates to follow.

SMacD

13 POINTS FOR RAISING AT CLINICAL GOVERNANCE COMMITTEE

It was agreed that the following items should be highlighted to the Clinical Governance Committee:

- Realistic Prescribing - Management of Hypertension in Frailty Guidance.
- HEPMA Outline Business Case.
- Medicines efficiency structure.

CMcK

14 ANY OTHER COMPETENT BUSINESS

There was no other business.

Other Information

a Minutes of Diabetes MCN Prescribing Sub-Group 17 September 2019.
For information.

b Minutes of Heart Disease MCN Prescribing Sub-Group 21 August 2019.
For information

c Minutes of Respiratory MCN - not available.

d Date of Next Meeting

The next meeting is to be held on **Wednesday 11 December 2019 at 12.30pm in Outpatients 2, Whyteman's Brae Hospital, Kirkcaldy.** Papers for next meeting/apologies for absence to be submitted by 29 November.

Agenda item no

Title of Group/Sub-committee	Fife Area Drug & Therapeutics Committee
Date of Group/Sub-committee Meeting:	11 December 2019
Release: draft/final minutes	Draft
Author/Accountable Person:	Dr C McKenna

Summarise the items of significance from the minutes and the important points you want to raise to the attention of the committee?

This should include good practice

- Lack of IT repository for Fife Clinical Guidance documents. Potential options are being explored in discussion with IT. To be escalated to the Clinical Governance Committee if there is no resolution.
- Policy for Managing Medicines Shortages in Primary and Secondary Care. The Policy was developed to ensure that national best practice standards in managing medicine shortages to minimise the impact on patients and NHS Fife are adhered to. The Policy applies to all medicine shortages in Primary and Secondary Care which have the potential to create significant risk to patients. It defines the roles and responsibilities for Pharmacy, Medical and Nursing Staff and communication routes. The Policy has been widely circulated and is hosted on the ADTC website.

What are the concerns/issues/risks you want to bring to the attention of the committee?

Include any actions taken to date

Linked committee cover template	Version: 8	Date:
Author: Clinical Governance	Page 1 of 1	Review Date: May 2020

UNCONFIRMED

MINUTES OF THE MEETING OF THE FIFE DRUGS AND THERAPEUTICS COMMITTEE HELD AT 12.30PM ON WEDNESDAY 11 DECEMBER 2019 IN OUTPATIENTS 2 (PENTLAND SUITE), WHYTEMAN'S BRAE HOSPITAL, KIRKCALDY.

Present: Dr Chris McKenna (Chair)
 Ms Claire Fernie
 Mr Scott Garden
 Dr Iain Gourley
 Dr David Griffith
 Dr Helen Hellewell
 Dr Alan McGovern
 Mr Euan Reid
 Ms Rose Robertson

In attendance: Mrs Sandra MacDonald (minutes)

	ACTION
<p>1 WELCOME AND APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were noted from Ms Karen Baxter, Dr Rob Cargill, Dr John Donnelly, Dr T Mahmood, Ms A Smith, Ms G Smith.</p>	
<p>2 MINUTES OF PREVIOUS MEETING ON 23 OCTOBER 2019</p> <p>The minutes of the meeting held on 23 October 2019 were confirmed as a true record.</p>	
<p>3 SUMMARY OF ACTION POINTS FROM OCTOBER 2019 MEETING</p> <p>The summary of action points was reviewed and updated.</p> <p>Risk Register - Lack of IT Repository for Hosting Clinical Guidance Documents Mr Garden advised that a decision from eHealth is awaited. An expanded version of Microguide which will link in with HEPMA going forward has been proposed as a suitable platform. Dr McKenna and Mr Garden to discuss further with eHealth.</p> <p>Update on Progress and Clarification of Membership of Lithium SLWG There was no further update. Dr Hellewell to discuss with Dr Marie Boilson, Clinical Director.</p> <p>Budget for Patient Information Leaflet "Looking after your Medicines" Mr Garden confirmed that funding had been identified. Action closed.</p> <p>Alogliptin Switch It was noted that a response from the Diabetes MCN is awaited. A follow-up letter to be drafted.</p>	<p>CMcK/ SG</p> <p>HH</p> <p>SG</p>

Shared Care Agreements for Methylphenidate, Lisdexamfetamine and Atomoxetine

The Shared Care Agreements have been uploaded to the ADTC website and communicated to GPs through the LMC minutes. It was agreed that a letter with key messages should also be distributed to GP Practices. Dr Hellewell and Mr Garden to take forward.

SG/HH

Policy for NHS Prescribing Following Private Consultation

The Policy has been submitted to the LMC and is scheduled for discussion at the December meeting.

Differing Governance Approaches to Recording of Potential Adverse Events - Guidance for NHS Staff working with Independent Contractors

It was noted that clinical incidents that occur within an independent contractor's remit fall within the governance processes of the independent contractor. Incidents involving NHS Fife employees based within independent contractors require to be recorded through Datix. A potential gap in written guidance to help direct NHS Fife employees based within independent contractors on the procedure for recording of adverse events was identified. To be referred to the adverse events group for consideration in the next update of the adverse events policy.

ER

Medicines Efficiency Structure

Mr Reid advised that the Terms of Reference for the Fife-wide Steering Group has been drafted for discussion with Mr Garden prior to sharing with the ADTC.

Management of Hypertension in Frailty

Updated Formulary Appendix 2A incorporating the Guidance for the Management of Hypertension in Frailty is awaited. Updated Appendix 2A to be submitted to the Formulary Committee for noting.

HEPMA Business Case

It was noted that the Outline Business Case has been discussed at NHS Fife Board and a successful meeting of the HEPMA Board held. The next stage is the tendering process. An update to be brought to the ADTC in April.

SG

SMC - Request for Expressions of Interest in Membership

There were no expressions of interest in membership from NHS Fife. **Action closed.**

Supply and Demand for Medicines - Call for Written Views

A response was submitted on behalf of NHS Fife. All responses received are now in the public domain on the Scottish Parliament website. **Action closed.**

Medicines Procurement Newsletter Distribution

Distribution of the newsletter includes the ADTC, MSDTC, Acute Medicines Efficiency Group and it will be considered within the new medicines efficiency remit. **Action closed.**

4 ANY OTHER MATTERS ARISING FROM THE MINUTES

There were no other matters arising.

5 DECLARATION OF INTERESTS

There were no declarations of interests.

6 ADTC SUB-GROUP UPDATE REPORTS

6.1 Fife Formulary Committee

Mr Reid introduced the update report from the Fife Formulary Committee meeting on 29 October 2019 and highlighted key points.

Five Formulary Submissions were approved: buprenorphine (Buvidal®) for the treatment of opioid dependence (approved subject to approval of the Protocol); botulinum toxin A (Botox®) for prophylaxis of headaches in adults with chronic migraine (approved subject to approval of the Protocol); hydrocortisone sodium phosphate UDV (Softacort®) for ocular inflammation in glaucoma and other ophthalmic disease; latanoprost and timolol (Fixapost® UDV) for glaucoma; and insulin aspart (Fiasp®) for treatment of type 1 diabetes mellitus in adults. A formulary submission for salmeterol/fluticasone (Sereflo®) metered dose inhalers was deferred pending further information. Formulary Amendments for biosimilar teriparatide (Terrosa®); the migraine prophylaxis Formulary section; and a product name change within the oral nutritional section (Fresubin Thickened stage 1 amended to Fresubin Thickened stage 3) were also approved. Two SBARs produced in response to MHRA Drug Safety Advice (Carfilzomib and Daratumumab) were also discussed and actions taken/proposed within NHS Fife supported.

It was noted that a Formulary Submission for zanamivir IV for treatment of complicated and potentially life-threatening influenza A or B virus infection was circulated subsequent to the meeting for virtual agreement. The Protocol has been submitted to the MSDTC for approval.

A discussion followed and it was noted that there were potential inconsistencies between the SMC recommendation for botulinum toxin A (Botox®) and the submission/protocol. It was noted that the Protocol is scheduled for discussion at the next MSDTC meeting. The outcome of discussions to be fed back to the ADTC.

SG/ER

The ADTC noted the update report from the Fife Formulary Committee and supported the recommendations made.

6.2 MSDTC

Mr Garden introduced the update report from the MSDTC meeting on 29 October and highlighted key points.

It was noted that attendance by authors of Guidelines to present their submission and respond to Committee members' comments has made a positive impact on discussions at the MSDTC.

Several guidelines/submissions were approved including a Service Specification for Outpatient Varenicline; amendments to the Bronchiectasis Guidance and the IBD Biologic Guideline. The updated DOAC Guidance was not approved however individual sections including the section on management of emergency situations and the apixiban counselling record were approved. Mr Garden highlighted guidance produced by the NHS Lothian Thrombosis Committee. Proposals that NHS Fife contributes to/adopts the NHS Lothian Thrombosis Committee DOAC guidance to be discussed at the MSDTC. It was also highlighted that the Fingolimod Guideline which was updated in response to a recent MHRA Safety Alert was not approved due to lack of clarity around abnormal LFTs and dosage reduction.

The ADTC noted the update report from the MSDTC.

6.3 SSUOMG Update Report and Terms of Reference

Mr Garden introduced the update report from the Safe & Secure Use of Medicine Group (SSUOMG) and highlighted key points.

The SSUOMG continues to meet on a monthly basis. A rolling programme of review of the Safe and Secure Use of Medicine Policy and Procedure (SSUMPP) has been developed, with the aim of achieving a full review every three years. Ongoing changes are also considered following feedback and learning from the review of incidents. An audit around the transportation of medicines has been completed and a number of issues were identified. A Transport Project Group has been established and will report on a regular basis to the SSUOMG on actions identified in the audit.

The workplan for the next six months includes the launch of version 7 of the SSUMPP scheduled in January 2020 and development and completion of new audits for the provision of discharge medicines/medicines to take home and an observation audit for controlled drugs administration in theatre.

It was highlighted that representatives from five NHS Boards attended a recent SSUOMG meeting and subsequent workshop to gain an insight into development and delivery of the SSUMPP and audit and assurance programme within NHS Fife.

The ADTC noted the update report, Terms of Reference and meeting action notes from the SSUOMG.

6.4 Realistic Prescribing Group

Dr McGovern introduced the update report on behalf of the Realistic Prescribing Group.

The three key priorities are review of bone health medicines in patients who are prescribed these >5 years, review of patients with dementia who are prescribed anti-psychotics and review of frail patients who are prescribed two or more anti-hypertensive medicines. It was noted that these topics are included as part of an enhanced service for care homes.

Significant achievements include development of Hypertension in Frailty Guidelines and the development of a template for Frailty Realistic Prescribing Guidelines. The aim is to use this as a template for agreeing Frailty Realistic Prescribing Guidelines with MCNs and other specialties for a range of common therapeutic areas including epilepsy, mental health, cardiovascular, diabetes, pain and bone health.

The ADTC congratulated the Realistic Prescribing Group on the work involved on the development and roll out of the guidelines. Some issues with regard to communication around the shared decision making process were noted. Further discussions with regard to realistic prescribing in palliative care are required. Progress with regard to recruitment of a patient representative on the Realistic Prescribing Group to be clarified.

AMcG

The ADTC noted the update report and action notes from the Realistic Prescribing Steering Group.

6.5 PGD Group

Mr Reid introduced the update report on behalf of the Patient Group Directions Group and highlighted key points.

The ADTC noted the current progress, achievements since the last report and workplan for the next six months. It was noted that there are approximately 200 PGDs in use within NHS Fife, 39 of which are beyond their review date and 25 with a review date within the next six months. Issues were highlighted with regard to funding and recruitment to the PGD Pharmacist post which has remained vacant since the end of August 2019. Implications for the review of existing PGDs and development of new PGD proposals were noted. Mr Garden and Mr Reid to follow up with HR.

SG/ER

The ADTC noted the update report on behalf of the PGD Group.

7 SBARs

7.1 Systemic Anti-Cancer Therapy (SACT) - Key Stakeholder Consultation

The ADTC noted the consultation from Healthcare Improvement Scotland inviting key stakeholders to review and comment on the proposed Guidance on Consent for Systemic Anti-Cancer Therapy (SACT) in Adults. It was noted that this has been circulated to NHS Fife Haematology for comments and a response is awaited.

Mr Garden to follow up with Haematology, the Cancer Operational Group and other key individuals. The deadline for submission of comments to

SG

Healthcare Improvement Scotland is 18 December 2019.

8 RISKS DUE FOR REVIEW IN DATIX

Mr Reid took the ADTC through the risks scheduled for review and agreed current risk levels and review dates.

Risk 1575 - Input into Medicines Management and Governance Representation on ADTC and its Sub-Committees

It was noted that attendance at Committees has improved over recent months. The MSDTC is functioning well and the process for sub-groups reporting into the ADTC has improved with implementation of the agreed template. The risk content to be modified to reflect specifics around PGDs and Shared Care. The current risk level to remain moderate, with a review date of 6 months.

Risk 1504 - IT Repository for Guidance Documents

Risk to be updated following discussions with Lesly Donovan. The consequences likelihood to be increased to the highest level. It was agreed that the risk should be escalated to the Clinical Governance Committee if there is no solution following discussions with eHealth. To be brought back to the ADTC in 4 months.

Risk 1442 - Single National Formulary

Discussions around potential development of a regional Formulary were highlighted. The ADTC agreed that the risk level has now reduced but that it should remain on the Risk Register pending the outcome of regional discussions. To be reviewed in 6 months.

9 ADTC-COLLABORATIVE/SCOTTISH GOVERNMENT COMMUNICATION

9.1 ADTCC October Newsletter

The ADTC noted the Area Drug and Therapeutics Committee Collaborative Newsletter October 2019. Key points highlighted included EU exit: action to maintain continuity of supply of medicines; updates on the Single National Formulary and the Early Access to Medicines Scheme.

10 EFFECTIVE PRESCRIBING

10.1 SMC Not Recommended Drugs April-June 2019

The quarterly update report produced by National Services Scotland on SMC Not Recommended Drug use in Primary Care was noted. The quarterly reports are a stimulus for further discussions within GP Practice Prescribing Teams. ADTC comments regarding the presentation of information in line with the new Health & Social Care Partnership structure have previously been fed back to ISD analysts.

10.2 Policy for Managing Medicines Shortages

Mr Reid highlighted the Policy for Managing Medicines Shortages in Primary and Secondary Care. The Policy was developed to ensure that national best practice standards in managing medicine shortages to minimise the impact on patients and NHS Fife are adhered to.

The ADTC noted the Policy for Managing Medicines Shortages in Primary and Secondary Care. It was agreed that the Policy should be hosted on the ADTC website.

10.3 EAMS Operational Guidance - Polatuzumab Vedotin in Combination with Bendamustine and Rituximab

The ADTC noted the EAMS operational guidance for polatuzumab vedotin in combination with bendamustine and rituximab for the treatment of relapsed/refractory diffuse large B-cell lymphoma in adult patients who are not eligible for hematopoietic stem cell transplant.

10.4 Biosimilar Updates October and December 2019

The ADTC noted the Biosimilar Uptake Data Reports for October and December 2019. It was noted that uptake of biosimilar medicines within NHS Fife remains high. A Biologics Reference Group is being established within NHS Fife. Dr Sarah Hailwood has been approached to chair the group and membership includes representation from key specialties.

11 PACS/SMC Non Submissions

11.1 Latest Submissions

The table detailing the latest PACS/SMC non submissions was noted.

12 POINTS FOR RAISING AT CLINICAL GOVERNANCE COMMITTEE

It was agreed that the following items should be highlighted to the Clinical Governance Committee:

- Lack of IT repository for Fife Clinical Guidance documents. Potential options are being explored in discussion with IT. To be escalated to the Clinical Governance Committee if there is no resolution.
- Policy for Managing Medicines Shortages in Primary and Secondary Care. E Reid to formulate key bullet points.

CMcK

ER

13 ANY OTHER COMPETENT BUSINESS

Mr Garden highlighted the importance of the role of the MCNs in the efficiency process and lack of clarity in individual MCN Terms of Reference documents around this. Mr Garden to discuss with Belinda Morgan, Improving Health Team and MCN Manager.

SG

Other Information

- a **Minutes of Diabetes MCN Prescribing Sub-Group:** November meeting cancelled.
- b **Minutes of Heart Disease MCN Prescribing Sub-Group 23 October 2019.** For information
- c **Minutes of Respiratory MCN 6 June 2019.** For information.
- d **Date of Next Meeting**
The next meeting is to be held on **Wednesday 19 February 2020 at 12.30pm in the Board Room, Staff Club, Victoria Hospital, Kirkcaldy.** Papers for next meeting/apologies for absence to be submitted by 7 February.

Agenda item no:

Title of Group/Sub-committee	NHS Fife Clinical Governance Oversight Group
Date of Group/Sub-committee Meeting:	14 th November 2019
Release: draft/final minutes	Unconfirmed
Author/Accountable Person:	Dr C McKenna

Summarise the items of significance from the minutes and the important points you want to raise to the attention of the committee?

Quality Of Care Approach

Following a SBAR on Quality of Care Approach to Executive Directors Group the group received a presentation on the implementation of the Quality of Care framework and heard that Kenny Ward had been identified to establish a short life working group, chaired by an executive to create a framework for assessment, reporting and monitoring mechanisms.

NEWS2 SBAR Update

Following a discussion on the pros and cons of NEWS2 it was agreed that the system currently used is fit for purpose and the proposed new system will not currently be taken forward, unless mandatory by Healthcare Improvement Scotland

What are the concerns/issues/risks you want to bring to the attention of the committee?

NHS Fife Integrated Performance & Quality Report

The group raised concerns regarding the scope of IPQR content. It was highlighted that the Safe Use of Medicines is not reported in the IPQR it is only in the HSCP Clinical Quality Report. The group observation in regards to the Clinical Governance section was that there is not enough information. The information currently reported is for poor performance only.

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Author: Clinical Governance	Page 1 of 1	Review Date: May 2020

**Draft Meeting Note of NHS Fife Clinical Governance Oversight Group
On Thursday, 14th November 2019 at 09.30 in the Staff Club, Victoria Hospital, Kirkcaldy**

Present

Lynn Barker (LB) Interim Associate Director of Nursing
 Dr Sue Blair (SB) Consultant in Occupational Health, NHS Fife
 Dr Robert Cargill (RC) Associate Medical Director, Acute Services Division (ASD)
 Pauline Cumming (PC) Risk Manager, NHS Fife
 Scott Garden (SG) Director of Pharmacy, NHS Fife
 Dr Chris McKenna (CMcK) Medical Director, NHS Fife (**Chair**)
 Elizabeth Muir (EM) NHS Fife Clinical Effectiveness Coordinator
 Geraldine Smith (GS) Lead Pharmacist, Medicines Governance and Education & Training
 Helen Woodburn (HW) Head of Quality and Clinical Governance, NHS Fife

In Attendance

Gillian Boga (GB) Clinical Governance Administrator (Admin Support)
 Kenny Ward (KW) Business Manager, NHS Fife
 Bryan Archibald (BA) Planning & Performance Manager

Apologies:

Andy Brown (AB) Principal Auditor, NHS Fife
 Helen Buchanan (HB) Board Director of Nursing, NHS Fife
 Lynn Campbell (LC) Associate Director of Nursing (Acute)
 Dr Helen Hellewell (HH) Associate Medical Director, HSCP
 Cathy Gilvear (CG) Quality, Clinical & Care Governance Lead, HSCP
 Donna Hughes (DH) Patient Relations Manager, NHS Fife
 Aileen Lawrie (AL) Head of Midwifery/Nursing Women and Children's Directorate
 Carolyn McDonald (CMcD) Associate Director, AHPs, NHS Fife

Item		Action
1	Apologies	
	Apologies for absence were noted from the above named members.	
2	Minutes of previous meeting held on Wednesday 11th September at 09.30 in the Staff Club, Victoria Hospital, Kirkcaldy	
	CMcK referred to the note of the meeting from 11 th September 2019 and asked members to check for factual accuracy. The meeting note was deemed as an accurate reflection of the meeting.	
3	Action List	

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	<p>Action No 16 Mortality & Morbidity(M&M) Surgeons recording M&M meetings on Datix CMcK advised to close off this action as we are currently reviewing an update to the Datix system which would include an M&M module.</p> <p>A meeting was held in regards to Health Improvement Scotland (HIS) self evaluation review of adverse events. Action is to be closed</p> <p>Cardiac Arrest Report Cardiac arrest adverse event action to be closed. CMcK advised that the adverse event process cannot be reviewed until further guidance is received following the HIS self evaluation review.</p> <p>NHS Fife Tissue Viability Steering Group</p> <p>PC confirmed that responses from other Health Boards have been received; and that their reviews were varied. PC will collate the information she has and will share with LB.</p> <p>PC will follow up with HB if feedback from the Directors of Nursing of other Health Boards has been received.</p> <p>CMcK suggested all further actions regarding Tissue Viability should be closed and transferred to the Tissue Viability Steering Group, the group agreed.</p> <p>NHS Fife Clinical Effectiveness Register</p> <p>The group perused the documents shared showing all Clinical Effectiveness projects from January to June 2019. The Clinical Effectiveness team are working closely with directorates to ensure the projects registered are reported through the directorate reports to clinical governance committees and groups.</p> <p>PC commented it would be interesting to cross check the projects registered against actions for audits from Significant Adverse Event Reviews (SAER's).</p> <p>EM informed the group that the Clinical Effectiveness register was publicised on the NHS Fife Intranet banner in September; there has been some notes of interest since then.</p> <p>The actions with regards to forwarding information to HH are complete and the action can be closed off.</p>	<p>PC</p> <p>PC</p>
4	<p>NHS Fife Integrated Performance & Quality Report (IPQR)</p>	
	<p>BA provided an overview of the IPQR which was commissioned following a request to combine the Performance Report produced by the Performance Management Team and the Quality Report produced by the Clinical Governance Team. The IPQR has been in circulation since August 2019 and has been well received by the Board of Directors.</p> <p>BA talked the group through the report explaining the information covered and</p>	

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how this is presented. CMcK invited comments from the group.

HW observation with regards to the Clinical Governance section was that there is not enough information. The information currently reported is for poor performance only.

It was noted that committees may only focus on their specific section i.e. Clinical Governance Committee will focus on the 7 areas listed under Clinical Governance however there are sections within the Finance, Performance & Resources section which should be discussed such as the Cancer 62-day Referral to Treatment. HW queried whether the 7 areas listed under Clinical Governance are the correct ones to focus on.

RC commented that the IPQR is information for our non executives and directors and not designed to give assurance to the committees. The groups which feed into the committee will highlight information and provide the assurance.

RC added that with pararell reports, who takes ownership for example CSection Infection rate will be scrutinised by the Specialty and by the Infection Control Committee who will take overall ownership. SG added this will be reported to the Clinical Governance Committee who will join up feedback and take actions forward.

SG highlighted the Safe Use of Medicines if not reported in the IPQR it is only in the HSCP Clinical Quality Report. This means the Safe use of Medicines is discussed at the Partnership Clinical Governance Committee only. LB advised the minutes from the Partnership Clinical Governance Committee are shared with the NHS Fife Clinical Governance Committee.

SG commented that if the report shared with the Committee is not robust this will lead to a number of separate papers being requested to drill down on information and this will become fragmented.

CMcK asked if the red, green, orange triangles signify direction; BA confirmed they do not. The arrows in the previous column show direction since last quarter.

PC suggested the scope of the report may need reviewed; the key performance indicators chosen may not be correct. CMcK advised the board are content with the report and we may require an additional paper for the NHS Fife Clinical Governance Committee.

SG has concerns that the focus of the Clinical Governance Committee will be on what's reported in the IPQR and we are relying on the committees which feed into the Clinical Governance Committee to raise issues.

CMcK proposed a discussion is held with CMcK, HB, HW regarding content of the IPQR.

CMcK/HB/HW

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5	Health & Social Care Partnership Clinical Quality Report	
	LB advised group members to contact her directly with any comments or queries regarding the HSCP Social Care Partnership Clinical Quality Report.	
6	Quality of Care Approach	
6.1	<p>HW presented to the group an overview of the Quality of Care Approach. The quality of care approach is how HIS design their inspection and review frameworks and provide external assurance of the quality of healthcare provided in Scotland. The approach is designed to deliver quality assurance activity that drives improvement.</p> <p>There are 3 components: The Approach, The Quality of Care Framework and The programmes of work.</p> <p>There are 9 domains in the framework which are placed in 3 categories. Outcomes and Impact section which are our organisational outcomes; the impact we are having on people, staff and the community.</p> <p>An SBAR was taken recently to the Executive Directors Group with 2 options of Option 1. We await HIS notification and act accordingly or option 2 be prepared and develop the framework and prepare NHS Fife in readiness for the external review process.</p> <p>Option 1 would entail taking people out of the usual role for several weeks to complete the self assessment document, process document through required groups/committees before submitting to EDG for approval; we probably do not have resource for this.</p> <p>Option 2 would be to assign an executive to chair a short life working group to create a framework for assessment, reporting and monitoring mechanisms. Have an identified person to coordinate the self evaluation.</p> <p>HW expressed the view that ideally the IPQR could become part of a self assessment document which goes to the Committee on a continual basis.</p>	
7	NEWS2 SBAR Update	

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	<p>RC provided an overview of the SBAR submitted regarding NEWS2.</p> <p>HIS have expressed a desire to move from our current early warning system FEWS to NEWS2.</p> <p>CMcK commented our current system Trakcare that offers higher levels of compliance as it is an electronic system. There would be a risk to patient harm moving over to a new system due to the all staff requiring training onto the new system.</p> <p>SG asked what are the cost implications, as a change would lead to significant training implications; who would do the training, do we have the resources to implement such a change.</p> <p>CMcK summarised the system currently used is fit for purpose and the proposed new system will not currently be taken forward, unless mandatory by Healthcare Improvement Scotland.</p>	
8	Items for Information	
8.1	<p>NHS Fife Activity Tracker</p> <p>It was noted that Prevention and Management of Pressure Ulcer Standards draft had been out for consultation and closed on 1 November 2019</p> <p>EM highlighted to the group that 9 reports had been added to the activity tracker since the last meeting.</p>	
8.2	<p>NHS Fife Policy & Procedures Update</p> <p>EM provided an overview of the NHS Fife Policy and Procedures update advising two new policies and one new procedure had been introduced to Fife since the last meeting:</p> <p>AHPS- 01 NHS Fife Wide Allied Health Professions Supervision Policy</p> <p>The NHS Fife AHP Supervision Policy was launched on, 10th October 2019. It outlines the responsibilities and operational systems for supervision as well as risk management and examples of related documentation.</p> <p>It proposes a supervision model as well as elements which should be included, to ensure that all staff members receive quality supervision throughout their career and that supervision is embedded into practice.</p> <p>POCT1-NHS Fife Wide Policy on Point of Care.</p> <p>The Point of Care Procedure has been replaced by a new NHS Fife Point of Care Testing Policy which has been written to reflect recommendations of the Joint Working Group on Quality Assurance and the framework of the NHS Scotland East Region Laboratory Medicine POCT policy.</p>	

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	<p>FWP-ARTHROP 01 Fife Wide Procedure Management of Patients with BMI>40 being considered for Lower Limb Arthroplasty (Primary and revision surgery)</p> <p>This procedure provides clinical staff with guidance and identifies the processes to be followed for all patients with a BMI > 40 being considered for lower limb arthroplasty (primary and revision surgery).</p> <p>This is now a total of 72 clinical policies and procedures. 96 % of all clinical policies and procedures are current and in date.</p>	
9	Minutes from linked committees/Groups	
9.1	<p>NHS Fife Adverse Events and Duty of Candour Group- 05/09/2019</p> <p>The minutes of NHS Fife Adverse Events Duty of Candour Group were noted by the group.</p> <p>The meeting scheduled for 08/10/2019 was rescheduled as the group are currently awaiting a national update regarding Adverse Events due mid November 2019.</p>	
9.2	<p>NHS Fife Clinical Policy & Procedure Coordination and Authorisation Group- 26/08/2019</p> <p>The minutes of NHS Fife Clinical Policy & Procedure Coordination and Authorisation Group were noted by the group.</p>	
9.3	<p>NHS Fife Point of Care Testing Committee-06/06/2019 & 09/09/2019</p> <p>CMcK highlighted the concerns and risks noted in the summary:</p> <p>The POCT committee are occasionally made aware of initiatives within clinical areas to trial and possibly purchase POCT equipment, without formal consultation with the committee. Greater awareness of the POCT policy is required. The possibility of liaison with the Equipment Management Group and the Endowment Fund Management committee to ask that anyone requesting funds for POCT equipment be reminded of the POCT policy's requirements were discussed.</p> <p>The appointment of a POCT coordinator is essential to facilitate implementation of the POCT policy and to support further development of a quality assured service.</p> <p>The minutes of NHS Fife Point of Care Testing Committee were noted by the group.</p>	

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<p>9.4</p>	<p>NHS Fife Occupational Health Clinical Governance Meeting- 10/10/2019</p> <p>SB raised the concerns and risks from the NHS Fife Occupational Health Clinical Governance Meeting:</p> <p>New national guidelines for Pertussis vaccination of all staff working with Woman’s and Children’s Services and hospital paediatric care (to be delivered according to priority groups) – large piece of work ingoing in collaboration with Public Health</p> <p>Skin Surveillance Strategy Group does not have any governance oversight and there are issues that are becoming problematic due to lack of clarity in areas of governance such as data gathering, engagement with the group and clarity over Skin- Coordination within divisions.</p> <p>The group discussed the governance oversight for the Skin Surveillance Strategy Group. CMcK directed SB to Staff Governance (Wellness of Staff) Wilma Brown, Employee Director or to the Health and Safety Group, Craig Webster, Health and Safety Manager.</p>	
<p>9.5</p>	<p>NHS Fife Tissue Viability Working Group-18/11/2019</p> <p>Carried forward to 23rd January 2020 meeting.</p>	
<p>9.6</p>	<p>NHS Fife In Patient Falls Steering Group-20/11/2019</p> <p>Carried forward to 23rd January 2020 meeting.</p>	
<p>9.7</p>	<p>NHS Fife Resuscitation Committee – 24/10/2019</p> <p>Carried forward to 23rd January 2020 meeting.</p>	
<p>9.8</p>	<p>NHS Fife Urinary Catheter Improvement Group</p> <p>Carried forward to 23rd January 2020 meeting.</p>	
<p>9.9</p>	<p>NHS Fife Community Falls Group</p> <p>Carried forward to 23rd January 2020 meeting.</p>	
<p>9.10</p>	<p>NHS Fife Deteriorating Patient Group, including DNACPR & HACP- 25/11/2019</p> <p>Carried forward to 23rd January 2020 meeting.</p>	
<p>10</p>	<p>Summary Points for the chair to Raise at NHS Fife Clinical Governance Committee</p>	

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	<p>Areas of Good Progress</p> <p>Following the SBAR on Quality of Care Approach to EDG the group received a presentation on the implementation of the Quality of Care framework and heard that KW had been identified to establish a short life working group, chaired by an executive to create a framework for assessment, reporting and monitoring mechanisms.</p> <p>Risks</p> <ul style="list-style-type: none"> ➤ Concerns raised regarding the scope of IPQR content. 	
11	AOCB	
11.1	<p>Workplan</p> <p>The group noted the Workplan for 2019/2020.</p>	
12	Date of Next Meeting: Thursday, 23rd January 2020 at 11.00 in Meeting Room 2, Hayfield House, Victoria Hospital, Kirkcaldy.	

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Agenda item no

Title of Group/Sub-committee	Health & Safety Sub Committee
Date of Group/Sub-committee Meeting:	06 November 2019 [rescheduled from 27 September]
Release: draft/final minutes	Draft
Author/Accountable Person:	Craig Webster, H&S Manager

Summarise the items of significance from the minutes and the important points you want to raise to the attention of the committee?

NHS Fife H&S Policy annual review approved by Sub Committee members. [This policy currently with General Policies Group prior to EDG submission]

Focused programme of training for Face Fit Testers (related to winter preparedness) completed in October in Acute Division. All Acute directorates now well served with Fit Testers as required under the Control of Substances Hazardous to Health (COSHH) Regulations.

What are the concerns/issues/risks you want to bring to the attention of the committee?

Discussions still taking place at national level regarding enhanced personal Protective Equipment [PPE] in respect of caring for patients with High Consequence Infectious Diseases.

There will be significant training implications for NHSF for revised Enhanced PPE being proposed by Public Health England and which Health Protection Scotland are likely to adopt. Infection Protection and Control and H&S Teams working closely on this issue and will advise on suitable action once decision made nationally.

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Author: Clinical Governance	Page 1 of 1	Review Date: May 2020

Minutes of the Health & Safety Sub Committee held on Friday 6th November 2019 at 13:30 within Training Room 2, Dining Room, Victoria Hospital

Present:

Mr Andrew Fairgrieve (AF), Director of Estates, Facilities and Capital Services
Mr Conn Gillespie (CG), Staff Side Representative

In attendance

Mr Craig Webster (CW), Health & Safety Manager
Mr David Young (minute taker)

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

AF welcomed members to the Health & Safety (H&S) Sub Committee meeting.

2. APOLOGIES

Dr Chris McKenna (CM), Medical Director
Ms Barbara Ann Nelson, Director of Workforce
Ms Linda Douglas, Director Of Workforce

3. MINUTES OF PREVIOUS MEETING

3.1. Approval of previous minutes

The minutes of the previous meetings were reviewed by the group and agreed as accurate.

AF asked that an action column to be added to future minutes

3.2. Actions List Update

Updates to the actions list were discussed.

AF requested that Use of butterflies should be added to risk register. CW happy to add on groups behalf (financial cost)

3.3. Matters arising not on agenda

There were no further matters arising from the minutes of the previous meeting

4. WORKPLANS

4.1. H&S Sub Committee Workplan

CW informed the group that workplan is ongoing. CW to update workplan for next Sub Committee meeting.

CW will continue with existing programme and will delegate to members of the H&S Team

Further to BAN's suggestion to change the dates noted in work plan – CW has now revised dates up to 2021

Action

DY

CW

CW

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4.2. Health & Safety Team Workplan

The H&S Team workplan is ongoing. CW to provide copy for next meeting

CW

CW told the group that the review of the following policies are currently behind schedule;

- DSE Equipment
- Enhanced PPE
- Sharps

These policies are currently being worked on, CW happy with progress

5. NHS FIFE ENFORCEMENT ACTIVITY

5.1. HSE Improvement Notices

No activity

5.2. Any other enforcement activity

CW reported that HSE are currently in NHS Lothian – Looking at Sharps
NHS Tayside are currently under investigation RE: HAVS.

6. INCIDENTS

6.1. Incident Statistics Report

The group reviewed the Incident Statistics Report submitted by CW, discussing stats relating to the following topics;

- Violence & Aggressions
- Slips / Trips
- Sharps
- MSK Injuries
- Self Harm
- RIDDOR

CW highlighted the fact that there appeared to be a rise in self harm incidents within the Acute Services division although, after investigation, there was no apparent pattern to explain why this has happened. The group agreed to monitor figures.

6.2. RIDDOR Incidents Overview / Update

Nil

7. OTHER BUSINESS

7.1. Policies and Procedures Workplan Review

CW informed the group that the H&S Policy was due for review. Policy now updated, no significant changes required. CW to submit policy to policy group

CW

Para 4.5.4. CW to re-word paragraph

CW

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AF informed the group of a proposed review / re-write of policy with perhaps a view of including SOPs. Jimmy Ramsay to meet with CW to discuss.

AF would like any changes to be discussed with HSE for guidance.

All estates policies on MICAD. MICAD system could possibly be used as Estates Procedure Manual. It was also suggested that MICAD could be used for the H&S policies

Policy review – new policies 6 months existing policy 2 years. H&S policy & H&S statement both annual

7.2. Updates on policy & procedure revisions

7.2.1. Adverse Weather and PPE

Ongoing. It was suggested by the CM that working in High Temperatures will be included in policy along with Low Temperatures

7.3. Estates Fire Safety Team Meetings

The Terms of Reference, Agenda & Action Plan for Estates Fire Safety Team have been approved by AF. CW to add to committee structure

CW

8. ANY OTHER COMPETENT BUSINESS

8.1. Management System Assistant

The group talked about the existing Management System assistant and discussed whether it was still relevant in its current format. It was decided that CW would review the workbook and provide update.

CW

8.2. Face Fit Testing

CW informed the group that the additional Face Fit Testing sessions have been delivered. Most sessions were well attended. AF has asked that an up to date list of staff trained should be distributed to L. Campbell / D Milne / E Curnow

CW

8.3. Enhanced PPE arrangements

Enhanced PPE arrangements still to be progressed. Currently awaiting direction from NHS England. AF requested that this should be added as a separate item in minutes and also asked Who drives this forward? Lead to be identified.

CW

8.4. Health Surveillance for Staff working Night Shift

CG asked if there was any procedure in place for the health surveillance for staff working night shift. CW will raise this with Occupational Health

CW

9. DATE OF NEXT MEETING

Friday 13th December 2019, Training Room 2, Dining Room, VHK @ 13:30

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Agenda item no

Title of Group/Sub-committee	NHS Fife Infection Control Committee
Date of Group/Sub-committee Meeting:	4 December 2019
Release: draft/final minutes	Unconfirmed
Author/Accountable Person:	Helen Buchanan

Summarise the items of significance from the minutes and the important points you want to raise to the attention of the committee?

No issues have been raised from the Infection Control Committee.

The HAIRT report will be considered as a separate agenda item at the NHS Fife Clinical Governance meeting on 16 January 2010.

What are the concerns/issues/risks you want to bring to the attention of the committee?

No issues have been raised from the Infection Control Committee.

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**NHS FIFE INFECTION CONTROL COMMITTEE
4TH DECEMBER 2019 AT 2PM
WITHIN MEETING ROOM 2, DINING ROOM, VHK
MINUTE**

Present Helen Buchanan Julia Cook Margaret Selbie Elizabeth Dunstan Catherine McCullough Andy Fairgrieve Keith Morris Aileen Lawrie Lynn Barker Lynn Campbell Pauline Cumming Esther Curnock Stephen Wilson	Director of Nursing NHS Fife (Chair) Senior Infection Prevention and Control Nurse Acting Lead Infection Prevention and Control Nurse Infection Control Surveillance Nurse Infection Control Nurse Director Estates & Facilities Consultant Microbiologist, Infection Control Doctor Associate Head of Midwifery/Nursing, Women & Children Associate Director of Nursing, HSCP Associate Director of Nursing, Acute Risk Manager Consultant in Public Health Medicine & Deputy Director of Public Health Consultant Microbiologist	
Apologies Cathy Gilvear Lynn Burnett Priya Venkatesh Paul Bishop	HSCP Quality, Clinical and Care Governance Lead Health Protection Nurse Specialist Consultant Microbiologist Head of Estates	
In Attendance Lori Clark	Minute Taker	
1	APOLOGIES HB welcomed the committee and started introductions around the table. Apologies were noted as above.	
2	MINUTE OF PREVIOUS MEETING – 2nd October 2019 Keith Morris suggested some minor amendments which he will send to Lori Clark after the meeting. The remainder of the document agreed to be an accurate minute.	
3	ACTION LIST (2nd October 2019)	
	3 (4.1.e) – HAI Update HB advised this is still outstanding Action to be carried forward	ACTION H Buchanan
	4.3 – Risk 1117 – Ask Claire Dobson to Review risk Action to be carried forward	H Buchanan
	4.3 – Risk 1299 – Review and reduce if possible Action Complete	
	4.3 – Risk 1443 – Update Risk Register as this risk is to be removed Action Complete	
	4.3 – Risk 646 – find out if risk is required after looking into it and if not remove from register. Remove risk 1443 regarding wipes. HB to take action for this. Action to be carried forward	H Buchanan

	<p>4.3 – Risk 1457 – Assess risk and decide if this should be 2 risks</p> <p>Group confirmed this risk would become 2 risks. Lynn Burnett and Mandy McIntosh looking into these risks.</p> <p>Aileen Lawrie to take action to follow up with Lynn Burnett</p> <p>Action to be carried forward</p>	A Lawrie
	<p>4.4 – RPE for High Consequence Infectious Disease</p> <p>Action Complete</p>	
	<p>4.7 – PWID – Discuss and share ideas Janice Barnes/Lynn Burnett</p> <p>Lynn Burnett now on group action can be closed</p> <p>Action Complete</p>	
	<p>4.10 – HCAI Education Training Matrix</p> <p>Complete out for review</p> <p>Action Complete</p>	
	<p>5.3 – Update Terms of Reference</p> <p>Action Complete</p>	
	<p>5.5 – HAI Education, Training and Development Strategy to be ready to present for next ICC Meeting</p> <p>Currently with Education and Training Group for final comment.</p> <p>Action to be carried forward</p>	
	<p>5.8 – Winter Planning – HB asked group to read through documents</p> <p>All completed</p> <p>Action now complete</p>	
4	STANDING ITEMS	
4.1	<p>4.1a HAIRT Board Report</p> <p>JC gave an overview of the HAIRT Board report within agenda.</p> <p>Achievements: 5 members of the IPC team attended the IPS Conference in Glasgow. Members of the team also attended/presented at the reducing harms event. Nykoma Hamilton presented at the Grand Round on the topic of Challenges for the Current Environment for Infection Control.</p> <p>Challenges: C-Section SSI's, the new methodology was released on the 1st October. There has been a slight increase in C-Section SSI's in Q3 then Q2 but it is still reduced from Q1.</p> <p>SABs: Increased incidence rate in PWID however IPC are working with additions to catch the problems earlier in the community and lower the rate. Ward 44 at the Victoria Hospital has now reached over 100 days since last PVC associated SAB.</p> <p>ECBs: In Q2 50% of hospital acquired ECB's were due to urinary catheters a marked increase from Q1 where no hospital acquired ECB's were due to urinary catheters.</p>	

	<p>Large Bowel: There are still challenges surrounding form completion and data return. The group agreed this needs to be addressed with the support of theatre manager. Lynn Campbell also happy to support</p> <p>Members noted the report.</p>	L Campbell
	<p>4.1b <u>HAI LDP Update – SABs Reports</u></p> <p>At the end of November figures were 81 SABs so the prediction is that this is to be the best year and since August there has only been 1 PVC and 1 Catheter related SAB.</p> <p>There is a 10% reduction required in the combines HCAI and Hospital acquired SABs by 2022, at the moment we seem to be on course to reach this target.</p> <p>HB asked if in terms of Scotland if anyone had made the targets. KM updated that he is not aware of anyone reaching the LDP target.</p> <p>Members noted the update.</p>	
	<p>4.1c <u>HAI LDP Update – CDIs Reports</u></p> <p>Currently there are approximately 4 to 5 cases of CDI per month which tend to be reoccurrences. KM updated that there has been approval to use commercial FMT which the GI team will take on.</p> <p>There has been 3 CDI deaths in the last quarter, for 2 of these deaths CDI was not part 1 of the death certificate. The 3rd death has been Datixed by Priya Venkatesh due to concerns surrounding the case. Lynn Barker to speak to Helen separately then directly report back to PV and KM</p> <p>KM updated we are set to achieve the LDP targets and we were sitting at one case less in Oct 2019 than at the same stages in the year at 2018.</p> <p>Members noted the update.</p>	
	<p>4.1d <u>ECB Surveillance Report</u></p> <p>ED updated that the last few months for EBC's have been quiet however the medium is now 25 up from 20. It has been 171 days since the last traumatic CAUTI however there is still a lot of work to do.</p> <p>The district nurses now have the bundles on Morse, and the bundles are yet to be added to Patientrak.</p> <p>Currently 50% of Hospital acquired ECBs are due to CAUTI.</p> <p>The LDP targets are a reduction of 25% by 2022 and 50% by 2024.</p> <p>The Hydration Campaign is being pushed as is part of discussions within the Urinary Catheter Groups.</p> <p>Members noted the update.</p>	
	<p>4.1e <u>HAI Update – C Section SSI Reports</u></p> <p>The new methodology is still in the early stages but is doing well; it shows the clinician making the decision on SSI's. The change in form now shows that in the professional opinion of the clinician there is an SSI. KM</p>	

	<p>updated that the benefit of the new methodology is that if an exception report comes in there is now data and evidence to back up. Many areas had been looked at before the new methodology had been suggested and out in place. Support from HPS and other health boards had been requested which the team has been very transparent about. The suggested is that return visits are having an effect of our higher rates.</p> <p>Members noted the update.</p>	
	<p>4.1f <u>HAI Update – Orthopaedic SSI Reports</u></p> <p>ED updated there is nothing of significance to note as we are well within National Standards.</p> <p>Members noted the update.</p>	
	<p>4.1g <u>Colorectal SSI Surveillance Report</u></p> <p>Q3 5 SSI's down from 10 the previous quarter, incidence rate is 10% which is above the national 7.5%. As mentioned before form return is an issue but it doesn't affect the figures as all the information is still gathered it just get done manually by Surveillance.</p> <p>Members noted the update.</p>	
	<p>4.1h <u>CPE Surveillance</u></p> <p>Q2 continued to improve 83% compliance up from 75% in Q1, Q3 data yet to be submitted.</p> <p>CPE data to be put onto Patientrak to allow better tracking, time stamps etc.</p> <p>Two patients had come into hospital high risk for CPE as they had both had surgery abroad. They were put into single rooms and one has been confirmed CPE positive, the teams done well to identify these patients quickly. HPS is looking out for any surgery abroad trends.</p> <p>Members noted the update.</p>	
	<p>4.1i <u>Outbreaks, Incidents and Triggers</u></p> <p>There has been 1 ward closure due to a Norovirus outbreak. QMH ward 6 in 30 October – 6th November 2019. There was 11 patients and 1 staff member affected, this is now resolved. Staff quick to identify symptoms and contact IPCT. The first 2 patients were leaving ward to smoke or go to the cafe & visitors in to see them had been unwell.</p> <p>There have been no ward closures due to confirmed Influenza since the last reporting period.</p> <p>EC updated that the first care home of the flu season has been closed due to residents with Flu A. One of the issues which was brought to attention was that many of the residents had not yet been vaccinated.</p> <p>There has been 2 bay closures due to respiratory illnesses: QMH Ward 5 due to a rhinovirus outbreak. Now resolved 18/10/19 to 23/10/19, there were 3 patients and 1 member of staff affected. Initially the wrong swabs were sent and infection control were not informed. The SCN keen for winter sessions for staff. Stratheden Lomond ward due to a mixed respiratory outbreak. Now resolved 19/11/2019 to 25/11/19, there were 4 patients mixed respiratory</p>	

	<p>illness and it was a difficult patient group to isolate. Two patients returned from VHK after VTS to an open bay. Staff worked well with IPCT bay quickly opened.</p> <p>2 patients on Ward 1 at St Andrews Community Hospital within a 30 day period, prompting a trigger. Currently awaiting ribotyping. Patient was isolated as soon as result was received. Patient in next bed tested positive few days later. Enhanced cleaning was carried out and there was no further cases. Staff worked well with IPCT.</p> <p>Endophthalmitis – new case which is the 3rd this year, putting us at the upper limit of what is acceptable. Moved procedure trolley, a terminal clean was carried out and the ventilation is being tested. Long term alternative treatment area being explored.</p> <p>TB - family cluster, patient had been inpatient overnight at VHK – contact traced 3 patients that shared a bay overnight. Contacted with an inform and warn letter and call to be invited for testing in 6 weeks. HPS has been informed. HPT are leading on this.</p> <p>Members noted the update.</p>	
4.2	<p><u>NHS National Cleaning Services Specification</u></p> <p>Has been discussed at EDG, for info only.</p> <p>Members noted the update.</p>	
4.3	<p><u>Risk Register</u></p> <p>Risk 637 – SAB Heat Target – Group agreed to change risk to moderate</p> <p>Risk 646 – No Change</p> <p>Add ECB to risk register – JC to action</p> <p>Risk 1427 – Dermatology VHK Risk of Infection to Patients and Staff – Work not started yet as it is out for tender. The risk will reduce when the work is complete. – AF updated that this work will happen in stages the first stage is to relocate dermatology. Time scale 12-18 months.</p> <p>Members noted the update</p>	J Cook
4.4	<p><u>Learning Summaries</u></p> <p>Pauline Cumming updated that 2 out of the 3 learning summaries attached to the agenda to group are already familiar with and the 3rd relates to a renal patient with a SAB which could not have been prevented. PC updated that this is very unusual. KM provided further information on this to the group.</p> <p>HB agreed that the group should have oversight of these learning summaries and learn from these the impact on patients due to delays in treatment etc.</p>	
4.5	<p><u>National Guidance</u></p> <p>JC provided group with summary of the NIPCM Methodology attached to the agenda, updated that it now includes a two person systematic methodology.</p>	

	<p>JC Provided group with a summary of the changes made to the Aerosol procedure and updated that these changes had been made to make it more in line with Wales and Ireland.</p> <p>The group raised the issue of dissemination of these procedure/documents – JC to find out how these documents get out to staff if at all.</p> <p>JC moved onto the Animals in Care settings document and ran through the list of animals not suitable for care settings this list included feral animals, ponies, llamas, reindeer, birds, rodents, reptiles amongst many more. Animals are not to be allowed in clinical areas and if there is an animal entering the hospital a full risk assessment is to be carried out and IPC Team notified. The group raised guide dogs and end of life patients seeing their animals, JC updated this is slightly different however a risk assessment is still necessary. The NHS Fife policy surrounding this is to be reviewed and picked up separately with Infection control and involve communications team to make sure everyone is aware of the policy.</p> <p>Prevention and management of healthcare ventilation system-associated infection incidents/outbreaks aide memoire - JC updated that HPS are aware of the limitations of current guidance in this area and are currently working towards delivery of comprehensive evidence-based guidance which will form Chapter 4 of the National Infection Prevention and Control Manual (NIPCM). Microbiology team to look at first to make a more robust process.</p> <p>Members noted the update</p>	<p>J Cook</p> <p>H Buchanan</p>
4.6	<p><u>HEI Inspections</u></p> <p>IPCT are currently looking at previous inspections across Scotland and noting any common themes from these inspections.</p> <p>Members noted the update.</p>	
4.7	<p><u>NHS Fife Fife-Wide Inspection Co-ordinating Group – Update</u></p> <p>No update, nothing to highlight.</p>	
4.8	<p><u>Quality Improvement Programmes</u></p> <p>For information only: UCIG – work is ongoing</p> <p>PWID – work ongoing exploring how to work with GP's to help them identify and help the patients who inject drugs before they get to a stage where they need to come to hospital.</p> <p>PVC associated SAB W44 – Ward 44 has now reached over 100 days since last PVC associated SAB. The hand hygiene contract the ward devised is now in place and we can celebrate their quality improvement success, which we have done through dispatches and the Infection Control Newsletter.</p> <p>Members noted the update.</p>	
4.9	<p><u>Infection Prevention & Control Audit Programme</u></p> <p>JC updated group that the IPC Team are currently ensuring there are three audits done in acute and three in community. There has been a meeting with Ken Marshall to update the 2020 audit programme and during this process hopefully make the programme clearer and more time</p>	

	effective to keep up to date.	
4.10	<u>Infection Control Manual Update</u> Ongoing work, updating yearly.	
4.11	<u>Prevention and Control of Infection Work Programme 2019-2020 (for noting)</u> For noting only - Members noted the update.	
5.	NEW BUSINESS	
5.1	<u>Excellence in Care</u> JC presented on the MDRO tool at the Lead in Better Care event. It has been well received in admissions units 1 & 2. The EiC team are now looking into adding the tool to trak to access time stamps etc. JC updated that to make the tool a success it needs to be shown as valuable so that the staff take it on board. Members noted the update	
5.2	<u>Safe and Clean Audit</u> The audit has a soft start in September and was rolled out in October. Ken Marshall is providing technical support and training to auditors using the tool. The audits have not started to come in and hopefully the team will start to see the trends soon and will be able to review these trends. Target is for a 6 month review of the process. Members noted the update	
5.3	<u>HAI Education, Training and Development Strategy</u> JC updated the group on the SIPCEP modules. The foundation layer of SIPCEP modules are on Learnpro so figures for training are easy to pull from the system however the intermediate and improvement layers are on TURALearn meaning that reports for training uptake figures cannot be obtained. When SIPCEP came out it was new to everyone however now we have new starts to NHS Fife have already completed the modules at University or other boards. Following meetings with NES and the HAI Education, training and strategy group it was agreed that asking these people to redo all the modules was not necessary and as long as they have evidence they will not need to redo the modules. The HAI Education, Training and Development Strategy contains a matrix to show suggested pathway through the SIPCEP modules. This document is out for final comment and will be shared at the next ICC meeting.	J Cook
6	NHS FIFE INFECTION CONTROL COMMITTEE'S SUB GROUPS	
6.1	<u>Infection Prevention & Control Team</u> Nothing to highlight - Members noted the notes of the meeting	
6.2	<u>NHS Fife Decontamination Steering Group</u> AF informed group of the current situation with NHS Tayside, their decontamination unit failed. They are currently having meetings with Health Facilities Scotland and meetings to discuss the options. Feedback is that these meeting have been productive and useful.	

	Members noted the notes of the meeting.	
6.3	<u>NHS Fife Antimicrobial Management Team</u> Nothing to highlight - Members noted the notes of the meeting.	
6.4	<u>NHS Fife Water Safety Management Group</u> Nothing to highlight - Members noted the notes of the meeting.	
6.5	<u>NHS Fife HAI Education and Training Group</u> Education Strategy document currently out with group for final review. Members noted the notes of the meeting.	
6.6	<u>NHS Fife CJD Sub Group</u> Nothing to highlight- Members noted the notes of the meeting.	
6.7	<u>Quality Reports</u> Reports are for noting only	
7	ANY OTHER BUSINESS AF updated that NHS Fife have now employed 2 painters and a 3 rd is starting in January. He advised that if any painting works are required just to raise a work order on MICAD and it will be added to the list for the painters. ED updated that there has been an issue with wards displaying their data from the dashboard and it is a requirement to have this data on show. There has been an email out to ward to remind them of this requirement and a help sheet of how to get this information from the dashboard in case they need assistance. JC brought the groups attention to the Waste SBAR within the agenda and updated that the new contractors TradeBe should be in place for 13 th January 2020. There will be new waste and sharps posters circulated and contact numbers. AF updated that there will be a Waste Manager Vacancy coming out in the near future. HB suggested we look at the 14 recommendations Glasgow received from inspection and work with IPC to work through them and make sure we are complying with these recommendations. Once looked at they can be brought back to ICC and discussed as a 6 month review would do no harm. Members noted updates.	
8	DATE OF NEXT MEETING The next meeting of the Committee will be held on 5 th February 2019 in Training Room 1, Dining Room, Victoria Hospital, Kirkcaldy.	

Fife NHS Board

**UNCONFIRMED MINUTE OF THE INFORMATION GOVERNANCE & SECURITY GROUP
MEETING HELD ON TUESDAY 12TH NOVEMBER 2019, TRAINING ROOM 1, VHK**

Present:

Carol Potter	Director of Finance / SIRO (Chair)
Lesly Donovan	General Manager - eHealth & IMT
Dr Helen Hellewell	Associate Medical Director (<i>also for J Kelly</i>)
Avril Sweeney	Risk Compliance Manager (<i>for Lesley Gauld</i>)
Gillian MacIntosh	Head of Corporate Governance
Dr Chris McKenna	Medical Director and Caldicott Guardian
John Davies	Cyber Security Manager (<i>for Allan Young</i>)
Amy McCulloch	Health Records Supervisor (<i>for Gail Watt</i>)
Amanda Wood	Assistant Research and Development Director
Margaret Guthrie	Information Governance and Security Manager

In Attendance:

Andy Brown	Principal Auditor
Michelle Campbell	Information Governance & Security Advisor
Yvonne Chapman	Risk Management Co-ordinator
Carol-Anne Rougvie	Programme Support Officer (<i>Minute</i>)
Garry Taylor	Information Security Manager

Apologies:

Bruce Anderson	Head of Partnership
Heather Fernie	Business Manager, H&SC Partnership
Susan Fraser	Head of Planning and Strategic Partnerships
Lizzie Gray	Patient Relations Officer (<i>for Donna Hughes</i>)
Kirsty MacGregor	Head of Communications
Brian McKenna	HR Manager (<i>for B Nelson</i>)
Kathleen Norris	Radiology IM&T Systems Manager
Janette Owens	Associate Director of Nursing (<i>for Helen Wright</i>)
Andrew Rattrie	Laboratory IT Administrator (<i>for Stephen McGlashan</i>)
Ellen Ryabov	Chief Operating Officer
Michelle Smith	Medical Records Manager, Mental Health Service
Torfinn Thorbjornsen	Information Services Manager
Karen Welsh	Fife Council Representative

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

C Potter opened the meeting by welcoming everyone in the room and a round of introductions followed.

2. APOLOGIES FOR ABSENCE

Apologies were noted as above.

3. MINUTES OF PREVIOUS MEETING HELD ON 29/08/19

The previous minutes were reviewed and it was noted that Kirsty McGregor, Head of Communications was not present at the previous meeting and Gillian MacIntosh's name was spelled incorrectly. These would be corrected and the minutes were otherwise accepted as accurate.

4. ACTION LIST

The Action Log was discussed and updated accordingly.

5. INFORMATION GOVERNANCE & SECURITY PLAN UPDATE

M Guthrie informed the group this had fallen behind schedule due to a change in team circumstances, however delivery was expected with the new resource.

6. IG TRAINING UPDATE

Due to apologies, B Anderson was not present to provide an update and M Guthrie had been unable to speak with him before the meeting. An update would be provided at the next meeting.

M Guthrie advised the team has begun contacting all new colleagues to complete IG training, however there was still a gap for existing staff. L Donovan pointed out that the compliance was on an upward trajectory with a current completion rate of 83%.

Discussion took place regarding the possibility of making IG training compulsory. It was accepted that IG is the responsibility of all staff and poses a potential risk, however all training across the organisation could be argued as compulsory. Various other alternatives were discussed such as a prompt for new colleagues when logging in, however this was considered unsuitable, as a payroll number is needed to create a Learnpro account. As a solution to this, it was suggested there could be a time limit for IG training where a new colleague's account access would expire within 31 days if the training had not been completed.

C Potter confirmed the responsibility for IG training completion remains with the individual and their manager.

7. INFORMATION REQUESTS

7.1 – FOI Figures – NHS Fife & H&SCP

G MacIntosh advised the paper addressed a request from the last report and a more full report would be produced in January.

Discussion took place regarding services delivered in partnership and it was acknowledged more clarity was needed on where requests should be addressed and the process better documented.

A Brown questioned if a surge in requests was expected with the upcoming election. M Guthrie confirmed this was something the team were currently working on.

C Potter acknowledged the work undertaken by the IG&S Team in relation to FOI requests, involving a lot of backlog, pressure and inconsistencies and noted the expertise, the past week in particular, had been a real benefit to the organisation.

8. DATA PROTECTION UPDATE(S)

8.1 – DPIA / ISA / Caldicott Register

M Guthrie presented the paper and asked for any comments. A Brown noted volume outstanding on compliance rates should be included in report, plus pending and total. L Donovan informed the Group that this would not be feasible to introduce as the Information Asset Register was not yet complete and some systems were no longer in use.

L Donovan informed the Group that the IG&S team had been doing a good job in getting these completed and commented that NHS Fife were the only Health Board not moving to procurement until the DPIA was complete and that therefore the risk to NHS Fife was lowered.

8.2 – GP Data Protection Update

M Campbell advised the Group that the GP Update paper had been brought to the group for transparency and information only, as this was a new undertaking for NHS Fife.

It was highlighted that where GP Practices use the same system, they have been able to share the DPIA.

The Memorandum of Understanding (MoU) had been approved in principle by the GP Sub Committee, pending clarity on approval to use Datix.

C McKenna and H Hellewell were asked for their support going forward.

The group were asked if it would be beneficial to keep this as a standing agenda item or only provide updates when necessary. It was agreed as this is now BAU, only updates and escalations would be brought to the group.

M Campbell agreed to send to C McKenna some possible concerns that GPs may Raise, ahead of the upcoming GP Sub Committee.

MC

M Campbell highlighted to the Group that the work undertaken by the Risk Management team in configuring Datix for GP use had been of benefit when out visiting Practices.

8.3 – Reported Breaches

M Campbell presented the paper for information and advised that a copy of the breach spreadsheet had been captured on the SBAR following feedback at the previous meeting. A Brown questioned if the two incidents not notified within 72 hours had been notified eventually. M Campbell confirmed they had been reported to the competent authority as soon as the IG&S Team were made aware.

9. INFORMATION POLICIES UPDATE

G Taylor advised due to BAU work, he had been unable to complete one a week as previously expected.

The policies already reviewed had been submitted to a number of groups, with one returned from the General Policy Group with comments. A Brown requested if the percentage and lapsed could be included.

Discussion took place regarding implementing a system for automated reminders. It was noted that different areas had been looking into this, however the aspiration would be one system for all.

10. INFORMATION AND SECURITY RISKS / INCIDENTS

10.1 – Information Governance Incidents

The paper was presented for information only, providing an overview of incidents over the last quarter. Only one major incident was recorded for the quarter.

10.2 – Information Security Incidents

An incident was discussed where a patient had been able to access an unauthorised site, when using the computer unsupervised. The Cyber Security team had removed the computer until further notice.

10.3 – Information Governance & Security Risks

G Taylor presented the paper for information only and advised it was the responsibility of the risk owners to reduce the target level.

It was discussed that many of the mitigating actions relate to additional resource, both staffing and financial and it needed to be acknowledged that although resource may be strained it is not always available as a solution, therefore some of the actions would need reviewed.

A Brown suggested including the time expected to achieve the target level using existing resources.

11. SUBJECT ACCESS REQUESTS

M Guthrie advised the compliance rate for Subject Access Requests had been brought up to 98.77%

No comments were raised by the group.

12. APPROVALS

12.1 - Policies for Approval

Four policies were brought to the group for approval and comment before submitting to the General Policy Group.

A Brown advised on each policy, under the Risk Management section; the line '*except as required by an employee's job responsibilities is expressly forbidden*' should be removed from all.

12.1a – GP/B2 IT Remote Access Policy

GP/B2 IT Remote Access Policy **approved**.

12.1b – GP/C10 Clear Screen Clear Desk Policy

Discussion took place regarding how the Clear Screen Clear Desk Policy could be enforced as it was suggested it was unrealistic to fully comply with this policy. M Guthrie advised communications explaining implications of non-compliance were needed as the organisation is not as robust as it should be with regards to this policy.

CP questioned if the policy needs to be updated as the description of papers was vague and did not specify confidential papers. It was confirmed the reason for this was that the classification of confidential information was open to interpretation.

GP/C10 Clear Screen Clear Desk Policy **approved**.

12.1c – GP/D6 Data Encryption Policy

The responsibility of the NHS Fife Chief Executive for this policy was questioned compared with the other policies. It was confirmed the Chief Executive was the responsible officer for Cyber Essentials, therefore was responsible for the policy. G Taylor would update the policy to reflect this.

GP/D6 Data Encryption Policy **approved**.

12.1d – GP/E7 Non NHS Fife Equipment Policy

GP/E7 Non NHS Fife Equipment Policy **approved**.

Action – Amendments requested to the 4 policies presented to be made to all policies.

GT

12.2 – Draft IG&S Group Workplan

The group were asked to approve the draft Workplan following amendments to the meeting dates.

Action - A Brown to send M Guthrie Workplan amendments and update for next meeting.

AB

13. UPDATES FROM OTHER MEETINGS

13.1 – IG Compliance Working Group

M Campbell explained the paper had been submitted for information and as the ToR for the IG Compliance Working Group had been approved by the Information Governance & Security Group prior to C Potter's position as Chair, M Campbell would send a copy to C Potter.

Action - M Campbell to send copy of IG Compliance Working Group ToR to C Potter.

MC

14. AOCB

G Taylor informed the group a new secure file transfer system had been introduced to replace the existing one. The new service would not require an NHS Mail account to request or receive files.

Action - G Taylor to circulate the process guide for the system.

GT

15. DATE OF NEXT MEETING:

The next meeting would be held on 16th January 2020, 10am at Staff Club, VHK



UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD ON FRIDAY 25 OCTOBER 2019 AT 10.00 AM IN CONFERENCE ROOMS 2&3, GROUND FLOOR, FIFE HOUSE, NORTH STREET, GLENROTHES, KY7 5LT

Present	Councillor Rosemary Liewald (Chair) Christina Cooper (Vice Chair) Fife Council, Councillors - Tim Brett, David Graham, Fiona Grant, David J Ross, Tony Miklinski and Jan Wincott - Fife Council NHS Fife, Non-Executive Members – Dr Les Bisset, Margaret Wells, Martin Black, Eugene Clarke Chris McKenna, Medical Director, NHS Fife Helen Buchanan, Nurse Director, NHS Fife Wilma Brown, Employee Director, NHS Fife Debbie Thompson, Joint TU Secretary Ian Dall, Chair of Public Engagement Network Kenny Murphy, Third Sector Representative Morna Fleming, Carer Representative Paul Dundas, Independent Sector Representative
Professional Advisers	Nicky Connor, Interim Director of Health and Social Care/Chief Officer Audrey Valente, Chief Finance Officer Kathy Henwood, Chief Social Work Officer, Fife Council Lynn Barker, Associate Nurse Director
Attending	Paul Hawkins, Chief Executive, NHS Fife Steve Grimmond, Chief Executive, Fife Council David Heaney, Divisional General Manager (East) Julie Paterson, Divisional General Manager (Fife Wide) Dona Milne, Director of Public Health Helen Hellewell, Associate Medical Director, NHS Fife Scott Garden, Director of Pharmacy & Medicine, NHS Fife Norma Aitken, Head of Corporate Services Wendy Anderson (Minute)

NO	HEADING		ACTION
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1	PERSON STORY		
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The Chair introduced Belinda Morgan, Gavin Smith and Gareth Allenby who gave a presentation on the Homeless Intervention Project. This detailed how this collaborative project with Shelter worked and the benefits this offered to people.

Questions followed the presentation on funding, cost benefits and the use of lived experience to shape how the project works.

The Board thanked staff for their informative presentation.

2 CHAIR'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Health & Social Care Partnership (H&SCP) Integration Joint Board (IJB).

The Chair advised that Nicky Connor had been successful in being appointed to the permanent role of Director of Health and Social Care and the Board joined the Chair in congratulating Nicky in her appointment.

The Chair advised that Councillor Tony Miklinski is attending his final meeting as an IJB member and is being replaced by Councillor Dave Dempsey. The Chair thanked Tony for his contribution to the partnership since becoming an IJB member in May 2018.

On Friday 20 September 2019 over 100 people attended the 2019 NHS Fife Achievement Awards, held in partnership with UNISON Fife Health Branch and the Royal College of Nursing, at the Bay Hotel in Kinghorn. The Chair passed on the congratulations of the Board to the following:-

Volunteer Award: David Jack (Volunteer – Ward 6, Queen Margaret Hospital)

Support Services Award: Louise Berry (Orthotics Administrator)

Allied Health Professional Award: Karen Mellon (Highly Specialist Podiatrist)

Nursing & Midwifery Award: Evie Maxwell (Team Leader)

Primary Care Award: Dr Gerald Burnett (GP)

Doctor Award: Dr Kim Steel (Consultant in Palliative Medicine)

Top Team Award: Levendale Team, Lynebank Hospital

Outstanding Member of Staff Award: Fiona Allan (Senior Clinical Pharmacist)

Before formally commencing proceedings, the Chair made a short statement to remind members that a deputation was attending the meeting from St Andrews on the reform of urgent care services which is part of the agenda. This will be conducted under the terms of the Standing Orders which were read out to the Board.

The Chair advised members that a recording pen was in use at the meeting to assist with Minute taking.

DELEGATION FROM ST ANDREWS – OUT OF HOURS

The Chair invited Peter Lomas, Angela Anderson and Penelope Fraser to commence their presentation.

Peter and Angela talked to the presentation. Papers from the delegation were circulated to IJB members at the start of the meeting.

Rosemary Liewald thanked the delegation for their presentation and opened the discussion to Board members who wished to ask questions.

Nicky Connor confirmed that there was an update on Out of Hours on the agenda and a meeting will be held with the St Andrews Group next week.

NO	HEADING	ACTION
2	<p>CHAIR'S WELCOME AND OPENING REMARKS (CONT)</p> <p>DELEGATION FROM ST ANDREWS (Cont)</p> <p>Margaret Wells advised she recognised that there were issues in GP recruitment across Scotland, not just in North East Fife.</p> <p>Martin Black requested that services provided were equal across Fife.</p> <p>Nicky Connor confirmed that the partnership is committed to ongoing discussion and engagement with communities throughout Fife.</p>	
3	<p>CHIEF OFFICER'S REPORT</p> <p>The Chair handed over to Nicky Connor for her Chief Officer's report.</p> <p>Nicky welcomed the opportunity to share with the Board how delighted she was to have been appointed substantively to the Board as Chief Officer. Having worked within Health and Social Care in Fife since the beginning she has seen first-hand the excellent care that is delivered by exceptional staff every day across health and social care in Fife.</p> <p>With the recent launch of Fife Health and Social Care Strategic Plan there are clear priorities and direction that will shape how we will continue to transform services and care we deliver for and with the people of Fife. This needs to be delivered within a very challenging financial context as we strive to manage resources effectively while delivering quality outcomes.</p> <p>As Chief Officer Nicky looks forward to progressing the strategic role she carries within the Board and also delivering her operational responsibilities working closely with partners in NHS Fife and Fife Council.</p> <p>Meetings with several board members have already taken place and these will continue over the coming months.</p> <p>Development Sessions in November will support development as a Board exploring important issues that were agreed at the September IJB in relation to medium term financial strategy, Governance and the Ministerial Steering Group Action Plan.</p> <p>There are a couple of important priorities in the coming months which include implementing Phase 1 of the Out of Hours Urgent Care Review and readiness for winter which will be detailed in the main agenda.</p>	
4	<p>DECLARATION OF MEMBERS' INTERESTS</p> <p>Nil.</p>	

NO	HEADING	ACTION
5	APOLOGIES FOR ABSENCE	
	Apologies had been received from David Alexander, Claire Dobson, Fiona McKay, Katherine Paramore and Carolyn McDonald.	
6	DELEGATION FROM ST ANDREWS	
	This item was covered earlier in the meeting.	
7	MINUTE OF PREVIOUS MEETINGS	
	Tim Brett raised two items within the 6 September 2019 Minute. Under 7.1 Eugene Clarke had asked about the risk share arrangement – this was part of the Ministerial Action Plan and will be discussed as part of the Development Session on 29 November 2019.	
	Item 8.1 – Mental Health Strategy (Progress Update) Tim Brett asked re the reference to the Transformation Board which was mentioned in this item. Nicky Connor confirmed that this Board is being developed and an update will be provided through the Clinical and Care Governance Committee.	
	The Minute of the meetings held on 6 and 24 September 2019 were agreed as accurate records.	
8	MATTERS ARISING	
	The Action Notes from the meetings held on 6 and 24 September 2019 were agreed as accurate. All actions are on track.	
9	PERFORMANCE	
	9.1 Performance Report	
	Nicky Connor introduced the report then invited Alan Adamson to present this report which was for information.	
	Alan advised that a Finance & Performance Development Session had taken place on Friday 18 October 2019 on the Revised Performance Framework. The updated format for the Performance Report will be taken to the Finance & Performance Committee on 7 November 2019 and then brought to the next IJB meeting.	
	An update was provided on delayed discharges and the new START posts which had been filled.	
	David Ross enquired if the new START employees would help to reduce the current wait for access to START.	

9 PERFORMANCE (CONT)

9.1 Performance Report (Cont)

Alan Adamson advised that there have been capacity issues and these are being addressed with both internal and external care providers to help manage demand. David Heaney advised that weekly meetings are held to review demand levels and support, identify pressure points and overcome capacity challenges.

Paul Dundas advised that an event has been organised for 26 November 2019 which will involve the commissioning team and Scottish Care and will look at these challenges. This will support the development of the Commissioning Plan.

Tony Miklinski raised the issue of an acute hospital stay being the most expensive option for patients and asked what the issues were that caused delay. David Heaney explained that there are always issues to balance around increased demand, the supply of internal and external care providers and working within budgets. Weekly meetings are held to discuss this.

Tony Miklinski queried the position in regards to choice of care homes for those who need them; was more than one choice made or not and did this cause delays in the system. Julie Paterson advised that individuals and families were asked to choose three care home options.

After discussion the Chair advised that this priority required further debate. A number of questions were raised in respect of people delayed in hospital. Nicky Connor advised that supporting timely discharge from hospital is a priority. There is significant work ongoing and improvement work planned. A further report on delayed discharges will be brought to the Clinical and Care Governance Committee to enable a full discussion and thereafter brought to a future IJB meeting.

NC

Discussion also took place around levels of staff absence, the reasons for these and the actions which were being taken to mitigate the levels. Margaret Wells queried the rise in absence rates. David Heaney advised that in Home Care absence is historically higher than in other areas due to a variety of reasons including the age profile of the workforce, and the nature of the work. The Service continues to work in partnership with Human Resources and the Trade Unions to reduce absence and support staff, and members were advised of the significant improvements achieved in reducing home care absence over the past two years.

10 STRATEGY

10.1 Out of Hours Urgent Care Review – Implementation Update

Nicky Connor welcomed Lisa Cooper, Clinical Services Manager and Roz Barclay, Change & Improvement Manager to support discussion on this item.

At its meeting on 21 June 2019 the IJB approved the Out of Hours Urgent Care revised proposal which included the transport arrangements, implementation of the revised delivery model and plans for ongoing communication and engagement with staff, patients and communities in Fife.

The Transport Procedure has been finalised, implementation of Phase 1 begins on Monday 4 November 2019 and will be taken forward in conjunction with clinical staff. Communications and engagement are both ongoing.

The multi-disciplinary team of staff involved with Out of Hours are working on enhancing their skills which will ensure the sustainability of the new Out of Hours proposal going forward.

Martin Black enquired whether students at Fife College had been considered during this process. It was confirmed that Fife College students were involved during the consultation process.

Tim Brett asked about staff rotas which are in place for the start of Phase 1 and if there is a process in place for redirection of patients. Nicky Connor confirmed she has been given assurance that rotas are being filled and will be reviewed regularly. Colleagues in the service already support redirection of patients and this will be enhanced during Phase 1.

Margaret Wells asked if the service being introduced was considered clinically safe, equitable and sustainable. Confirmation was given by the Medical and Nurse Directors of NHS Fife and the Associate Medical Director from the Partnership that this was correct.

The Board noted the progress to support implementation.

10.2 H&SC Scotland – Chief Officers Statement of Intent

Nicky Connor introduced the Chief Officers National Statement of Intent. This outlines the priorities for Health and Social Care Scotland and will guide collaboration at a national level on 5 key themes between 2019 and 2021. This is supported by the launch of a national Health and Social Care website. The animation which explains the narrative was viewed by the Board.

The Board noted the Statement of Intent and launch of the Health and Social Care Scotland website.

10 STRATEGY

10.3 Winter Plan 2019-2020 & Lessons from Last Winter

Nicky Connor advised that this report had been fully scrutinised and discussed at the recent Finance & Performance and Clinical & Care Governance Committees and welcomed Belinda Morgan to support discussion on this item.

The report outlined the top five planning priorities for Social Care and Health. The Winter Plan requires to be approved by the NHS Fife Board and then submitted to Scottish Government.

Nicky Connor presented the key lessons that had been learned from last winter, describing how they had informed this year's Plan. The IJB were also provided with the Draft Winter Plan for 2019/20 including key deliverables, planning priorities, winter planning processes, including escalation, financial planning and performance monitoring.

Discussion took place around the financial plans to support the Winter Plan. Audrey Valente confirmed these were reported and would be reviewed regularly.

David Ross enquired about infection control in Care Homes and how they were managed to lessen the impact on hospital admissions. Helen Buchanan confirmed that work is ongoing across NHS Fife and within Public Health to support Care Homes during the winter period. She also outlined the rapid testing which NHS Fife has established which could allow early detection of illnesses such as flu.

Wilma Brown raised concern regarding the staff plan. Nicky Connor confirmed this will remain under review.

The Board noted the lessons learned from last winter and the Winter Plan 2019/20.

11 MINUTES FROM OTHER COMMITTEES AND ITEMS FOR ESCALATION

11.1 Audit & Risk Committee (Unconfirmed Minute from 20 September 2019)

The Chair asked Eugene Clarke to highlight any items for escalation to the IJB.

Eugene has four items he wished to escalate.

- i. Risk No 24 of the Risk Register "Governance" which has been raised from medium (3) to high (4).
- ii. Risk Appetite – the Board should consider a series of workshops to consider this item. The Audit and Risk Committee will be undertaking a piece of work around the Risk Appetite and will bring this to a future IJB meeting.

NO	HEADING	ACTION
11	MINUTES FROM OTHER COMMITTEES AND ITEMS FOR ESCALATION (Cont)	
	11.1 Audit & Risk Committee (Unconfirmed Minute from 20 September 2019)	
	iii Consultants Report – the Committee have concerns about not having been kept informed on this. Nicky Connor assurance that this was monitored through the Finance and Performance Committee and an update would come to the next Audit and Risk Committee.	
	iv Changes to Meeting Schedules – Norma Aitken had produced a report on this. Audit and Risk Committee recommend that governance committee Terms of Reference be updated to ensure any potential change of meeting date by discussed with Norma before being implemented.	
	11.2 Clinical & Care Governance Committee (Confirmed Minutes from 9 August 2019)	
	The Chair asked Tim Brett to highlight any items for escalation to the IJB. Tim had two items he wished to raise.	
	i. A Clinical Quality Report is now brought to Clinical and Care Governance Committee which is very informative. ii. The Mental Health Strategy was enthusiastically supported by the Committee and it is noted this is being considered through the Transformation Board.	
	11.3 Finance & Performance Committee (Unconfirmed Minute from 17 September 2019)	
	The Chair asked David Graham to highlight any items for escalation to the Integration Joint Board.	
	David wished to raise four items with the Board.	
	i. The effective financial management Action Plan will be shared at the next Finance and Performance Committee meeting and will allow fuller discussion. ii. The Committee will be looking at the complaints reporting mechanism. iii. Review financial projections for inclusion in the Winter Plan Report. iv. A Development Session was held on 18 October 2019 to discuss the Performance Framework.	

NO	HEADING	ACTION
11.4	Local Partnership Forum (Unconfirmed Minute from 4 September 2019)	
	No items were raised and no questions were asked.	
12	AOCB	
	Nothing raised.	
13	DATES OF FUTURE MEETINGS	
	IJB DEVELOPMENT SESSION - Wednesday 13 November 2019 – 10.00 am – Training Room, Fife Voluntary Action, Caledonia House, Pentland Park, Glenrothes, Fife, KY6 2AL	
	IJB DEVELOPMENT SESSION – Friday 29 November 2019 – 2.00 pm – Training Room, Fife Voluntary Action, Caledonia House, Pentland Park, Glenrothes, Fife, KY6 2AL	
	INTEGRATION JOINT BOARD - Friday 6 December 2019 – 10.00 am - Conference Rooms 2/3, Ground Floor, Fife House, North Street, Glenrothes, Fife, KY7 5LT	

NHS Fife Clinical Governance Committee
16 January 2020

Agenda item no

Title of Group/Sub-committee	Public Health Assurance Committee
Date of Group/Sub-committee Meeting:	10 December 2019
Release: draft/final minutes	Draft
Author/Accountable Person:	Dona Milne

Summarise the items of significance from the minutes and the important points you want to raise to the attention of the committee?

- Diagram of assurance updated to clarify existing governance arrangements, attached to minute of the meeting, but no change to remit of the committee

What are the concerns/issues/risks you want to bring to the attention of the committee?

Nothing at this point.

Linked committee cover template	Version: 8	Date:
Author: Clinical Governance	Page 1 of 1	Review Date: May 2020

Fife NHS Board

NOTES OF THE PUBLIC HEALTH ASSURANCE COMMITTEE MEETING HELD ON TUESDAY 10 DECEMBER AT 10AM IN THE GARDEN ROOM, WARD 7, CAMERON HOSPITAL

Present:	Dona Milne, (DM) (Chair) George Brown (GB) Cathy Cooke (CCo) Josie Murray (JM) Emma O'Keefe (EOK)	Director of Public Health Emergency Planning Officer Public Health Scientist Consultant in Public Health Consultant in Dental Public Health
Apologies:	Lynn Barker Lynn Burnett Helen Close Esther Curnock Chris McGuigan	Associate Director of Nursing Health Protection Nurse Specialist Lead Pharmacist Consultant in Public Health Consultant in Public Health
In attendance:	Cheryl Clifford (CCI) (notes)	Public Health Office Manager

PUBLIC HEALTH ASSURANCE

1. Welcome and apologies

DM welcomed everyone to the meeting, apologies were noted above.

2. Minute of the meeting held on 31 July 2019

DM noted that one change is required to the previous minute. The plan referred to on page 5 should be the Major Incident Plan and not the Public Health Incident Plan. Apart from the above change the notes were agreed as an accurate record of the meeting.

3. Matters Arising

Remote working capacity – CC confirmed that everyone who has a laptop has successfully logged on at home and been able to access all folders and HP Zone if required.

RISK MANAGEMENT

4. Revised Public Health Assurance role and remit

This paper was originally drafted in February 2018 by Dr Margaret Hannah, the previous Director of Public Health and Mr Michael Kellet, the previous Director for Health and Social Care. Discussion followed

where it was agreed an invitation should be extended to relevant colleagues within the Acute division to attend the meeting. DM will discuss with Dr Rob Cargill, Associate Medical Director. A discussion took place on the diagram included in the SBAR; DM reported a more up to date version of the diagram was available. EOK asked for the Dental Quality Assurance Committee (DQAC) group to be added. DM agreed to update the diagram and circulate. A short discussion followed on the screening report drafted by Katie Dee, Consultant in Public Health who was on secondment in Fife in 2017. EOK agreed to contact Ms Dee and ask for a copy of the report.

DM

DM/CCI

EOK

5. Identified near misses, critical incidents

CCo reported on a Problem Assessment Group teleconference being held in the afternoon to discuss the possibility that pregnancy screening repeat samples are not being followed up. CCo thinks Fife may have one possible case but due to the location the delivery might have been planned for another Board area.

6. New prospective risks

Pregnancy and Newborn Screening – this was discussed at the last meeting, CCo updated the meeting and reported there is a national shortage of sonographers and the risk has been added to the Operational Risk Register and is owned by Gemma Couser, Service Manager for women and children. The shortage is currently being managed by radiographers and locums. CCo said the system was not as robust as it should be but a lot of work is being undertaken by e-health, working with midwives to ensure information entered onto Badgernet is being entered in the same way by all everyone. CCo also informed the group a report is due to be drafted by the end of the year on KPI's. CCo to follow up on the deadline.

CCo

Screening Incident Log – a decision was taken by the various screening committees to draft an incident log. The log was circulated prior to the meeting and JM asked for any comments to be sent directly to her. A short discussion followed where it was agreed further discussion will take place at the next meeting.

ALL

7. Review of current risks on Public Health Register

518 Resilience - GB confirmed he had not updated the risk as he thought Neil Hamlet was planning to update. Discussion followed where it was agreed to change the wording on the e-mail circulated prior to each meeting so that all risks are updated by the risk handler 2 weeks before the meeting.

CCI

528 Influenza Pandemic – both Lynn Burnett and Esther Curnock were unable to attend the meeting but DM will discuss with Esther Curnock. A short discussion followed on where this risk should sit and if this should be a national risk rather than local.

DM/EC

1457 Occupational Health Clearance – an update will be given at the next meeting.

DM informed the meeting that any new risks identified between meetings can be added to the risk register following discussion with the DPH or DDPH. The group should then be notified by e-mail. DM agreed to discuss further with Esther Curnock.

GB
DM

HPV report

8.

The group were asked to note the recommendations in the report. DM asked if Gemma Couser and Dr Rob Cargill were aware of the potential risk. JM agreed to follow up with Gemma Couser and Dr Cargill.

JM

Changes to risks within screening in Fife SBAR

9.

A discussion was held where it was agreed the risks identified in this paper will be added to Datix.

JM/CCo

10. Any issues to escalate to Clinical Governance

There were no issues to escalate to Clinical Governance.

11. AOCB

EOK agreed to contact Morwenna Wood regarding Greatix.

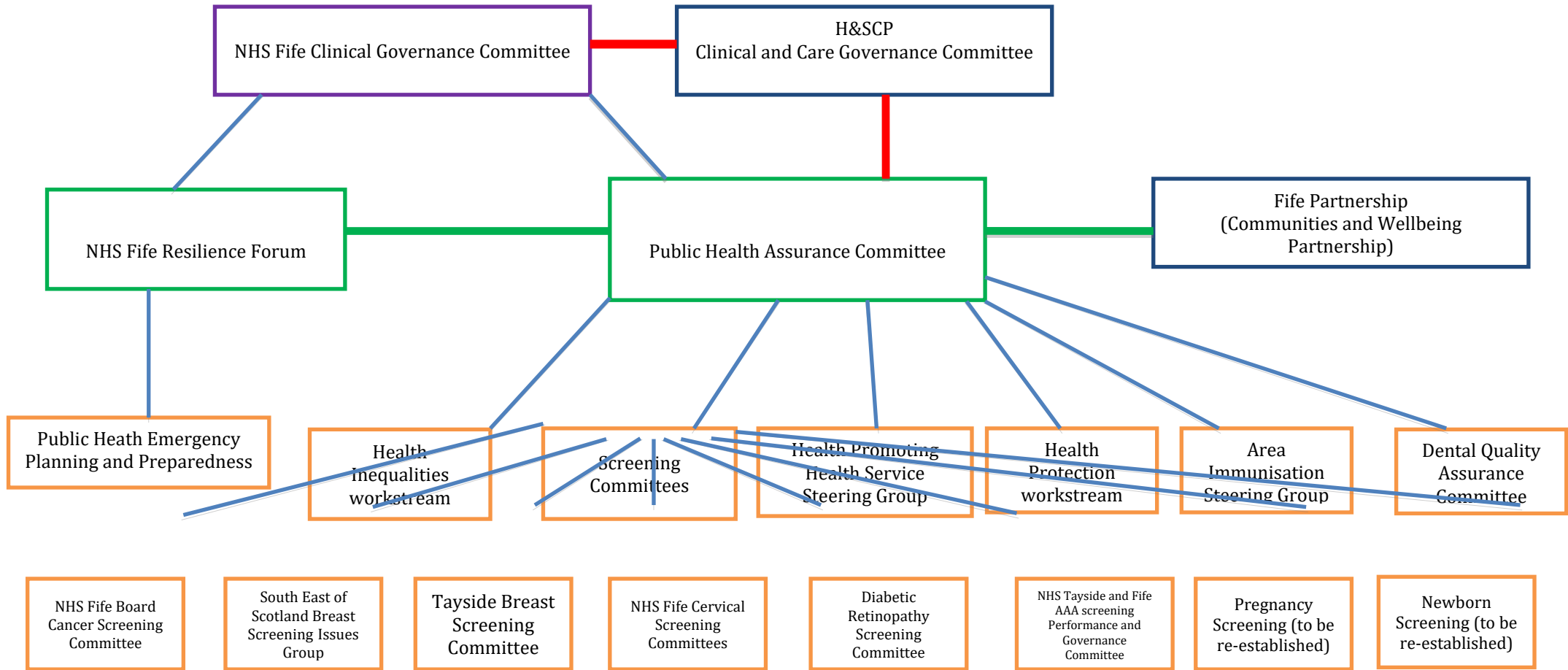
EOK

12. Date of next meeting

The next meeting will take place on Thursday 27th February at 11am in meeting room 1, Cameron House

Governance Structure for NHS Fife's Public Health Direct Responsibilities

Executive Directors Group



Blue line = direct report
 Red line = cross assurance
 Green line = for information

Agenda item no

Title of Group/Sub-committee	NHS Fife Resilience Forum
Date of Group/Sub-committee Meeting:	13 December 2019
Release: draft/final minutes	
Author/Accountable Person:	Dona Milne, Director of Public Health

Summarise the items of significance from the minutes and the important points you want to raise to the attention of the committee?

1. Major Incident Plan finalised following completion of a second workshop scenario involving a major incident. This was extremely well attended.
2. Festive resilience arrangements considered and communicated widely.

What are the concerns/issues/risks you want to bring to the attention of the committee?

None at present.

Linked committee cover template	Version: 8	Date:
Author: Clinical Governance	Page 1 of 1	Review Date: May 2020

**MINUTES OF THE MEETING OF THE NHS FIFE RESILIENCE FORUM HELD ON
13 DECEMBER 2019 AT 10AM IN MEETING ROOM 1, CAMERON HOUSE**

Present:

Dona Milne (DM)	Director of Public Health, NHS Fife (Chair)
George Brown (GB)	Emergency Planning Officer, NHS Fife
Lesly Donovan (LD)	General Manager eHealth & IM&T, NHS Fife
Andy Fairgrieve (AF)	Director of Estates, Facilities and Capital Services, NHS Fife
John Fairweather (JF)	Regional Resilience Advisor, Scottish Ambulance Service
Joyce Kelly (JK)	Primary Care Manager, NHS Fife
Andy Mackay (AM)	Deputy Chief Operating Officer, NHS Fife
Jimmy Ramsay (JR)	Estates Compliance Manager, NHS Fife
Euan Reid (ER)	Pharmacist, NHS Fife (for Scott Garden)

In Attendance:

Shona Lumsden (SL)	Personal Secretary, Dept of Public Health
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ACTION**1. WELCOME & INTRODUCTIONS**

DM welcomed everyone to the meeting. Round the table introductions followed.

2. APOLOGIES

Apologies were received from Paul Bishop, Wilma Brown, Hazel Close, Maggie Currer, Susan Fraser, Scott Garden, Neil Hamlet, Chris McKenna, Kirsty Macgregor, Barbara Anne Nelson, Ian Orr, Carrie Somerville and Avril Sweeney.

3. MINUTES OF PREVIOUS MEETING HELD ON 19 SEPTEMBER 2019

The minutes of the previous meeting were accepted as an accurate record.

4. MATTERS ARISING4.1 • Business Continuity Plans

DM advised that effective September 2020, a formal report will come to the Resilience Forum confirming that all business continuity plans have been reviewed and are up to date. Ian Orr will establish the process for this.

• Contacts List

An update to be provided at the next meeting.

IO4.2 Feedback from Brexit Assurance Group and general updates

DM reported that no updates have been requested by Scottish Government since October.

5. Major Incident Plan – Exercise ‘Caledonian’5.1 Feedback

It was noted there was a good attendance at the workshop with some positive feedback received.

UNCONFIRMED

ACTION

AM recommended that we aim to organise an exercise to test the Hospital Control Room.

It was noted that the Scottish Ambulance Resilience Advisor was not contacted in relation to attendance at the recent workshop. It was agreed we should be mindful of this for future exercises.

A copy of the HALO Action card to be shared with the group.

JF/SL

A current version of the draft Major Incident Plan to be circulated to the Resilience Forum for final comment prior to the plan being uploaded on to the intranet.

5.2 Actions

Discussion ensued around the feedback sheet circulated with the meeting papers. It was agreed that the feedback should be summarised into themes and the actions from the workshop circulated to the Resilience Forum for consideration. Meantime, George Brown and Ian Orr will take actions forward.

GB/IO

5.3 Resilience checklist

A copy of the checklist was tabled for discussion. Once complete arrangements will be made to explain to Oncall colleagues how this document will work. It was agreed this document will also form part of the induction programme for new members of staff.

5.4 Call out Exercise

Following discussion it was agreed that LD would identify an evening during week commencing 16 December to test the first tier of the call out programme. LD to inform Resilience Forum of date when known.

DM to inform EDG of the date this is planned.

A one page check list to be drawn up for switchboard to use during the exercise.

Post meeting note: This was postponed until mid January.

**LD
DM
GB/IO**

6. **Preparedness for the Festive/Public Holiday period**

DM referred to an email received from Scottish Government around resilience arrangements over the festive period.

A copy of the letter from Scottish Government on "Preparedness for the Festive/Public Holiday period" was shared with the forum and EDG members.

The letter also referenced 'Coping with Stress' leaflets, one for adults and one for children. It was agreed to edit the leaflets to incorporate a change of heading and include the NHS Fife logo. Copies of the leaflets to be uploaded on to the intranet and on public facing sites before Christmas Eve.

GB

7. **Debrief Reports**

AM agreed to seek copies of the recent debrief reports from Gemma Couser and to send to Shona to share with the forum.

DM advised that subsequent debrief reports should be brought to the Resilience Forum including any table top exercise debrief reports for noting.

Members of the forum were asked to inform GB of any table top exercises being planned.

AM

ALL

8. **WhatsApp**

A brief discussion ensued around the use of WhatsApp. LD explained that WhatsApp is not available on NHS Fife mobile phones and would therefore not be supported.

UNCONFIRMED

ACTION

9. Decontamination Tent SBAR

Discussion ensued around the SBAR submitted for comment. It was subsequently agreed to form a small group to discuss this further and to bring recommendations to a future meeting..

A copy of the Decontamination Manual algorithm to be shared with the small group.

JR/MC/
GB/JF

GB

10. Primary Care Resilience

JK reported there are currently 4 managed practices which have been made safe and secure. There are a further 11 practices which have an Amber or Red status and a further 21 practices at capacity and not accepting patients willingly.

JK explained that the HSCP have a remit to deliver the new GMS contract however the responsibility lies with the Board. Unfortunately the provision of staff who were to be brought in to assist with the new contract is taking longer to put in place than anticipated and this may have an impact on the 3 year implementation programme.

It was noted that as well as general practice, Primary Care also includes opticians, dentists and pharmacies.

It was noted that Nicky Connor, Director of Health & Social Care Partnership is taking a paper to EDG shortly outlining issues around the transformation programme.

It was also noted that Dr Helen Hellewell, Associate Medical Director, Fife HSCP is setting up a Resilience Forum.

11. Report to Clinical Governance Committee and Brexit Assurance Group

No report required to the Brexit Assurance group.

Report to Clinical Governance Committee will consist of our festive resilience arrangements as well as the recent Major Incident Plan exercise.

12. AOCB

- Scottish Government Resilience Standards – GB to write to the owner of each standard outlining what is required to be included in the next submission to which is due February 2020.
- Crisis Management Training (ScoRDS) – GB to circulate information around this training.
- AM reported that paediatric intensive care, high dependency and intensive care are under considerable pressure at the moment.
Seasonal flu – levels are currently manageable in the acute division.
- DM reported that our current staff seasonal flu vaccine uptake is expected to reach the target of 60%. Please encourage any staff not immunised to do so.

GB

GB

13. Dates of future meetings

All meetings will commence at 10am in Meeting Room 1, Cameron House

Wednesday, 15 January

Wednesday, 5 February

Wednesday, 13 May

Wednesday, 19 August

Wednesday, 18 November

DATE OF MEETING:	16 January 2020
TITLE OF REPORT:	Internal Audit Report – Follow Up of B13/18 – Fire Safety (B14/20)
EXECUTIVE LEAD:	Andrew Fairgrieve, Director of Estates, Facilities and Capital Services
REPORTING OFFICER:	Andrew Fairgrieve, Director of Estates, Facilities and Capital Services

Purpose of the Report (delete as appropriate)		
For Approval	For Discussion	For Assurance

SBAR REPORT

Situation

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

Background


The Internal Audit Annual Report (B06-20) highlighted that the findings from annual, interim and other internal audit reports are not routinely presented to the relevant standing committee(s) and as a consequence significant governance findings, which had not yet been addressed, were not identified by Standing Committees in their annual statements of assurance.

The report recommended that Internal Audit reports, including annual and interim reports, should be presented to the relevant standing committee(s) and relevant sub-committees/groups as they are published.


Assessment



The Internal Audit report for Fire Safety Follow-Up is attached for consideration by members of the Clinical Governance Committee.

The Internal Audit opinion regarding the area under review expressed in the report is as follows:

Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.
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The findings in the report were risk assessed as follows:

Risk Assessment	Definition	Total
Fundamental 	Non Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	None

Significant		Weaknesses in control or design in some areas of established controls. Requires action to avoid exposure to significant risks in achieving the objectives for area under review.	None
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	2 (Ref 1 & 2)

Recommendation

The Audit & Risk Committee monitors management action taken in response to all the audit recommendations through the audit follow-up process. In addition reports which are assessed as comprehensive or moderate assurance are to be reported to the appropriate committee for information purposes only. However:

- For all reports graded as '*No Assurance*' or '*Limited Assurance*', the Committee should consider its own assurance reporting process regarding the findings assessed as '*Fundamental*'. This would allow the Committee members to assure themselves and conclude on whether appropriate action has been taken and consider whether the related issue should be included in the Annual Statement of Assurance process at year end.

Objectives:	
Healthcare Standard(s):	The breadth of internal audit work cuts across all Healthcare Standards.
HB Strategic Objectives:	The breadth of internal audit work cuts across all of the strategic objectives within the Board's Strategic Framework.
Further Information:	
Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted prior to Meeting:	Director of Finance
Impact: (must be completed)	
Financial / Value For Money	Financial Governance is a key pillar of the annual internal audit plan and value for money is a core consideration in planning all internal audit reviews.
Risk / Legal:	The internal audit planning process which produces the annual internal audit plan takes into account inherent and control risk for all aspects of the Audit Universe. Individual internal audit assignments identify the key risks at the planning stage and our work is designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified. Legal requirements are a core consideration in planning all internal audit reviews.
Quality / Patient Care:	The Triple Aim is a core consideration in planning all internal audit reviews.
Workforce:	Management responsibilities, skill sets and structures are a core consideration in planning all internal audit reviews.
Equality:	All internal audit reviews which involve review of policies and procedures examine the way in which equality and diversity is incorporated in Board documentation. In addition, equality and diversity is

included as a specific topic within our Audit Universe.

FTF Internal Audit Service

Follow-up of B13/18 – Fire Safety Report No. B14/20

Issued To: P Hawkins, Chief Executive
C Potter, Director of Finance

A Fairgrieve, Director of Estates, Facilities and Capital Services &
Nominated Officer (Fire)

P Bishop, Head of Estates

J Ramsay, Estates Compliance Manager & Deputy Nominated Officer
(Fire)

J Millen, Learning and Development Officer

M Olsen, Interim Chief Operating Officer, Acute Services Division

N Connor, Director of Health and Social Care

N Aitken, FHSCP Head of Corporate Services

Follow-Up Co-ordinator

Staff Governance Committee

Clinical Governance Committee

Clinical and Care Governance Committee

Audit and Risk Committee

External Audit

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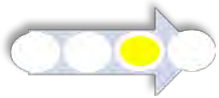
Draft Report Issued	18 October 2019
Management Responses Received	20 November 2019
Target Audit & Risk Committee Date	09 January 2020
Final Report Issued	02 December 2019

CONTEXT AND SCOPE

1. The NHS Fife Board Strategic Framework includes the objective of ensuring that *'NHS Fife's environment is clean, tidy, well maintained, **safe** and something to be proud of'*.
2. The NHS Fife Board Assurance Framework (BAF) describes the following risks which could threaten the achievement of this strategic objective – Quality and Safety – *'There is a risk that due to failure of clinical governance, performance and management systems (including information and information systems) NHS Fife maybe unable to provide safe, effective, person centred care'* and Environmental Sustainability - *'There is a risk that Environmental & Sustainability legislation is breached which impacts negatively on the safety and health of patients, staff and the public and the organisation's reputation'*.
3. The current actions recorded in the BAF to mitigate this risk include:
 - Quality and Safety
 - *'Staff Learning & Development including corporate induction and in-house core training.'*
 - Environmental Sustainability
 - *'Systems in place to comply with NHS Estates'*
4. NHS Fife's Fire Safety Policy (GP/F2) outlines the responsibilities of staff and managers for fire safety. The NHS Fife Fire Safety Procedures (GP/F2-1) also directs staff to the operational practices and systems necessary to meet the requirements of the Fire Safety Policy which are contained within.
5. Our Internal Audit Review of Fire Safety (B13/18), issued November 2018, assessed the system in place to be **Category C – Adequate** and included seven findings with an associated six priority 2 and six priority 3 recommendations. In this review we confirmed whether these recommendations had been adequately addressed and also reviewed the recently revised NHS Fife Fire Safety Procedures (GP/F2-1).
6. Staff and Patient Environment, which incorporates Fire Safety, has been identified within the strategic audit planning process as **Medium** and within the Client operational Estates and Facilities risk register as risk 1522 – Fire Safety with a rating of 10 – Moderate Risk.
7. Our audit evaluated the design and operation of the controls related to Fire Safety by specifically considering whether:
 - All recommendations included in Internal Audit Report B13/18 have been adequately addressed
 - The revised NHS Fife Fire Safety Procedures (GP/F2-1) are in line with the NHS Fife Fire Safety Policy (GP-F2) and the statutory requirements of all current Scottish government Fire safety legislation and mandatory guidance through NHS Scotland
 - The officers with responsibilities as 'Executive Service Leads (Fire)' and 'Responsible Person(s) (Fire)' clearly understand their respective roles.

AUDIT OPINION

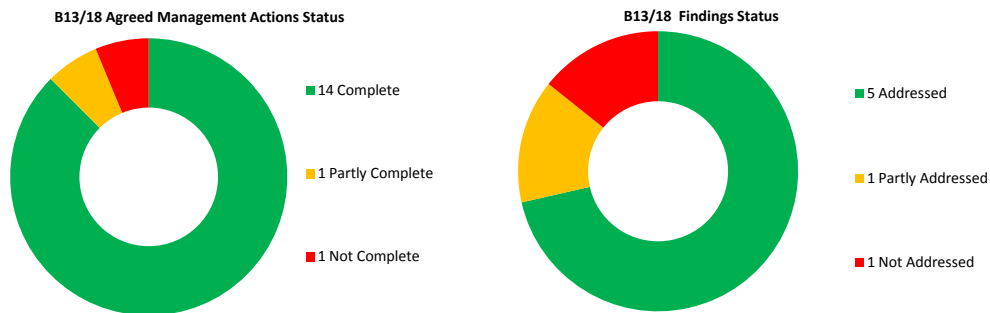
8. The Audit Opinion of the level of assurance is as follows:

Level of Assurance		System Adequacy	Controls
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

A description of all definitions of assurance and assessment of risks are given in Section 3 of this report.

FOLLOW-UP OF B13/18 – FIRE SAFETY

9. Our B13/18 – Fire Safety report included 7 findings and 12 recommendations with 16 management actions identified to address these. The graphs below illustrate the status of the agreed management actions and the findings they related to:



10. The control issues that have not yet been fully addressed both relate to the ability to readily identify areas/departments/wards or staff groups with low levels of compliance for staff attending fire safety training as the eESS system is not yet capable of producing this information (B13/18 Findings 1 and 2).

REVIEW OF DRAFT REVISED NHS FIFE FIRE SAFETY PROCEDURE (GP/F2-1)

11. We worked with the Estates Compliance Manager to revise the NHS Fife Fire Safety Procedure so that it is reflective of the mandatory requirements included at Annexe B of the NHS Scotland Fire Safety Policy [CEL 11 2011]. Following this review it became apparent that there was an element of duplication between the NHS Fife Fire Safety Policy and Procedure so further amendments have also been made to the Policy. The revised Policy and Procedure will be presented to the General Policies Group for approval.

12. The introduction of Standard Operating Procedures (SOPs) to outline process details for specific parts of the operational system for fire safety in NHS Fife is commended and we recommend that this approach be continued and further processes documented in this way (eg Fire Safety Training). This would allow the relevant sections in the NHS Fife Fire Safety Procedure to be further summarised with cross references to the relevant SOP.

NEW FIRE SAFETY ROLES

13. Following fire incidents at the main entrance area and the tower block of Victoria Hospital and it became apparent that fire safety responsibilities of staff and management during such incidents was not fully understood by staff in these areas and a processes review was undertaken by the Director of Estates, Facilities and Capital Services. This prompted an acceleration of the fire safety action plan drawn up by the Estates Compliance Manager following the transfer of responsibility for the fire safety service from Human Resources to Estates. Actions taken to date include:
- Site Co-ordinators being trained at Victoria Hospital
 - Extra awareness sessions being provided
 - Development of the escalation process including whole site fire evacuation strategy for Victoria Hospital
 - Identification of senior staff for responding to fire alarm activations at all hospital sites
 - Establishment of the Estates Fire Safety Group, with an agreed Terms of Reference and Workplan, reporting to the Health and Safety Sub-Committee
 - Annual fire safety training plan developed
 - Monthly Fire Warden fire safety training sessions provided throughout NHS Fife
 - NHS Fife Fire Safety Intranet page updated for ease of use and for the ability to book fire safety training
 - Quarterly distribution of the fire safety memo informing staff and managers of evacuation strategies, fire action notices and staff and management responsibilities for fire safety
 - Development of a robust process for managing actions from fire risk assessments
 - Review of the process for recording fire activations.
14. The internal reviews undertaken by the Director of Estates, Facilities and Capital Services and by Internal Audit identified non compliance with fire safety training, fire risk assessment actions, cooperation with fire evacuation strategies and mandatory checklists. There was recognition that a lack of clear accountability for implementation of Firecode across all departments in NHS Fife was a contributory factor. A proposal is therefore to be submitted to NHS Fife's Executive Director's Group (EDG) to revise the responsibilities for fire safety included in the NHS Fife Fire Safety Policy and Procedure to identify Executive Service Leads and Responsible person(s) for fire safety in each directorate. The proposed changes to responsibilities are also included in the revised NHS Fife Fire Safety Policy and Procedure and will be formally communicated to the relevant managers and staff following their approval.


ACTION


15. The action plan at Section 2 of this report has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

ACKNOWLEDGEMENT

16. We would like to thank all members of staff for the help and co-operation received during the course of the audit.


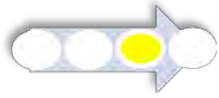
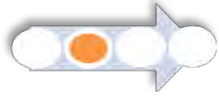

Barry Hudson BAcc CA
Regional Audit Manager

Action Point Reference 1	
Finding:	
<p>Progress has been made to record and report on attendees at Fire Safety training and this includes identifying the ward/department for attendees. The Estates Compliance Officer explained that a 'Non-Compliance' report is not available in the eESS system making it difficult to identify departments with low compliance.</p>	
Audit Recommendation:	
<p>When available the 'Non-Compliance' report from the eESS system should be used to identify areas/departments/wards with low levels of attendance at Fire Safety Training so that these areas/departments/wards can be supported to improve attendance.</p> <p>The report should be developed to confirm that all staff who require more specialist training (eg Responsible Persons, Fire Wardens) receive this type of training.</p>	
Assessment of Risk:	
<p>Merits attention</p>	 <p>There are generally areas of good practice.</p> <p>Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:	
<p>A development request for the eESS system will be submitted to the eESS National Team for it to be developed to allow non-compliance with mandatory training to be reported.</p> <p>We will continue to consult with colleagues in Learning and Development regarding the availability of this functionality in the eESS system and will implement fire safety non-compliance reporting when this is available.</p> <p>We are currently providing service manager's with lists of staff who have attended and asking them to make sure any of their staff who have not attended are booked on to training as soon as possible.</p>	
Action by:	Date of expected completion:
Development of eESS - Jackie Millen, Learning and Development Officer	31 March 2020
Liaising with Learning and Development colleagues - Jimmy Ramsay, Estates Compliance Manager	On-going

Action Point Reference 2	
Finding:	
A Standard Operating Procedure was developed for the management of Fire Alarm Activations allowing sufficient detail of this process to be recorded and referred to from the relevant section of the draft NHS Fife Fire Safety Procedure. There are further sections included in the draft Procedure that would lend themselves to this approach (eg Fire Safety Training).	
Audit Recommendation:	
Further Standard Operating Procedures should be developed for components of the operational system for fire safety in NHS Fife and the sections for these processes should be summarised in the NHS Fife Fire Safety Procedure and cross references to the appropriate SOPs added.	
Assessment of Risk:	
Merits attention	 <p>There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:	
The NHS Fife Fire Safety Procedure will be reviewed and Standard Operating Procedures will be produced for processes that would benefit from this approach.	
Action by:	Date of expected completion:
Jimmy Ramsay, Estates Compliance Manager	31 March 2020




Definition of Assurance

To assist management in assessing the overall opinion of the area under review, we have assessed the system adequacy and control application, and categorised the opinion based on the following criteria:

Level of Assurance		System Adequacy	Controls
Comprehensive Assurance		Robust framework of key controls ensure objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.
No Assurance		High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls.

Assessment of Risk

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Risk Assessment	Definition	Total
Fundamental	 Non Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	None
Significant	 Weaknesses in control or design in some areas of established controls. Requires action to avoid exposure to significant risks in achieving the objectives for area under review.	None
Merits attention	 There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	2 (Ref 1 & 2)

DATE OF MEETING:	16 January 2020
TITLE OF REPORT:	Internal Audit Report – Transport of Medicines (B21/20)
EXECUTIVE LEAD:	Scott Garden, Director of Pharmacy & Medicines
REPORTING OFFICER:	Scott Garden, Director of Pharmacy & Medicines

Purpose of the Report (delete as appropriate)		
For Approval	For Discussion	For Assurance

SBAR REPORT

Situation

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

Background


The Internal Audit Annual Report (B06-20) highlighted that the findings from annual, interim and other internal audit reports are not routinely presented to the relevant standing committee(s) and as a consequence significant governance findings, which had not yet been addressed, were not identified by Standing Committees in their annual statements of assurance.

The report recommended that Internal Audit reports, including annual and interim reports, should be presented to the relevant standing committee(s) and relevant sub-committees/groups as they are published.


Assessment



The Internal Audit report for Transport of Medicines is attached for consideration by members of the Clinical Governance Committee.

The Internal Audit opinion regarding the area under review expressed in the report is as follows:

Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.
-------------------	---	---	--

The findings in the report were risk assessed as follows:

Risk Assessment		Definition	Total
Fundamental		Non Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	None

Significant		Weaknesses in control or design in some areas of established controls. Requires action to avoid exposure to significant risks in achieving the objectives for area under review.	Four (Ref 1, 2, 3 & 4)
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	Four (Ref 5, 6, 7 & 8)

Recommendation

The Audit & Risk Committee monitors management action taken in response to all the audit recommendations through the audit follow-up process. In addition reports which are assessed as comprehensive or moderate assurance are to be reported to the appropriate committee for information purposes only. However:

- For all reports graded as '*No Assurance*' or '*Limited Assurance*', the Committee should consider its own assurance reporting process regarding the findings assessed as '*Fundamental*'. This would allow the Committee members to assure themselves and conclude on whether appropriate action has been taken and consider whether the related issue should be included in the Annual Statement of Assurance process at year end.

Objectives:	
Healthcare Standard(s):	The breadth of internal audit work cuts across all Healthcare Standards.
HB Strategic Objectives:	The breadth of internal audit work cuts across all of the strategic objectives within the Board's Strategic Framework.
Further Information:	
Evidence Base:	N/A
Glossary of Terms:	SUOMG – Safe and Secure Use of Medicines – Policy & Procedures Group ADTC – Area Drug & Therapeutics Committee SSUMPP – Safe and Secure Use of Medicines Policy and Procedures
Parties / Committees consulted prior to Meeting:	Director of Finance
Impact: (must be completed)	
Financial / Value For Money	Financial Governance is a key pillar of the annual internal audit plan and value for money is a core consideration in planning all internal audit reviews.
Risk / Legal:	The internal audit planning process which produces the annual internal audit plan takes into account inherent and control risk for all aspects of the Audit Universe. Individual internal audit assignments identify the key risks at the planning stage and our work is designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified. Legal requirements are a core consideration in planning all internal audit reviews. Medicines management has been identified within the strategic audit planning process as high risk.
Quality / Patient Care:	The Triple Aim is a core consideration in planning all internal audit reviews. There are risks of patient harm as detailed in the

	report.
Workforce:	Management responsibilities, skill sets and structures are a core consideration in planning all internal audit reviews.
Equality:	All internal audit reviews which involve review of policies and procedures examine the way in which equality and diversity is incorporated in Board documentation. In addition, equality and diversity is included as a specific topic within our Audit Universe.

FTF Internal Audit Service

Transport of Medicines

Report No. B21/20

Issued To: P Hawkins, Chief Executive
C Potter, Director of Finance

S Garden, Director of Pharmacy and Medicines
L Russell, Lead Pharmacy Technician
L Clouston, Senior Pharmacy Technician
L Laing, Pharmacy Technician

M Olsen, Interim Chief Operating Officer, Acute Services Division
N Connor, Interim Director of Health and Social Care

Follow-Up Co-ordinator

Safe and Secure Use of Medicines Group
Clinical Governance Committee
Clinical and Care Governance Committee

Audit and Risk Committee
External Audit

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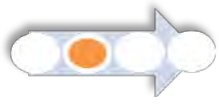
Draft Report Issued	30 September 2019
Management Responses Received	30 October 2019
Target Audit & Risk Committee Date	09 January 2020
Final Report Issued	02 December 2019

CONTEXT AND SCOPE

1. The NHS Fife Board Strategic Framework includes aspirations to be Clinically Excellent and Sustainable as a Board and strategic objectives of embedding patient safety consistently across all aspects of healthcare provision and to increase efficiency and reduce waste. The corporate objectives for NHS Fife in 2019/20 include maintaining and auditing the system of Safe and Secure Use of Medicines Management.
2. The NHS Fife Quality and Safety Board Assurance Framework (BAF) describes the following risk which could threaten the achievement of these strategic objectives – *'There is a risk that due to failure of clinical governance, performance and management systems (including information and information systems), NHS Fife may be unable to provide safe, effective, person centred care'*
3. The current actions recorded in the BAF to mitigate this risk include reporting to Clinical Governance Committee. The Safe and Secure Use of Medicines - Policy and Procedures Group (SUOMG) has responsibility to *'ensure that safe and secure systems for medicines, covering ordering, supply, administration, storage, prescribing and use, are in place and monitored'*. The SUOMG reports to the Area Drugs and Therapeutics Committee (ADTC) and a summary report and minutes from each meeting of the ADTC are presented to the Clinical Governance Committee. The SUOMG has overseen the development of the Safe and Secure Use of Medicines Policy and Procedures (SSUMPP) and the related training of NHS Fife staff which are key controls in the management of medicines.
4. Medicines management has been identified within the strategic audit planning process as **High** risk and an associated risk, within the NHS Fife corporate risk register, related to controlling the prescribing budget as **Moderate** risk with a rating of **9**.
5. In audit B20/18 – Medicines Management, we provided support and guidance to the SUOMG in the development of a Medicines Assurance Audit Plan to assess compliance with the SSUMPP. The agreed Medicines Assurance Audit Plan includes an audit of the movement of medicines which was determined by the SUOMG as appropriate for internal audit review. The risks identified by the SUOMG related to the movement of medicines were:
 - Non-efficient use of resources with examples being waste associated with medicines that need to be discarded due to not being stored correctly whilst in transit and inappropriate use of taxis for medicine delivery
 - Diversion of controlled drugs and other desirable medicines, and associated risks of patient harm, negative publicity, financial loss and civil and regulatory liability. This risk is perceived to be higher for Community Hospitals
 - Medicines stored outwith temperature tolerance for unknown periods of time potentially compromising their effectiveness and thus impacting on patient care (Cold chain risks)
 - Avoidable patient harm caused by missed dose if the medicine ordered is not delivered (omission)
 - Negative impact on discharge flow caused by non-delivery of discharge medication and knock on effect on the efficient running of hospital services.
6. A Transport Project Group (TPG) has recently been established by the Pharmacy Department with a remit of reviewing the transport and delivery of medicines end to end across NHS Fife.
7. Recognising the breadth of this topic, and the work being undertaken by the TPG, the scope of our audit was tightly focussed on medicine deliveries to community hospitals by hospital transport and taxis.

AUDIT OPINION

8. The Audit Opinion of the level of assurance is as follows:

Level of Assurance		System Adequacy	Controls
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.

A description of all definitions of assurance and assessment of risks are given in Section 4 of this report.

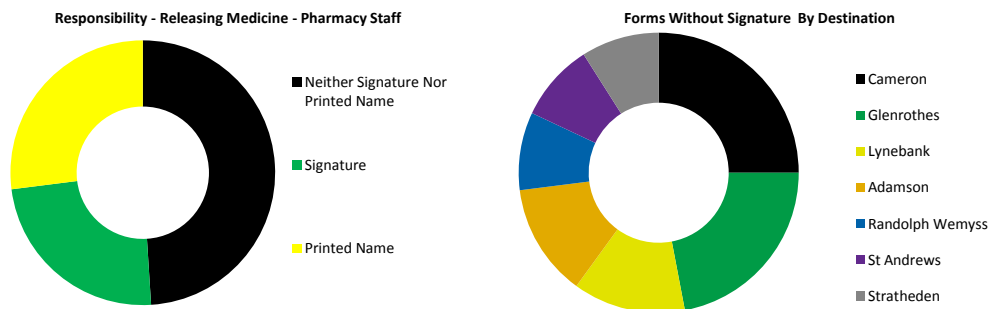
9. We evaluated how the controls, related to the transportation of medicines included in the SSUMPP, are operating to mitigate the above risks for the delivery of medicines to these locations by checking a sample of Medicines Uplift and Delivery Forms and collating responses to questionnaires completed by staff involved in the preparation, delivery and receipt of medicines. The results of our audit have been shared with the TPG to allow them to consider any identified areas for improvement along with their findings and to formulate an action plan to address these. Detailed findings and information are included at Section 3 below.

10. The main issues identified from our review were:

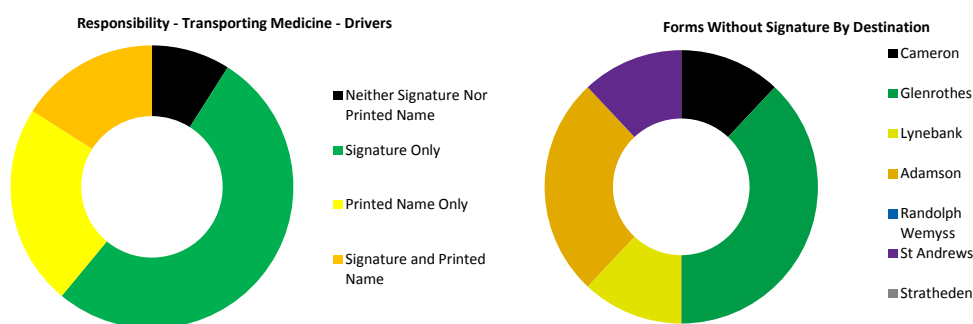
- From a sample of 92 Medicines Uplift and Delivery Forms for medicines delivered to Community Hospitals checked half were not signed by pharmacy staff to acknowledge responsibility for releasing the medicines and a third of the forms were not signed by clinical staff to acknowledge responsibility for receipt of the medicines
- Medicines Uplift and Delivery Forms recording the stages of the uplift and delivery of medicines are frequently not returned to Pharmacy as they should be
- A number of issues related to preserving the cold chain for medicines that require refrigeration were identified from questionnaire responses.

11. The graphs below illustrate the level of compliance with signing the Medicines Uplift and Delivery Forms to evidence responsibility for the medicines at different stages of the transportation process:

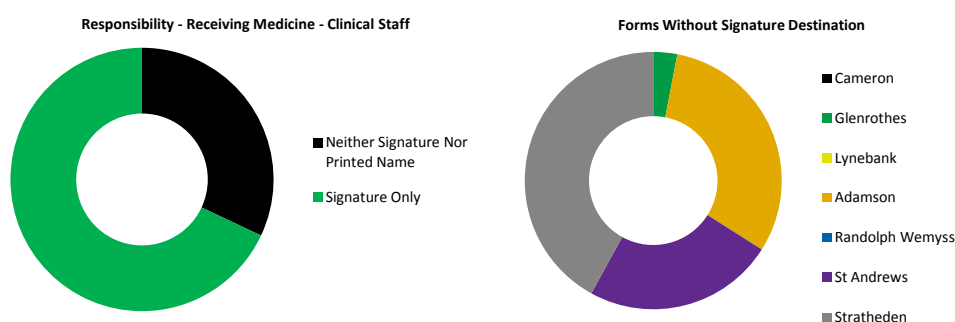
RELEASING MEDICINE – PHARMACY STAFF



DELIVERING MEDICINE - DRIVERS



RECEIVING MEDICINE – CLINICAL STAFF



12. Across all of our areas of testing the issues we identified from our review increase the likelihood of the following risks materialising:
 - Non-efficient use of resources with examples being waste associated with medicines that need to be discarded due to not being stored correctly whilst in transit and inappropriate use of taxis for medicine delivery
 - Diversion of controlled drugs and other desirable medicines, and associated risks of patient harm, negative publicity, financial loss and civil and regulatory liability
 - Medicines stored outwith temperature tolerance for unknown periods of time potentially compromising their effectiveness and thus impacting on patient care (Cold chain risks).
13. Whilst the focus of this review was on the delivery of medicines to Community Hospitals our findings and recommendations may also be applicable to other areas within NHS Fife (eg locations within the Acute Services Division).
14. Electronic and automated solutions should be explored to mitigate against the issues highlighted in this report to allow a clear audit trail to be recorded in real time for each stage of the process whoever is involved (eg through the use of logistics solutions that use bar code scanning to swiftly record the handover of items).

ACTION

15. The action plan at Section 2 of this report has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

ACKNOWLEDGEMENT

16. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

Barry Hudson BAcc CA
Regional Audit Manager

Action Point Reference 1**Finding:**

RECEIVING MEDICINE

Responsibility Issues identified from Checking of Medicines Uplift and Delivery Forms (from 92 forms checked):

- 32% of the forms recorded neither the signature nor the printed name of the person receiving the medicines
- The date and time the medicine was received by the member of staff at the community hospital were only recorded on 1% of the forms sampled
- The job title of the member of staff at the community hospital receiving the medicines was not recorded on any of the forms sampled.

Responsibility Issues identified from Questionnaires (from 96 questionnaires returned by clinical staff):


- The responses from 21% of clinical staff indicated that, in relation to section 5.1.1 of the SSUMPP, they do not sign a Medicines Uplift and Delivery Form to acknowledge receipt of medicines
- The responses from 23% of clinical staff indicated that, in relation to section 5.1.8 of the SSUMPP, medicines are left for them without them being present to sign the Medicines Uplift and Delivery Form


In relation to section 5.1.8 of the SSUMPP, one of the NHS Drivers and one Taxi Driver indicated that they had left medicines at a delivery location without having the Medicines Uplift and Delivery Form signed by the person receiving the medicines.

Audit Recommendation:

- a** Staff who receive medicines must be reminded of the requirement for them to sign the Medicines Uplift and Delivery Form to acknowledge receipt of, and accept responsibility for, the medicines. They must be asked to sign and print their name and to record their job title so that they can be identified and to record the date and time they received the medicines.
- b** Any barriers to staff receiving medicines recording their responsibility must be identified and addressed.
- c** NHS and Taxi Drivers who transport medicines to Community Hospitals must be reminded that they need to ensure that the person they hand the medicines over to signs the Medicines Uplift and Delivery Form to acknowledge receipt of the medicines and the transfer of responsibility for them.
- d** Management must introduce regular spot checks to confirm that responsibility for medicines is being recorded at each stage of their transportation. Action must be taken to address any areas of non-compliance identified.

Assessment of Risk:		
Significant		<p>Weaknesses in control or design in some areas of established controls.</p> <p>Requires action to avoid exposure to significant risks in achieving the objectives for area under review.</p>
Management Response/Action:		
<p>a, b & c – (NHS drivers) – An investigation and risk assessment will be carried out by the pharmacy clinical governance team to identify where and why the system is failing and what action would be required to ensure compliance with the SSUMPP. Recommendations from this will be discussed initially with service managers (transport) and then a proposal taken to Safe and Secure Use of Medicines Group for discussion and approval. A memo will be circulated to service managers for clinical and transport advising that there is requirement to ensure that the SSUMPP is complied with regarding the receipt of medicines.</p> <p>c - (Taxi drivers) – A memo will be circulated to taxi companies advising that there is requirement to ensure that the SSUMPP is complied with regarding the receipt of medicines. The possibility of transporting medicines via a courier service rather than by taxis will be investigated and a proposal submitted to the Safe and Secure Use of Medicines Group.</p> <p>d - Spot checks will be introduced as part of the Medicines Assurance Audit Programme once a, b & c have been actioned.</p>		
Action by:		Date of expected completion:
Linda Russell, Lead Pharmacy Technician		<p>Memos - 30 November 2019</p> <p>Investigation & Risk Assessment – 31 March 2020</p> <p>Courier Proposal – 31 March 2020</p> <p>Spot Checks – 31 March 2020</p>

Action Point Reference 2	
Finding:	
<p>RELEASING MEDICINE</p> <p><i>Responsibility Issues identified from Checking of Medicines Uplift and Delivery Forms (from 92 forms checked):</i></p> <p>Neither the signature nor the printed name of the member of pharmacy staff releasing the medicines for transportation to a community hospital was present on 49% of the forms sampled.</p>	
Audit Recommendation:	
<p>a Pharmacy staff who release medicines for delivery to Community Hospitals must be reminded of the requirement for them to sign the Medicines Uplift and Delivery Form to acknowledge their responsibility for having prepared the medicines for dispatch.</p> <p>b They must be asked to sign and print their name and to record their job title so that they can be identified.</p> <p>c Any barriers to staff releasing medicines for delivery recording their responsibility must be identified and addressed.</p> <p>d Management must introduce regular spot checks to confirm that responsibility for medicines is being recorded at each stage of their transportation. Action must be taken to address any areas of non-compliance identified.</p>	
Assessment of Risk:	
Significant	 <p>Weaknesses in control or design in some areas of established controls.</p> <p>Requires action to avoid exposure to significant risks in achieving the objectives for area under review.</p>
Management Response/Action:	
<p>a, b & c – Pharmacy staff will be communication to verbally, backed up with a memo to ensure compliance with SSUMPP regarding the requirement for them to sign the Medicines Delivery and Uplift Form to acknowledge their responsibility for having prepared the medicines for despatch. The training manual will be updated accordingly and new staff will be trained appropriately.</p> <p>d - Spot checks will be added to the monthly task list for Senior Stores Staff.</p>	
Action by:	Date of expected completion:
Memo Circulation - Linda Russell, Lead Pharmacy Technician	30 November 2019
Verbal Communication, Training and Spot Checks – Louise Laing, Pharmacy Technician	30 November 2019

Action Point Reference 3	
Finding:	
<p>The system in place for Medicines Uplift and Delivery Forms is that the top white copy of the form is completed and sent with the medicines with a blue carbon copy retained by the Pharmacy Store. The white copy is expected to be completed by the receiving hospital, indicating that the medicines have been received, and then returned to the Pharmacy Store. We found that the white copy had not been received from the community hospital by the Pharmacy Store for a significant proportion of the Medicines Uplift and Delivery Forms filed in the Pharmacy Store (blue copies are retained for these).</p>	
Audit Recommendation:	
<ul style="list-style-type: none"> a Staff at Community Hospitals must be reminded of the need to return the white copies of the Medicines Uplift and Delivery Forms to the Pharmacy Store as soon as possible after delivery of the medicines has been recorded. b Pharmacy staff must request the white copies of the Medicines Uplift and Delivery Forms back from wards when these have not been returned within a reasonable time. c Management must introduce regular spot checks to confirm that responsibility for medicines is being recorded at each stage of their transportation. Action must be taken to address any areas of non-compliance identified. 	
Assessment of Risk:	
Significant	<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Weaknesses in control or design in some areas of established controls.</p> <p>Requires action to avoid exposure to significant risks in achieving the objectives for area under review.</p> </div> </div>
Management Response/Action:	
<ul style="list-style-type: none"> a A memo will be circulated to service managers for clinical and transport advising that there is requirement to ensure that the SSUMPP is complied with regarding the return of Medicines Delivery and Uplift Forms. b A process will be put in place by pharmacy to ensure that all Medicines Delivery and Uplift Forms are returned from the clinical areas and to chase any outstanding forms. c Spot checks will be added to the monthly task list for Senior Stores Staff. 	
Action by:	Date of expected completion:
Memo Circulation - Linda Russell, Lead Pharmacy Technician	30 November 2019
Process Update and Spot Checks – Louise Laing, Pharmacy Technician	30 November 2019

Action Point Reference 4**Finding:****VIABILITY/REFRIGERATION***Issues identified from Questionnaires:*

- In relation to section 5.2.3 of the SSUMPP, one member of Pharmacy Staff indicated that a continuous temperature monitoring device would not be used for the duration of the transportation time for medicines that are particularly sensitive to temperature changes
- In relation to section 5.2.3 of the SSUMPP, half of the Pharmacy Staff indicated that a maximum/minimum thermometer is not inserted into the container when medicines are removed from a department fridge for transport or use outwith the department
- In relation to section 5.2.4 of the SSUMPP, one member of Pharmacy Staff indicated that cool boxes and cool packs issued by the pharmacy are not returned to the pharmacy as soon as possible with a medicines return form
- In relation to section 5.2.2 of the SSUMPP, 48% of clinical staff indicated that the period of time medicines are held outwith the recommended storage temperature following receipt is not recorded. However 82% did say that a DATIX incident would be recorded if following receipt a medicine was held outwith its recommended storage temperature for longer than the maximum time allowed for that medicine
- In relation to section 5.2.3 of the SSUMPP, 18% of clinical staff indicated that that they do not confirm that layers of paper or cardboard have been used to separate the medicines and the cool packs used for medicines requiring refrigeration
- In relation to section 5.2.3 of the SSUMPP, 20% of clinical staff indicated that a maximum/minimum thermometer is not inserted into the container when medicines are removed from a department fridge for transport or use outwith the department.

Issues identified from Comments included in Questionnaires:


- Lack of awareness that a DATIX incident must be recorded if, following receipt, a medicine was held outwith its recommended storage temperature for longer than the maximum period allowed for that medicine
- Paper or cardboard not being used to separate medicines from cool packs
- Lack of awareness that a risk assessment must be undertaken to determine the viability of medicines, which have been removed from a fridge and not maintained at a temperature between -2°C and +8°C, to decide whether these should be returned to the fridge or discarded.

Audit Recommendation:

- a** Pharmacy Staff must be reminded:
 - i. That a continuous temperature monitoring device must be used for the duration of the transportation time for medicines that are particularly sensitive to temperature changes
 - ii. That a maximum/minimum thermometer must be inserted into the container when medicines are removed from a department fridge for transport or use outwith the department
 - iii. To use paper/cardboard to separate medicines from cool packs for medicines requiring refrigeration.
- b** Clinical Staff must be reminded to:

- i. Return cool boxes and cool packs to pharmacy as soon as possible with a medicines return form to allow credit of the cost of packaging for the returning department
 - ii. Record the period of time medicines are held outwith their recommended storage temperature and record this as a DATIX incident
 - iii. Confirm that layers of paper/cardboard have been used to separate medicines from cool packs (for medicines requiring refrigeration)
 - iv. Insert a maximum/minimum thermometer into the container when medicines are removed from the department fridge for transport outwith the department
 - v. Undertake a risk assessment to determine the viability of any medicines that have been removed from the fridge and not maintained at a temperature of between -2°C and +8°C and to discard the medicines or return them to the fridge depending on the outcome.
- c** Management must introduce regular spot checks to confirm that responsibilities related to preserving the cold chain are being understood and undertaken in the transportation of medicines process. Action must be taken to address any areas of non-compliance identified.

Assessment of Risk:

Significant		Weaknesses in control or design in some areas of established controls. Requires action to avoid exposure to significant risks in achieving the objectives for area under review.
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Management Response/Action:


a - Pharmacy – An investigation and risk assessment will be undertaken for the transportation of medicines requiring refrigeration to determine if the wording in the SSUMPP is appropriate and if so to conclude with a proposal for how we can comply (e.g. purchase of temperature monitoring devices).

b - The investigation and risk assessment will include the review of the responsibilities associated with the receipt of medicines requiring refrigeration in the clinical environment. The outcome will be included in a proposal to be taken to Safe and Secure Use of Medicines Group for discussion and approval.

a & b - Training of pharmacy, transport and clinical staff will also be reviewed and action taken to ensure that this reflects the outcome from the investigation and risk assessment.

c - Spot checks will be introduced as part of the Medicines Assurance Audit Programme for clinical areas and will be added to the monthly task list for Senior Stores Staff once the proposal has been approved.

Action by:	Date of expected completion:
Lesley Clouston, Senior Pharmacy Technician	31 March 2020

Action Point Reference 5		
Finding:		
<p>TRANSPORTATION OF MEDICINE</p> <p><i>Responsibility Issues identified from Checking of Medicines Uplift and Delivery Forms (from 92 forms checked):</i></p> <ul style="list-style-type: none"> 9% of the forms did not include either the signature or printed name of the driver collecting the medicine for delivery (NHS or Taxi Driver) The Job Title of the member of staff/taxi driver who collected the medicines for delivery was only recorded on 3% of the forms sampled. 		
Audit Recommendation:		
<p>a NHS and Taxi Drivers who transport medicines to Community Hospitals must be reminded of the requirement for them to sign the Medicines Uplift and Delivery Form to acknowledge their responsibility for having received the medicines for delivery.</p> <p>b They must be asked to sign and print their name and to record their job title so that they can be identified.</p> <p>c Any barriers to staff transporting medicines recording their responsibility must be identified and addressed.</p> <p>d Management must introduce regular spot checks to confirm that responsibility for medicines is being recorded at each stage of their transportation. Action must be taken to address any areas of non-compliance identified.</p>		
Assessment of Risk:		
<p>Merits attention</p>		<p>There are generally areas of good practice.</p> <p>Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:		
<p>a, b & c - A memo will be be circulated to taxi companies and the transport department advising that there is requirement to ensure that the SSUMPP is complied with regarding the receipt of medicines. The possibility of transporting medicines via a courier service rather than by taxis for urgent medicines will be investigated and the outcome will be included in a proposal to the Safe and Secure Use of Medicines Group.</p> <p>d - Spot checks will be introduced as part of the Medicines Assurance Audit Programme once Action Point 1 is complete.</p>		
Action by:	Date of expected completion:	
Linda Russell, Lead Pharmacy Technician	<p>Memo – 30 November 2019</p> <p>Investigation - 31 March 2020</p> <p>Spot Checks - 31 March 2020</p>	

Action Point Reference 6

Finding:

SECURITY/HEALTH AND SAFETY

Issues identified from Questionnaires:


- In relation to section 5.1.7 of the SSUMPP, four of the Taxi Drivers indicated that the communication of health and safety risks and the need for special storage conditions when medicine requiring this is passed over for delivery was '*not applicable*' when section 5.1.7 of the SSUMPP demands that these risks be communicated by pharmacy staff to those transporting medicines
- In relation to section 5.1.7 of the SSUMPP, 11% of clinical staff indicated that the health and safety risks and the need for special storage conditions are not communicated when medicine requiring this is passed over to them
- In relation to section 5.1.8 of the SSUMPP, 23% of clinical staff indicated that medicines are left for them without them being present to sign the Medicines Uplift and Delivery Form
- In relation to section 5.1.9 of the SSUMPP regarding training staff to undertake their duties in line with the SSUMPP, the responding manager indicated that there was an issue in North East Fife with signing on receiving medicines.

Although sections 5.1.3 and 5.1.8 infer that medicines must not be left unattended at their destination following delivery there is not an explicit instruction to this effect nor guidance for staff delivering medicines on the steps to be taken if no-one is available to receive the medicines at the destination point.

Audit Recommendation:

- a The methods for communicating Health and Safety risks and the need for special storage conditions to taxi drivers when passing medicines over for collection, and to clinical staff when handing medicines over at their final destination, must be examined to confirm that they are effective and address the weaknesses identified above.
- b The SSUMPP must be updated to include an explicit instruction that medicines must never be left unattended at their destination point and to provide guidance for staff delivering medicines on the steps to be taken if no-one is available to receive the medicines at the destination point.


Assessment of Risk:

Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.
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Management Response/Action:

The investigation and proposal referred to in the management response to action point 1 above will consider the issues raised in the recommendation including whether any updates

are required to the SSUMPP.	
Action by:	Date of expected completion:
Linda Russell, Lead Pharmacy Technician	31 March 2020

Action Point Reference 7	
Finding:	
<p>For medicines delivered by taxi we were advised that the Medicines Uplift and Delivery Forms must clearly indicate 'Taxi Delivery' and have the taxi driver's licence number recorded. In a trawl through 6 months of white Medicines Uplift and Delivery Forms only 4 forms were identified that recorded this information when we are aware that there were many more taxi deliveries in this period.</p>	
Audit Recommendation:	
<p>a Pharmacy staff must be reminded of the need to clearly indicate 'Taxi Delivery' and to record the taxi driver's license number on the Medicines Uplift and Delivery Forms when delivery is made by taxi.</p> <p>b Management must introduce regular spot checks to confirm that responsibility for medicines is being recorded at each stage of their transportation.</p>	
Assessment of Risk:	
<p>Merits attention</p>	 <p>There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:	
<p>The requirements related to recording deliveries via taxi on the Medicines Uplift and Delivery Forms will be included in the verbal communication and memo, as well as the training and spot checks, referred to in the management response to action point 2 above.</p>	
Action by:	Date of expected completion:
Memo Circulation - Linda Russell, Lead Pharmacy Technician	30 November 2019
Verbal Communication, Training and Spot Checks – Louise Laing, Pharmacy Technician	30 November 2019

Action Point Reference 8

Finding:

The following issues were identified regarding the Medicines Uplift and Delivery Forms in use:


- a. There are two different Medicines Uplift and Delivery forms in use and the information being recorded on the forms is not being recorded on a consistent basis
- b. Neither of the forms currently in use include provision for the destination hospital to be recorded
- c. The form was not designed on FORMIC therefore cannot be scanned in to this system to allow continuous audit
- d. One of the forms in use only includes a single stage of the journey when there can be several steps and handovers of responsibility. The SSUMPP requires that all handovers of responsibility must be recorded
- e. The forms encourage duplication for example '*Uplifted by*' is duplicated in the column titled '*Collected from Pharmacy By (signature)*' and there is also a column titled '*Bag Label No*' which duplicates the information recorded in the column titled '*ABCD*'
- f. The form is being signed without the person signing printing their name. The signatures are mostly illegible and the person's job title is not recorded
- g. The foot of one form in use includes provision for '*Delivery Record Reconciled by*' and this is headed as being for Pharmacy Use but this section is not currently used.
- h. Although the SSUMPP does require that the Medicines Uplift and Delivery Form be signed at each stage of the transportation process it does not include a full description of the process for form completion and return to pharmacy.

Audit Recommendation:

The Medicines Uplift and Delivery Form must be redesigned and this must include consideration of the following:

- a. Designing the form on FORMIC to facilitate efficient continuous auditing
- b. Provision for recording the Hospital Destination (Hospital and ward/department)
- c. Including clear instructions on how the form must be completed on the inside cover of the form pad including clear direction regarding the information expected in each column and section on the form
- d. Provision for more stages to be recorded must be added to the form and staff must be instructed to score through these if not applicable.
- e. Any unnecessary duplication must be removed from the form
- f. Every instance on the form where staff are being requested to sign to accept responsibility for the medicines must indicate that signature, printed name, job title date and time are required not just the signature.
- g. The intended use of the '*Delivery Record Reconciled by*' section on the form must be clarified and introduced on the revised form if necessary. Its intended purpose must be stated on the instructions for completing the form referred to above.
- h. The processes associated with the Medicines Uplift and Delivery Form must be clearly articulated in the SSUMPP including the responsibility to return completed forms to pharmacy.

Ultimately an electronic alternative solution must be explored.

Assessment of Risk:	
Merits attention	 <p>There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:	
<p>The investigation and risk assessment referred to in action point 1 above will include consideration of issues identified with the Medicines Uplift and Delivery Form and redesign of the form will be included in the final proposal. The investigation will also consider the possibility of replacing the Medicines Uplift and Delivery Form with an electronic solution.</p>	
Action by:	Date of expected completion:
Linda Russell, Lead Pharmacy Technician	31 March 2020

AUDIT APPROACH

17. We sampled 92 Medicines Uplift and Delivery Forms split over 7 destination community hospitals in NHS Fife as follows:

Adamson Hospital	10 Forms
Cameron Hospital	20 Forms
Glenrothes Hospital	20 Forms
Lynebank Hospital	11 Forms
Randolph Wemyss Memorial Hospital	10 Forms
St Andrews Community Hospital	9 Forms
Stratheden Hospital	12 Forms

18. We received completed questionnaires from the following groups of staff:

Pharmacy Staff	8 Questionnaires
NHS Delivery Van Drivers	3 Questionnaires
Independent Taxi Firm Drivers	5 Questionnaires
Clinical Staff Receiving Medicines	96 Questionnaires
Managers	1 Questionnaire

19. The clinical staff questionnaires were received from staff at Adamson, Cameron, Glenrothes, Lynebank, Randolph Wemyss Memorial, St Andrews Community and Stratheden Hospitals.

20. We also left forms with hospital porters and reception staff but did not receive any of these back.

RISKS PRESENTED FROM FINDINGS

21. Across all of our areas of testing the issues we identified from our review increase the likelihood of the following risks materialising:

- Non-efficient use of resources with examples being waste associated with medicines that need to be discarded due to not being stored correctly whilst in transit and inappropriate use of taxis for medicine delivery
- Diversion of controlled drugs and other desirable medicines, and associated risks of patient harm, negative publicity, financial loss and civil and regulatory liability
- Medicines stored outwith temperature tolerance for unknown periods of time potentially compromising their effectiveness and thus impacting on patient care (Cold chain risks).

FINDINGS

22. The sections below include our detailed findings in the context of the specific sections of the Safe and Secure Use of Medicines Policy and Procedures (SSUMPP) they relate to.

RESPONSIBILITY

SSUMPP Section 5.1.1 – *‘The medicines uplift and delivery form must be signed at each step where a medicine changes hands during its delivery from the place of issue to the final destination or locally agreed alternative destination. In GP practices, Health Centres and Hospital Wards/depts. When medicines are delivered directly from a Community Pharmacy, it is the responsibility of GP Practice/Health Centre/Ward staff to have a system and process in place which is followed’.*

SSUMPP Section 5.1.2 – *‘The person responsible for the medicine at each point of the transportation chain must be identified’.*

SSUMPP Section 5.1.8 – *‘Responsibility for security and maintenance of appropriate storage conditions remains with those collecting the sealed container until delivery is made, and documentation is signed for receipt’.*

SSUMPP Section 5.3.2 – *‘Only couriers/taxis able to produce identification may be used to transport medicines. This must be checked’.*

SSUMPP Section 5.3.5 – *‘The courier/taxi must sign for collection of medicines to be transported and provide documented receipt of same’.*

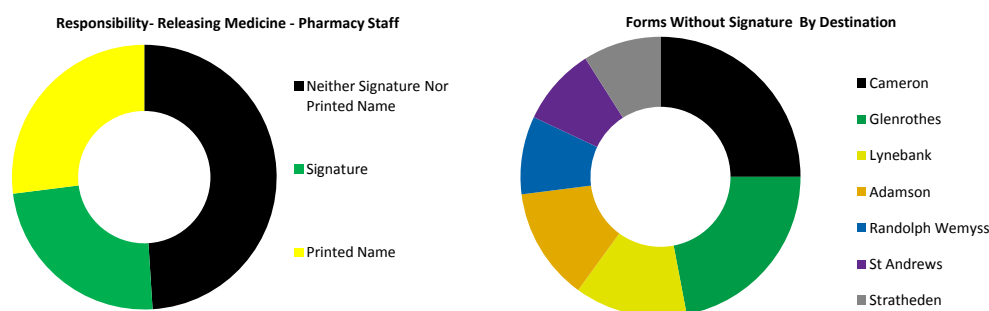
RELEASING

CHECKING OF MEDICINES UPLIFT & DELIVERY FORMS

23. Completeness of the date of release, the destination hospital, ward/department, container type and ticket/prescription references was good on the sample of forms examined.

24. Neither the signature nor the printed name of the member of pharmacy staff releasing the medicines for transportation to a community hospital was present on 49% of the forms sampled. The signature was recorded on 24% of the forms and the printed name on 27% of the forms (no forms had both the signature and printed name recorded). Of the forms that did not include the signature nor the printed name 25% were for deliveries to Cameron, 22% for Glenrothes, 13% for Lynebank, 13% for Adamson, 9% for Randolph Wemyss, 9% for St Andrews and 9% for Stratheden.

25. The charts below illustrate the proportion of Medicines Uplift and Delivery Forms signed by Pharmacy staff to acknowledge their responsibility as preparing the medicines for dispatch and the split of destination hospitals for those not signed by Pharmacy staff to acknowledge this.



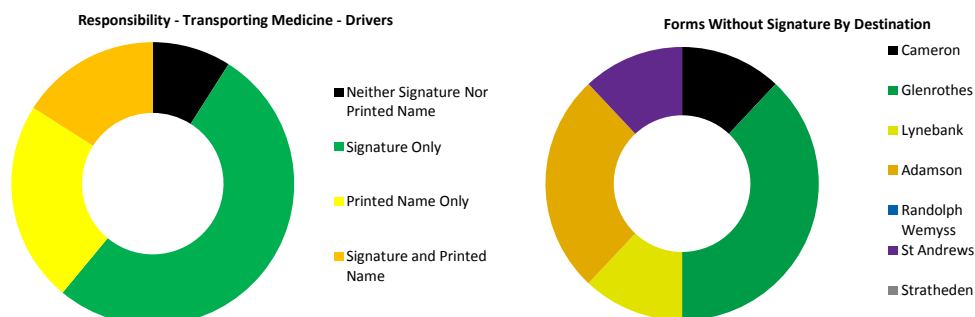
QUESTIONNAIRES

26. The responses provided by the Pharmacy staff indicated compliance with these sections of the SSUMPP.

TRANSPORTING

CHECKING OF MEDICINES UPLIFT & DELIVERY FORMS

27. Either the signature or the printed name of the driver (NHS or Taxi) collecting the medicine for delivery were recorded on 91% of the forms sampled (52% included the signature only, 23% included the printed name only and 16% included both the signature and printed name). 9% of the forms did not include either the signature or printed name and of these 38% were for deliveries to Glenrothes, 26% for Adamson, 12% for Cameron, 12% for Lynebank and 12% for St Andrews (there were no instances of this for deliveries to Randolph Wemyss or St Andrews in our sample).
28. The Job Title of the member of staff/taxi driver who collected the medicines for delivery was only recorded on 3% of the 92 forms sampled.
29. The four forms that recorded delivery by taxi all had the taxi driver's license number recorded to evidence an identification check.
30. The charts below illustrate the proportion of Medicines Uplift and Delivery Forms signed by Drivers (NHS & Taxi) to acknowledge their responsibility for transporting the medicines and the split of destination hospitals for those not signed by Drivers to acknowledge this.



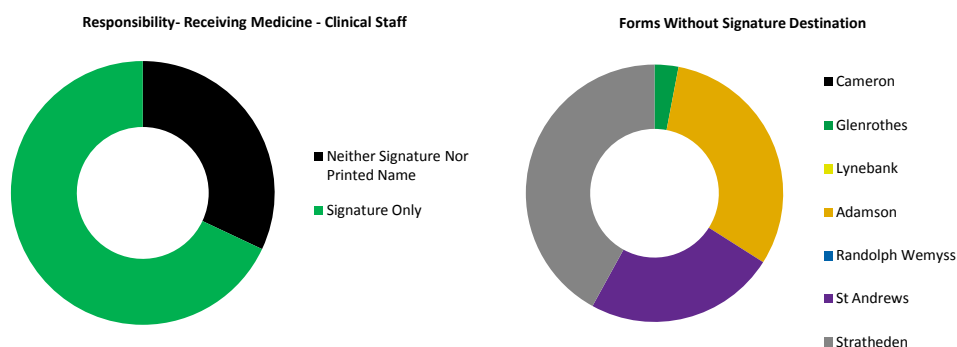
QUESTIONNAIRES

31. The responses provided by the NHS Delivery Van Drivers indicated compliance with these sections of the SSUMPP other than, in relation to section 5.1.8, one of the drivers indicated that they had left medicines at a delivery location without having the Medicines Uplift and Delivery Form signed by the person receiving the medicines. They did make the following comment *'clinics aren't always open so usually receptionist signs for delivery'*.
32. The responses provided by Taxi Drivers indicated compliance with these sections of the SSUMPP other than, in relation to section 5.1.8, one of the Taxi Drivers indicated that they leave medicines without having witnessed the person receiving the medicine signing the Medicines Uplift and Delivery Form. They commented *'Leave form with ward and drug'*.

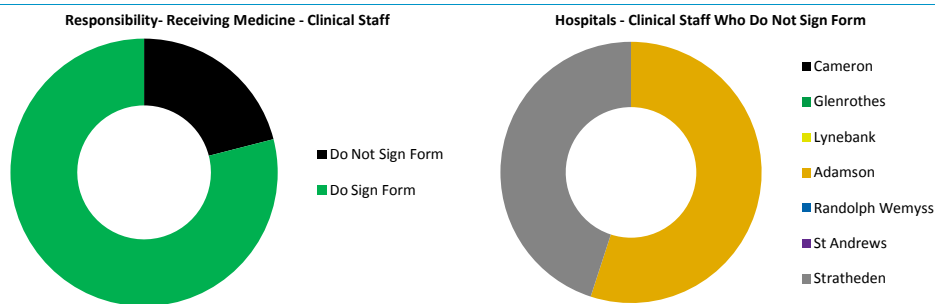
RECEIVING

CHECKING OF MEDICINES UPLIFT & DELIVERY FORMS

33. The signature of the member of clinical staff receiving the medicine was recorded on 68% of the forms sampled. The printed name was not recorded on any of the forms sampled therefore 32% of the forms recorded neither the signature nor the printed name of the person receiving them. Of the forms that did not include the signature or the printed name 42% were for deliveries to Stratheden, 31% for Adamson, 24% for St Andrews and 3% for Glenrothes (there were no instances of this for deliveries to Cameron, Lynebank or Randolph Wemyss in our sample).
34. The date and time the medicine was received by the member of staff at the community hospital were only recorded on 1% of the forms sampled.
35. The job title of the member of staff at the community hospital receiving the medicines was not recorded on any of the forms sampled.
36. The charts below illustrate the proportion of Medicines Uplift and Delivery Forms signed by Clinical Staff to acknowledge receipt of the medicines and the split of destination hospitals for those not signed by Clinical Staff to acknowledge this.

*QUESTIONNAIRES*

37. Questionnaires were left with Portering and Reception Staff but none of these were returned.
38. The responses from 21% of clinical staff indicated that, in relation to section 5.1.1, they do not sign a Medicines Uplift and Delivery Form to acknowledge receipt of medicines (the staff responding in this way were exclusively at Adamson and Stratheden Hospitals).
39. The responses from 23% of clinical staff indicated that, in relation to section 5.1.8, medicines are left for them without them being present to sign the Medicines Uplift and Delivery Form (the staff responding in this way were exclusively at Adamson and Stratheden Hospitals).
40. The charts below illustrate the proportion of questionnaires completed by Clinical staff that indicated that they sign or that they don't sign the Medicines Uplift and Delivery Form to acknowledge receipt of the medicines and the split of destination hospitals for the questionnaires in which Clinical staff indicated that they do not sign the form to acknowledge receipt of medicines.



GENERAL

41. None of the Medicines Uplift Forms sampled had more than the dispatcher, deliverer and receiver identified. We are aware anecdotally that there are more steps in the process on occasion but it appears that these intermediate steps are not being recorded on the forms.

SECURITY/HEALTH & SAFETY

SSUMPP Section 5.1.3 – ‘Containers and packages must be kept securely or under surveillance whilst awaiting collection or in transit between the place of issue and the final destination’.

SSUMPP Section 5.1.4 – ‘Containers and packages awaiting collection or in transit must be kept in the appropriate storage conditions to maintain the quality of their contents. This includes maintaining the cold chain where required’.

SSUMPP Section 5.1.5 – ‘All medicines must be transported in sealed tamper evident containers or packages however bulky goods for example boxes of infusion fluids may be transported in their original sealed cardboard outers’.

SSUMPP Section 5.1.6 – ‘All containers and packages must be clearly labelled with the final destination’.

SSUMPP Section 5.1.7 – ‘Persons issuing medicines must advise of any health and safety risks and special storage conditions associated with the transport of a medicine at the time of collection. Specific arrangements must be in place for the transportation of cytotoxic medicines (See separate procedure – Guidelines for the safe handling and administration of cytotoxic agents), medical gases (see separate section – Medical Gases), and radiopharmaceuticals (see separate section Radiopharmaceuticals)’.

SSUMPP Section 5.1.8 – ‘Responsibility for security and maintenance of appropriate storage conditions remains with those collecting the sealed container until delivery is made, and documentation is signed for receipt’.

SSUMPP Section 5.1.9 – ‘Managers of staff groups responsible for transporting medicines are responsible for ensuring staff are trained to ensure an understanding of the need for security and relevant procedures, including action to be taken in the event of damage to the container, spillage or physical threat’.

SSUMPP Section 5.3.4 – ‘Couriers/taxis must not carry passengers while transporting medicines, unless it is a member of staff delivering the medicines’.

CHECKING OF MEDICINES UPLIFT & DELIVERY FORMS

42. All of the forms indicated the type of container the medicines were stored in when dispatched.

QUESTIONNAIRES

43. The responses provided by the Pharmacy staff indicated compliance with these sections of the SSUMPP.

44. The responses provided by Taxi Drivers indicated compliance with these sections of the SSUMPP other than, in relation to section 5.1.7, four of the Taxi Drivers indicated that the communication of health and safety risks and the need for special storage conditions when medicine requiring this is passed over for collection was '*not applicable*'.
45. The responses from clinical staff indicated that:
- In relation to section 5.1.7, 11% indicated that the health and safety risks and the need for special storage conditions are not communicated when medicine requiring this is passed over for collection (the staff responding in this way were at Adamson, Lynebank, Cameron and Stratheden Hospitals).
 - In relation to section 5.1.8, 23% indicated that medicines are left for them without them being present to sign the Medicines Uplift and Delivery Form (the staff responding in this way were exclusively at Adamson and Stratheden Hospitals).
46. The response from the manager indicated that they were aware of their responsibilities in relation to section 5.1.9 regarding training staff to undertake their duties in line with the SSUMPP. They did indicate that there was a current gap in North East Fife with signing on receiving medicines.

VIABILITY/REFRIGERATION

SSUMPP Section 5.2.2 – '*Where medicines that require refrigerated storage are to be transported, the following good practice must be followed.*

- *Pharmacy must ensure that appropriate arrangements for receipt are in place before dispatch.*
- *The medicine must be held outwith the recommended storage temperature for the minimum time possible. The medicines must only be removed from the refrigerator immediately prior to transportation and refrigerated immediately on delivery. Maximum exposure time allowed depends on the sensitivity of the product.'*

SSUMPP Section 5.2.3 – '*If medicines that are particularly sensitive to temperature changes are to be transported, the transport system must be validated and monitored using a continuous temperature recording device for the duration of the transport time.*

- *Approved cool boxes should be used if appropriate, and always if transporting live*
- *Vaccines outwith the refrigerated transport vehicle.*
- *Ensure the appropriate "cool pack" is used i.e. frozen or refrigerated depending on cool box.*
- *The correct number of cool packs must be used.*
- *Direct contact with the medicines must be avoided by using layers of paper or card between the medicines and the ice packs.*
- *Where medicines are removed from a department fridge for transport or use outwith the department a maximum/minimum thermometer must be inserted into the container to enable the user to monitor the cool box temperature.*
- *Any unused medicines that were removed from the fridge and have been maintained between +2° and +8° maybe returned to the fridge for future use.'*

SSUMPP Section 5.2.4 – '*Cool boxes and cool packs issued by pharmacy must be returned as soon as possible to the supplying pharmacy with an accompanying medicines returns form to allow credit of the cost of the packaging for the returning department'*.

CHECKING OF MEDICINES UPLIFT & DELIVERY FORMS

47. All of the forms indicated the type of container the medicines were stored in when dispatched.

QUESTIONNAIRES

48. The responses provided by the Pharmacy staff indicated compliance with these sections of the SSUMPP other than:

- In relation to section 5.2.3 one person indicated that a continuous temperature monitoring device would not be used for the duration of the transportation time for medicines that are particularly sensitive to temperature changes
- In relation to section 5.2.3 half of those responding indicated that a maximum/minimum thermometer is not inserted into the container when medicines are removed from a department fridge for transport or use outwith the department
- In relation to section 5.2.4 one person indicated that cool boxes and cool packs issued by the pharmacy are not returned to the pharmacy as soon as possible with a medicines return form.

49. The responses provided by the NHS Delivery Van Drivers indicated compliance with these sections of the SSUMPP.

50. The responses from clinical staff:

- In relation to section 5.2.2, 48% indicated that the period of time medicines are held outwith the recommended storage temperature following receipt is not recorded. However 82% did say that a DATIX incident would be recorded if following receipt a medicine was held outwith its recommended storage temperature for longer than the maximum time allowed for that medicine (staff at all hospitals responded in these ways)
- In relation to section 5.2.3, 18% indicated that they do not confirm that layers of paper or cardboard have been used to separate the medicines and the cool packs used for medicines requiring refrigeration (staff at all hospitals other than Randolph Wemyss Memorial Hospital responded in this way)
- In relation to section 5.2.3, 20% indicated that a maximum/minimum thermometer is not inserted into the container when medicines are removed from a department fridge for transport or use outwith the department (staff at all hospitals other than Adamson and Randolph Wemyss Memorial Hospitals responded in this way).

COMMENTS ON QUESTIONNAIRES

51. The following issues were highlighted from comments included in the questionnaires and are worthy of consideration:

- Lack of awareness that a DATIX incident must be recorded if, following receipt, a medicine was held outwith its recommended storage temperature for longer than the maximum period allowed for that medicine
 - Paper or cardboard not being used to separate medicines from cool packs
 - Lack of awareness that a risk assessment must be undertaken to determine the viability of medicines, which have been removed from a fridge and not
-

maintained at a temperature between -2°C and +8°C, to decide whether these must be returned to the fridge or discarded.

FURTHER FINDINGS

52. When undertaking this review we identified some further areas for improvement associated with the Medicines Uplift and Delivery Form and also the manner in which these forms are stored for deliveries made by Taxi. We also provided space on the questionnaires used for respondents to add comments. These further areas for improvement and a summary of comments that may be useful when addressing the findings in this report are included in this section of the report.

MEDICINES UPLIFT & DELIVERY FORM ISSUES

53. There are two different Medicines Uplift and Delivery forms in use and the information being recorded in columns on the forms is not being recorded on a consistent basis.

54. Neither of the forms currently in use include provision for the destination hospital to be recorded (the column titled '*destination*' on one form and '*ultimate destination*' on the other form is used to record the ward/department within the hospital and the hospital itself is noted in blank space at the top of the forms).

55. The form was not designed on FORMIC therefore cannot be scanned in to allow continuous audit.

56. One of the forms in use only includes a single stage of the journey when there can be several steps and handovers of responsibility. The SSUMPP requires that all handovers of responsibility must be recorded.

57. The forms encourage duplication for example '*Uplifted by*' is duplicated on the section below in the column titled '*Collected from Pharmacy By (signature)*' and there is also a column titled '*Bag Label No*' which is being used to indicate '*Tote*' etc which duplicates the information recorded in the column titled '*ABCD*'.

58. The form is being signed without the person signing printing their name. The signatures are mostly illegible and the person signing's job title is not recorded.

59. The foot of one form in use includes provision for '*Delivery Record Reconciled by*' and this is headed as being for Pharmacy Use but this section is not currently used.



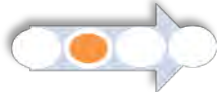

ISSUES WITH MEDICINES UPLIFT & DELIVERY FORMS USED FOR DELIVERY BY TAXI

60. The system in place for Medicines Uplift and Delivery Forms is that the top white copy of the form is completed and sent with the medicines with a blue carbon copy retained by the Pharmacy Store. The white copy is expected to be completed by the receiving hospital, indicating that the medicines have been received, and then returned to the Pharmacy Store. We found that the white copy had not been received from the community hospital by the Pharmacy Store for a significant proportion of the Medicines Uplift and Delivery Forms filed in the Pharmacy Store (blue copies are retained for these).

61. For medicines delivered by taxi we were advised that the Medicines Uplift and Delivery Forms must clearly indicate '*Taxi Delivery*' and have the taxi driver's licence number recorded. In a trawl through 6 months of white Medicines Uplift and Delivery Forms only 4 forms were identified that recorded this information.

Definition of Assurance




To assist management in assessing the overall opinion of the area under review, we have assessed the system adequacy and control application, and categorised the opinion based on the following criteria:

Level of Assurance		System Adequacy	Controls
Comprehensive Assurance		Robust framework of key controls ensure objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.
No Assurance		High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls.

Section 4 Definition of Assurance and Recommendation Priorities

Assessment of Risk

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Risk Assessment		Definition	Total
Fundamental		Non Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	None
Significant		Weaknesses in control or design in some areas of established controls. Requires action to avoid exposure to significant risks in achieving the objectives for area under review.	Four (Ref 1, 2, 3 & 4)
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	Four (Ref 5, 6, 7 & 8)