
















NHS FIFE CLINICAL GOVERNANCE COMMITTEE













07 September 2020, 14:00 to 17:00

Via MS Teams

Agenda

1. **APOLOGIES FOR ABSENCE**
2. **DECLARATION OF MEMBERS' INTERESTS**
3. **MINUTES OF MEETING HELD ON 8 JULY 2020** (enclosed)
4.  ITEM 3 Unconfirmed Notes 8 July 2020 GM.pdf (14 pages)
ACTION LIST (enclosed)
Les Bisset
5.  ITEM 4 Action List 7 September 2020.pdf (5 pages)
MATTERS ARISING
- 5.1. **Risk 1652 – Lack of Medical Capacity in Community Paediatric Service** (enclosed)
Dr Cargill
- 5.2.  ITEM 5.1 Community Paediatrics Clinical Governance Committee 070920.pdf (13 pages)
Update on Review of Fife Integration Scheme (enclosed)
Nicky Connor
- 5.3.  ITEM 5.2 Progress on Int Scheme Review 270820.pdf (3 pages)
Audit Report B19/20 - Adverse Events Management Progress Update (enclosed)
Helen Woodburn
- 5.4.  ITEM 5.3 SBAR-B19-20 v1 1 CGC.pdf (3 pages)
Healthcare Improvement Scotland - Unannounced Inspection Glenrothes Hospital (verbal)
Helen Buchanan
6. **COVID-19 UPDATE**
- 6.1. **Shielding** (enclosed)
Helen Woodburn
- 6.2.  ITEM 6.1 SBAR shielding CGC070920.pdf (3 pages)
Testing (enclosed)
Andy MacKay
-  ITEM 6.2 SMVN SBAR Increasing SARS CoV-2 testing capacity 28 Aug 2020.pdf (9 pages)

6.3.	Care Homes	(verbal) Helen Buchanan
6.4.	Test & Protect	(verbal) Dona Milne
7.	REMOBILISATION OF CLINICAL SERVICES PLAN	
7.1.	Position paper on strategic linkages	(enclosed) Susan Fraser
	 ITEM 7.1 SBAR CGC Strategic Linkages 070920.pdf	(5 pages)
7.2.	Acute Services Division Preparedness for future Covid-19 waves	(verbal) Andy MacKay
7.3.	Enhanced vaccination programme - flu vaccine	(enclosed) Helen Hellewell
	 ITEM 7.3 CGC_Flu Vaccination_070920_final.pdf	(8 pages)
8.	QUALITY, PLANNING & PERFORMANCE	
8.1.	Integrated Performance & Quality Report	(enclosed) Helen Buchanan
	 ITEM 8.1 IPQR SBAR CG Committee.pdf	(3 pages)
	 ITEM 8.1 IPQR Aug 2020.pdf	(45 pages)
8.2.	Winter Plan 2020-21	(verbal) Susan Fraser
8.3.	HAIRT Report	(enclosed) Helen Buchanan
	 ITEM 8.3 HAIRT Final Report July V2.pdf	(19 pages)
9.	DIGITAL & INFORMATION	
9.1.	Strategy Delivery Plan update	(enclosed) Lesly Donovan
	 ITEM 9.1 SBAR Impact of COVID-19 on DI Strategy.pdf	(7 pages)
	 ITEM 9.1 20.08.24 Delivery Plan_.pdf	(2 pages)
9.2.	HEPMA Implementation Update	(enclosed) Scott Garden
	 ITEM 9.2 Clinical Governance Committee - HEPMA implementation update - 7th September 2020.pdf	(4 pages)
10.	PUBLIC ENGAGEMENT & CONSULTATION	

10.1.	Survey Update		(verbal)	Helen Buchanan
11.	GOVERNANCE			
11.1.	Draft Strategic Objectives		(enclosed)	Carol Potter
	 ITEM 11.1 CG Corporate Objectives.pdf	(5 pages)		
	 ITEM 11.1 Strategic Objectives 20-21 Draft 2.0.pdf	(2 pages)		
11.2.	Closure of Wesley Unit Randolph Wemyss Hospital		(enclosed)	Helen Hellewell
	 ITEM 11.2 Randolph Wemyss Wellsley Unit.pdf	(7 pages)		
11.3.	Board Assurance Framework – Quality & Safety		(to follow)	Helen Buchanan
11.4.	Board Assurance Framework – Strategic Planning		(enclosed)	Susan Fraser
	 ITEM 11.4 SBAR CGC BAF 5 070920.pdf	(3 pages)		
	 ITEM 11.4 NHS Fife Board Assurance Framework (BAF) V22.0 070920 - Strategic Planning.pdf	(1 pages)		
11.5.	Board Assurance Framework - eHealth		(enclosed)	Lesly Donovan
	 ITEM 11.5 NHS Fife Board Assurance Framework (BAF) V7.0 240820- eHealth.pdf	(1 pages)		
	 ITEM 11.5 BAF Risks - eHealth - Linked Operational Risks as at 240820.pdf	(5 pages)		
	 ITEM 11.5 BAF to Clinical Governance Committee V1.0.pdf	(4 pages)		
11.6.	Organisational Duty of Candour Annual Report 2019-20		(enclosed)	Helen Woodburn
	 ITEM 11.6 SBAR Duty of Candour Annual Report 2019-20.pdf	(2 pages)		
	 ITEM 11.6 Duty of Candour v1 0.pdf	(18 pages)		
11.7.	Corporate Calendar/Committee Dates		(enclosed)	Gillian MacIntosh
	 ITEM 11.7 CGC Schedule of Future Meeting Dates to 2022.pdf	(1 pages)		
12.	ANNUAL REPORTS			
12.1.	Prevention & Control of Infection Annual Report 2019-20		(enclosed)	Helen Buchanan
	 ITEM 12.1 Board Paper IPCT annual report 2019-	(4 pages)		

2020.pdf



ITEM 12.1 Prevention Control of Infection Annual
Report 2019-2020 v0 1 Amended 17 08 2020.pdf

(44 pages)

13. **LINKED COMMITTEE MINUTES & ANNUAL REPORTS - FOR INFORMATION**

13.1. **Acute Services Division Clinical Governance Committee 22 January 2020**

(enclosed)

Dr Cargill



ITEM 13.1 NHSF CGC Board Template 250820.pdf

(3 pages)



ITEM 13.1 ASD CGC Minute 220120
UNCONFIRMED.pdf

(19 pages)

13.2. **Area Clinical Forum - 6 August 2020**

(enclosed)

Janette Owens



ITEM 13.2 Area Clinical Forum Minutes 060820
(Janette Owens (NHS FIFE)).pdf

(5 pages)

13.3. **Fife H&SCP Clinical & Care Governance Committee 7 August 2020**

(enclosed)

Nicky Connor



ITEM 13.3 UNCONFIRMED MINUTE OF CCGC
07.08.20.pdf

(13 pages)

13.4. **NHS Fife Clinical Governance Oversight Group - 16 July 2020**

(enclosed)

Chris McKenna



ITEM 13.4 Unconfirmed Meeting Note of NHS Fife
Clinical Governance Oversight Group 16 07 2020
V0 2.pdf

(7 pages)

13.5. **eHealth Board - 15 July 2020**

(enclosed)

Chris McKenna



ITEM 13.5 draft eHealth Board Minutes 15.07.20
V1.pdf

(6 pages)

13.6. **Integrated Joint Board (IJB) - 26 June 2020**

(enclosed)

Chris McKenna



ITEM 13.6 Draft IJB Minute 26.06.20 -
Unconfirmed.pdf

(8 pages)

13.7. **Infection Control Committee - 5 August 2020**

(enclosed)

Helen Buchanan



ITEM 13.7 ICCNotes 05 08 2020.pdf

(7 pages)

13.8. **Public Health Assurance Group - 11 August 2020**

(enclosed)

Dona Milne



ITEM 13.8 PHAC minutes 170820.pdf

(3 pages)

13.9. **NHS Fife Resilience Forum - 19 August 2020**

(enclosed)

Dona Milne



ITEM 13.9 NHS Fife Resilience Forum Minutes 19
August 2020.pdf

(3 pages)

13.10. Integrated Transformation Board

(enclosed)

Carol Potter

14. ITEMS FOR NOTING

14.1. Scottish Government Letter - Bill to incorporate United Nation Conventions of the Rights of the Child (UNCRC) into our domestic law in Scotland

(enclosed)

Helen Buchanan



ITEM 14.1 UNCRC Incorporation - Engagement -
Letter to NHS Boards August 2020.pdf

(2 pages)

14.2. Scottish Government Letter from Health Minister

(enclosed)

Helen Buchanan



ITEM 14.2 20200730 HIS Community
Engagement_COVID-19 Guidance note July 2020
0.1.pdf

(7 pages)



ITEM 14.2 20200730 HIS Community
Engagement_COVID-19 survey template July 2020
0.1.pdf

(4 pages)

15. ISSUES / ITEMS TO BE ESCALATED

16. ANY OTHER BUSINESS

17. DATE OF NEXT MEETING

Wednesday 4 November 2020 at 2pm via MS Teams

ITEM 3

Fife NHS Board

UNCONFIRMED



MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD VIA MS TEAMS ON WEDNESDAY 8 JULY 2020 AT 2 PM

Present:

Dr Les Bisset, Chair	Martin Black, Non Executive Member
Sinead Braiden, Non Executive Member	Wilma Brown, APF Representative
Helen Buchanan, Nurse Director	Rona Laing, Non Executive Member
Chris McKenna, Medical Director	Dona Milne, Director of Public Health
Janette Owens, ACF Representative	Carol Potter, Chief Executive
John Stobbs, Patient Representative	Margaret Wells, Non Executive Member

In Attendance:

Jim Crichton for Nicky Connor, Director of Health & Social Care	Geraldine Smith for Scott Garden, Director of Pharmacy & Medicines
Gillian MacIntosh, Board Secretary	Andy Mackay, Deputy Chief Operating Officer (Acute)
Margo McGurk, Director of Finance	Lynn Barker, Associate Nurse Director H&SCP
Susan Fraser, Associate Director of Planning & Performance	Esther Curnock, Consultant in Public Health (for Item 6.1)
Lesly Donovan, eHealth General Manager (for Item 5.3)	Dr Helen Hellewell, AMD H&SCP
Lynn Campbell, Associate Director of Nursing ASD	Helen Woodburn, Head of Quality & Clinical Governance
Catriona Dziech, Note Taker	

Dr Bisset welcomed everyone to the first formal meeting of the Committee since March 2020, giving thanks to all staff and those who have worked in partnership and have supported us during the past four months, each with tremendous effort, commitment and dedication. Dr Bisset hoped that staff would now be able to take the opportunity to have some well deserved rest over the summer period.

1. Apologies for Absence

Apologies were received from routine attendees Nicky Connor and Scott Garden. Jim Crichton and Geraldine Smith were in attendance as their respective representatives.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Meetings held on 4 March 2020 and 15 June 2020

The notes of the meetings held on 4 March 2020 and 15 June 2020 were formally approved.

4. Action List

All outstanding actions were updated on the separate rolling Action List.

5. MATTERS ARISING

5.1 Community C. Diff Report

Helen Buchanan advised that the C.Diff numbers have now reduced. She had spoken with colleagues in Infection Control to consider the reason for the increase in numbers prior to Covid-19 and it has been confirmed a substantial amount were due to re-infection. Some enhanced treatments have been approved and a new regime introduced as part of this. Helen Buchanan advised that Keith Morris and Infection Control are content the numbers are going down and will be managed and monitored through the Infection Control Committee going forward.

5.2 eHealth Governance Review Update

Lesly Donovan joined the meeting for consideration of this item.

This report provided an update on the current position of the eHealth Governance Review, previously discussed by the Committee at its meeting in March 2020. There were two consistent outputs from the Digital and Information Strategy consultation as follows:

- To rename the eHealth Directorate to Digital and Information, in line with the strategy (national & local) and other boards.
- To review eHealth governance with the aim to streamline often duplicated reporting.

Lesly Donovan highlighted that whilst the Digital and Information Strategy and subsequent delivery plan (presented to the Committee in March 2020) covers all aspect of Digital, Information Management and Information Governance & Security as per the eHealth operating model, it would be logical to initiate one board/group in the form of the Digital and Information Board to provide overall assurance to the committee. However, due to the level of regulations in these areas, and the level of assurance required about compliance with legislation and the reporting structure to competent authorities, it is felt that an Information Governance & Security Group also reporting onward to the Clinical Governance Committee is appropriate.

It was noted that consideration should be also taken into the difference between assurance of compliance and operational delivery, noting that in the past these distinct activities have become confused in the form of mixed reporting.

To counter this, the proposed governance structure aimed to correct this, with more focus at the IG&S Group and Digital and Information Board on assurance of compliance/delivery. They would be supported by groups focused on operational/programme delivery aspects.

A revised draft terms of reference were each provided for the IG&S Group, the IG&S Operational Group, and the Digital and Information Board, along with supporting groups. The Committee was asked to agree/support the direction of travel. It was reported that, due to Covid-19, the existing groups have been cancelled, with all issues arising being dealt with by the Medical Director as Exec Lead for eHealth and the SIRO. Due to the change in SIRO (to Margo McGurk), and limited opportunity to consult due to current circumstances, further discussions are required to fine tune the proposed terms of reference in relation to both the IG&S Group and Digital and Information Board.

The governance review also provided an opportunity to rename/brand eHealth to 'Digital and Information', which would align NHS Fife with national and local Digital and Information Strategies and naming convention introduced by Scottish Government Health and Social Care and other NHS Boards. It was noted the renaming of eHealth to Digital and Information had now been agreed through EDG.

The Committee agreed and supported the direction of travel to a refreshed governance structure as described above.

It was agreed Carol Potter, Rona Laing, Dr Bisset, Dr McKenna and Susan Fraser would pick up off line the issue of the reporting line through EDG to Clinical Governance, specifically what additional information to take to FP&R in terms of performance monitoring and whether any additional content is required in the IPQR.

Action: CP, RL, LB, CMcK, SF

5.3 Update on Review of Fife Integration Scheme

Jim Crichton advised the review of Integration Scheme had been underway but was paused due to Covid-19 situation. This presents a slight difficulty, as the deadline for the review of the Integration Scheme is within a five year period, ending in August 2020.

There are three key areas of the Integration Scheme which have been the subject of focussed discussion and where consensus as to any variation has yet to be reached.

These are:

- Clinical and Care Governance arrangements
- Arrangements for set aside for large hospital services
- Process for resolving budget variances in year

Discussions have taken place, but there is a challenge in terms of concluding this within the above timescale. Guidance has been issued by the SGHD as many Boards and Partners have been reviewing their schemes but have been unable to complete the review due to Covid. In essence, the review has to be completed within the five-year statutory timescale, but Partners can indicate there are areas where further discussion is required and provide a plan for agreement beyond the current deadline. In the absence of an agreement within the timescale, the remaining agreement will stay in place.

Jim Crichton acknowledged the work has been delayed, but gave assurance that the Partners are working within the SGHD Guidance to conclude the review within the statutory timescale.

Carol Potter also gave the Committee assurance that this is a priority for the Board. It is for the Health Board and the Local Authority to reach agreement and not the responsibility of the IJB, although the IJB links the two together. There is no specific date for completion, but dates are in the diary for early August to reconvene the Steering Group who were looking at the different aspects of the Integration Scheme Review. Although Covid-19 has slowed the process, there is an absolute commitment the work continues towards final resolution.

The Committee noted the update.

5.4 Initial Agreement Document (IAD) for Glenrothes and Queen Margaret Hospitals

Jim Crichton advised that no work had progressed with these IADs due to Covid. A number of changes have taken place in relation to Infection Control recommendations, which have resulted in the reduction in the number of beds. A piece of work to refresh and update these issues will be undertaken and brought back to the Committee in due course.

6 COVID-19 UPDATE

6.1 Testing

Esther Curnock joined the meeting for consideration of this item.

She advised that this report provides a summary of current testing policy and delivery in Fife and detailed the main areas of risk and mitigation actions in place. Appendix 1 set out the current testing indications, the date the programme was started, rationale, and delivery model (who take each sample, where tested, who gives results) and highlighted the following key areas:

- Alternatives pathways for community testing
- Testing as part of an outbreak response
- National Enhanced Surveillance Testing Programme
- Use of Serology Testing
- Laboratory Prioritisation

The three areas to highlight around risk were related to Results and Data Flow; NHS Fife Laboratory Capacity; and sustainability of the Community Testing Team as staff return to substantive posts.

Dona Milne also highlighted the issue of capacity generally within Public Health and across the test and protect programme. This has been discussed and plans are in place to continue with the Community Testing Team meantime. It should also be noted we have been asked to maintain a test and protect service for two years, which will include some of the Community Testing Team, and this proposal is being worked up.

Following comment from Rona Laing around Equality and Diversity, including health inequalities, it was agreed it would be helpful to see an impact assessment of the work undertaken by Esther Curnock and Dr Hellewell around the process of using self-testing kits to meet the needs of the vulnerable population.

Following comment from Margaret Wells around testing, Dona Milne advised that she had met with the Comms Team to look at getting some local messaging out to staff following approval from SGHD.

The Committee noted the contents of the paper for awareness.

6.2 Care Homes

Helen Buchanan advised that this paper is an update on the work carried out across the system and from a nursing perspective since the end of May. On 17 May 2020, Nursing Directors within NHS Scotland received a letter from the Cabinet Secretary for Health and Sport, informing them of a variation to their roles and responsibilities. From 17 May until 30 November 2020, their remit was henceforth to include accountability for the provision of nursing leadership, support and guidance within the care homes and care at home sector, within their given board area.

Following this letter, work was undertaken with the Senior Social Worker and Public Health to assess the 76 care homes within Fife, with the aim of providing a professional, enhanced clinical input into the homes during this period. It was discussed with the Chief Nursing Officer that we could not take any accountability if we have not seen or been aware of the care being delivered within the care homes. Following discussion, a process was thus put in place for assurance visits to be carried out. These were taken forward with the Chief Social Worker, with two Nurses and one Social Worker visiting each home. To undertake this the following was developed:

- Daily contact/check in with all care homes
- Supportive/Assurance Visits
- Workforce
- Specialist Nursing Team support
- Daily Huddles

Helen Buchanan advised the visits to the 76 care homes were now complete and it has proved a positive experience. Theresa Fyfe, Head of The Royal College of Nursing, has been in contact to give us extremely good feedback in terms of the way the work was carried out. This will now be fed back to Lynn Barker and her team, to be written up as exemplar practice.

Helen Buchanan advised that in the main the care within Fife care homes has been excellent and the positive from this is that the care homes are now starting to contact the Board proactively looking for support around spiritual care and infection control. Lynn Barker advised that the teams within Health, Social Work and Care Home staff had all worked well together during this difficult time.

It was noted this piece of work will continue until November 2020, so ongoing contact will be maintained now the assurance visits have been completed. Work continues with some care homes in terms of quality improvement and this will be closed off shortly. Through our specialist nursing teams and others, we will also look at the work to be taken forward in terms of education and training with the care homes.

Helen Buchanan advised that clarity had been sought around the “care at home” issue and confirmed the Chief Nursing Officer has confirmed we are not accountable for care at home, though we can support. The responsibility for care at home sits with the Chief Social Worker.

The Committee noted that the ongoing supportive work continues, collaboratively with all the homes and all key stakeholders. Dr Bisset thanked and congratulated Helen Buchanan, Lynn Barker and her team for all the hard work that was entailed as a result of this new responsibility / accountability; the task should not be underestimated. It is also pleasing to hear this hard work has been recognised by the SGHD.

6.3 Lessons Learned: Covid-19 hospital onset

Helen Buchanan advised that this paper was written prior to the Health Protection Scotland report being published, so everything in the paper was initiated not because of our data but because of the lessons learned. The paper has been amended slightly to reflect the report, but this is the work that is being taken forward during the Pandemic as we had outbreaks within our areas.

Helen Buchanan advised that as we went through the Pandemic, we had outbreaks not in the places we originally thought would have been vulnerable. A lot of care and effort had gone into the Acute Services at the beginning, where it was thought the most serious issues would be, but as the Pandemic began outbreaks were highlighted within Community Hospitals. It is also understood the first outbreak within a community hospital was actually prior to lockdown, linked to a visitor. As more became understood about the disease, this changed the focus of prevention.

The report from Health Protection Scotland shows Fife had a higher percentage of hospital-onset Covid-19 cases than other Boards during the Pandemic. This occurred early on in the incidents during the Pandemic, so probably from 20 March through to April. In May we only had five reported cases and within June there are no further reports.

Locally for NHS Fife the key learning from clusters of Covid-19 outbreaks were:

- Asymptomatic carriage / atypical presentations
- Movement of staff and patients
- Social distancing
- Introducing cleaning pauses
- Regular PAGs & IMTs
- A MDT decision
- Review and reduction of number of beds in our community hospital bays
- Terminal cleans

Helen Buchanan advised that meetings will be held with Health Protection Scotland to understand the data. An update report will come back to the Committee in due course.

The Committee noted the report.

7 REMOBILISATION OF CLINICAL SERVICES PLAN

7.1 Remobilisation Plan

Susan Fraser advised that this paper provides the Committee with an update on the Joint Mobilisation Plan for Fife following the Covid-19 pandemic. The purpose of this document is to inform the Committee of the Joint Mobilisation Plan agreed with the Scottish Government and to describe the actions taken to restart clinical services and the governance supporting the restart. Along with the Plan, a template was submitted of projected activity until the end of July 2020. The Remobilisation Plan is just for that period. The activity template is also included within the IPQR.

The following actions took place as part of the Covid-19 Mobilisation Plan:

- Pausing of all elective activity except the highest clinically prioritised urgent and cancer work, including outpatients, diagnostic and inpatients and day case treatment and procedures being undertaken.
- Some staff were deployed to other clinical services within NHS Fife and Fife H&SCP.
- All primary care referrals were deferred except urgent and suspicion of cancer. Referrals received were prioritised by clinicians and only seen if a high priority
- Limited services for CAMHS and Psychological Therapy services.

The process to remobilise these services is now considered at the Remobilisation Oversight Group, which has met weekly for the last five weeks.

At the end of the Plan there is an updated infographic around the phased approach for restarting. This also sets out a plan for Phase 1, 2, 3 and 4 of Remobilisation of Clinical Services against National Covid19 phases.

Work has also started to develop the next Plan from August 2020 to March 2021, which will include looking at every single service we have and what position we are in and how we can restart. Supporting that, we will be looking at projections in activity. This will be monitored by the SGHD closely.

Dr McKenna advised that the Remobilisation Oversight Group is working well and primarily oversees the restart of services that were stood down. It is now discussing getting the balance right between what is Remobilisation of services and what actually becomes redesign and transformation. It was noted the Winter Plan will fit in to the next version of the Remobilisation Plan.

Carol Potter highlighted that the remobilisation work provides an opportunity to change the mindset and find a way of working to better deliver healthcare and support our patients and staff. The Remobilisation Oversight Group is a short-life working group that will come to a natural conclusion relatively soon, and we will move its activity in to normal business. Part of the conversation undertaken by some of the Directors in the

context of transformation and redesign is how do we reframe and reshape our services Fife-wide going forward.

It was noted that we previously had a Transformation Board, which was just starting to evolve at the end of 2019. We need to learn the lessons from Covid-19 and rethink what that looks like going forward in terms of a Strategic Planning Group. A structure is needed where ourselves, linked with the Partnership touching the local Authority, can discuss transformation in a way that cuts across our business, financial planning, workforce planning, clinical strategy and eHealth. All this links into the development of our Annual Operational Plan and to the Government supporting both the Health Board and the services delegated to the Integrated Joint Board. This also in some respects links back to the earlier paper on the Fife Integrated Scheme, because we need to be progressing discussions between the Partnership and Acute Services across the whole system. It is not about Remobilisation per se, but relevant in the context of wider change. Carol Potter will discuss further with Helen Buchanan, Dr McKenna and Susan Fraser in the coming weeks and a further report brought back to the Committee.

Carol Potter also highlighted that although the Remobilisation Plan is due with the SGHD by the end of the month, an opportunity will be taken to get Staff Side input via APF, prior to the Plan's consideration at the Private Session of the Board.

The Committee noted the Joint Mobilisation Plan and the actions taken so far to restart clinical services following the Covid-19 Pandemic. A further iteration of the Plan will be brought back in due course.

7.2 Update from Integrated Transformation Board

Covered by Carol Potter under Section 7.1.

7.3 Clinical Strategy Update

Subsumed in the discussions around transformation above.

8 QUALITY, PLANNING AND PERFORMANCE

8.1 Integrated Performance & Quality Report

This report informed the Committee of performance in NHS Fife and the H&SCP against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is (with certain exceptions due to a lag in data availability) was up to the end of April 2020.

Due to the Covid-19 pandemic, the report has been updated on a 'data only' basis since March, with all open Improvement Actions being marked as 'ON HOLD'. The process has been restarted by updating existing Improvement Actions and identifying new ones which reflect the spirit of the Remobilisation Plan, where possible.

Helen Buchanan advised that complaints performance had fallen away during the Pandemic but gave the Committee assurance that the Complaints Team had still been operating, though in a very different way. The issues had been in relation to the clinical complexities of the complaints and clinical staff being unable to consider these due to them managing the Pandemic. This resulted in some complaints sitting at 20 days or just over. Holding letters were sent out to all complainants and regular telephone contact was made to update them of the position.

The complaints process during the Pandemic changed and the nature of complaints also changed, especially in relation to what was reported in the media. As we come out of the Pandemic, the nature of the complaints is changing again. During the Pandemic many of the complaints were Stage 1, were thus treated as a concern and the clinical staff managed them quickly. All complaints were documented no matter what they concerned and the Team will pull out all the Covid-related complaints as a debrief going forward. Over the last few weeks the Complaints Team are now starting to see the tail off complaints prior to Covid being completed and being sent back through. The Team will now be looking at an improvement plan on not only how to deal with the 20 day response deadline but how to manage this in terms of the complaints that were not closed during Covid-19 timeframes.

The Committee noted the report.

8.2 Annual Operational Plan Update

Susan Fraser advised that, as at March 2020, the draft AOP was with the SGHD awaiting formal sign off. The Remobilisation Plan will act as AOP for this year and our performance will be measured by what is recorded within that. We are mindful the AOP is a live document and will continue to monitor it this year, but it is different due to the Pandemic and what we have experienced.

8.3 Winter Plan 2020-21

Susan Fraser advised that the Winter Plan will be incorporated in the next version of the Remobilisation Plan. Work has begun with Acute and H&SCP to review last winter and take lessons learned into the plan for this year. This will also include lessons learned from Covid.

A detailed review of the Plan will be considered at the next meeting.

Action: Susan Fraser

8.4 HAIRT Report

The reports up to 29 February and 30 April 2020 were submitted for information. A lot of the detail is contained within the IPQR, but there is additional information for assurance in the HAIRT report.

Helen Buchanan advised that it was important to note that at the start of the Pandemic the Chief Nursing Officer did revise some of the HAI surveillance to allow teams, especially Infection Control, to be freed up to do other things. This included:

- All mandatory and voluntary Surgical Site Infection (SSI) surveillance should be paused until further notice. *(Although we still continued informally to collect our C Section data as this was something we had been working on over the last few years and the data was starting to improve.)*
- For SAB, ECB and CDI, Boards should continue to report case numbers and origin of infection data but are not required to report risk factor data as would normally be expected under enhanced/extended surveillance. This will still allow Boards to report on case numbers and to establish whether cases are healthcare or community associated.
- The data for CDI, SAB and ECB will continue to be fed into the Quarterly Epidemiological Data Officials Statistics, enabling Boards and HPS to identify trends, exceptions and to take immediate mitigating action where necessary.
- Boards are still required to implement local surveillance of all mandatory NHS Scotland alert organisms and conditions set out in Appendix 13 of the National Infection Prevention and Control Manual (NIPCM).
- Routine surveillance in ICU will pause in order to prioritise resource for enhanced surveillance of Covid-19 specifically.
- As part of the Covid-19 response, there will be dedicated enhanced surveillance of Covid-19 infections specifically.

Helen Buchanan advised that although it felt like everything had halted due to the Pandemic, reporting has continued as we had to ensure that we did not end up with another outbreak of something else, or an increase in infection rates that had been missed in that period.

The Committee noted the HAIRT report and were assured vigilance carried on during the Pandemic.

8.5 Joint Health Protection Plan 2020-22

The Clinical Governance Committee is asked to accept the JHPP for 2020-22, which has been agreed between Fife Council Environmental Health and NHS Fife Public Health departments.

Dona Milne advised that the Plan is updated every two years and was prepared pre Covid. The Plan is approved by both the Board and Fife Council, then published. The Plan attempts to set out some of the environmental issues within Fife and how we will work together to address them. It had been considered whether to seek permission from SGHD to rewrite the plan due to the Pandemic, but it was agreed to include some information on Covid-19 to bring it up to date, as it will take a few months to firm up our operational plans for health protection going forward.

The Committee noted the report and accept the recommendation for approval by the Board.

9 GOVERNANCE

9.1 Board Assurance Framework – Quality & Safety inc. update on Risks 1652 and 1670

The Board Assurance Framework was discussed. Following review, there have been no changes to linked operational risks.

Specific detail was requested by the Committee held on 4 March 2020 on the following risks:

Risk 1652 - Lack of Medical Capacity in Community Paediatric Service

This remains as a high risk. A paper is currently in development for consideration by the Executive Directors' Group.

Risk 1670 - Temperature within fluid storage room within critical care

This remains as a high risk. At present the doors are remaining open as this is still in a secure area and not open to members of the public. This allows the temperature to remain at the correct level. The service requested a meeting with the Head of Estates to rectify this long term but, due to Covid-19, it not been able to go ahead; the meeting will be reconvened when possible

Dr Bisset noted that there are a number of risks specifically related to Covid-19 and asked if there was anything that specifically needed to be highlighted to the Committee. Helen Buchanan advised that the Covid-19 risks have been considered by Silver and Gold Command and risks identified within Gold Command. Many of them are National issues and have been dealt with locally where possible.

The Committee approved the ranking of the risks.

9.2 Board Assurance Framework – Strategic Planning

The Board Assurance Framework was reviewed. Dr McKenna advised that there would be many changes over the next few months as we start to look at things in a different way. The risk remains, but the detail will start to change as transformation and redesign take place in the new world of Covid.

The Committee approved the current iteration of the BAF in the circumstances and agreed to await updates as transformation moves forward.

9.3 Board Assurance Framework – eHealth

Dr McKenna highlighted the addition of Risk 1746 - Introduction of O365 - will cause disruptive levels of Network traffic overhead.

The Committee approved the ranking of the risks.

9.4 Annual Assurance Statements/Reports from sub-committees/groups:

- **Clinical & Care Governance Committee Assurance Statement**
- **eHealth Annual Report & Assurance Statement**
- **Health & Safety Sub-Committee Annual Report & Assurance Statement**
- **Information Governance & Security Annual Report & Assurance Statement**

It was reported that all formal Committees of the NHS Board are required to provide an Annual Statement of Assurance for the NHS Board, which is considered initially by the Audit & Risk Committee. The requirements for these statements is set out in the Code of Corporate Governance. In order for the Clinical Governance Committee to finalise its own report, it first requires to consider the annual statements of assurance from its formal sub-groups, including the Clinical & Care Governance Committee of the IJB.

Gillian MacIntosh highlighted that the majority of the Statements would normally have been considered in the May round of Committee meetings, but, due to the Pandemic, have been approved either by circulation to the Committee or directly by the Chair of the Committee.

Gillian MacIntosh highlighted that there were inconsistencies in the format of the Assurance Statements and sought approval from the Committee to create a new template for next year for each group to use. The Committee supported this request.

Action: Gillian MacIntosh

Following comment from Margaret Wells around the H&S Sub Committee quorum and membership, Gillian MacIntosh agreed to feed back to Andy Fairgrieve that consideration should be given to increasing the Membership to allow the meeting to be Quorate.

Action: Gillian MacIntosh

The Statements from the Sub Committees / Groups were noted.

9.5 Clinical Governance Committee Annual Statement of Assurance

The annual reports from the Committee's sub groups were included in Item 9.4 and their content has been considered in the drafting of this report. In addition to recording practical details such as membership and rates of attendance, the format of the report has been reviewed this year to include a more reflective and detailed section (Section 4) of agenda business covered in the course of 2019-20, with a view to improving the level of assurance given to the NHS Board.

Gillian MacIntosh asked members to feed back any comments to her on the new format.

Action: All

The Committee formally approved the Clinical Governance Annual Statement of Assurance.

9.6 Internal Audit Governance Checklist

The purpose of this paper was to invite the Clinical Governance Committee to reflect on the Internal Audit Governance Checklist provided to support the work of NHS Boards and Committees during the pandemic period. Annex 1 set out the specific parts of that checklist relevant to the work of this Committee. Other sections are being considered by the other governance committees and the Board as a whole.

The Committee was asked to consider the specific areas covered in their checklist and consider whether it should be used to support the governance process during the pandemic. Other Board committees have found the checklist useful as an aid to prioritise agenda business (when reviewed in conjunction with an update of the Committee's routine workplan), and to serve as a gap-analysis tool, to help identify new topics and areas that the Committee should receive updates on at future meetings, to enhance their understanding and provide assurance on new or developing risks.

It was agreed this would be a useful aid memoire for Committee Leads to consider when preparing agendas in the immediate future.

9.7 Committee Annual Workplan

The Committee noted the 2020-21 Workplan had previously been signed off at the last meeting in March 2020, but now required updating. This revised version includes additional sections on Covid-19 updates and Remobilisation of Clinical Service planning and will be revisited over the coming months.

The Committee approved the revised Workplan.

10 INTERNAL AUDIT REPORTS – FOR NOTING

10.1 Audit Report B19/20 - Adverse Events Management

Dr McKenna advised this was a helpful report and would allow the development of an improvement plan to look at and manage Adverse Events.

The Committee noted the findings of the report.

10.2 Audit Report B15/20 - Follow-up Transformation Programme Governance

Susan Fraser advised that this audit was based on a previous audit undertaken a few years ago and the recommendations have been largely superseded. Given the current situation, consideration will need to be given how the audit is done in the future. Susan Fraser was asked to ensure a caveat is added to the report for Audit & Risk.

Action: Susan Fraser

The Committee noted the findings of the report.

10.3 Audit Report B31/20 - eHealth Strategic Planning and Governance

The Committee noted the findings of the report, noting it related to the earlier agenda item and discussion.

11 LINKED COMMITTEE MINUTES AND ANNUAL REPORTS – FOR INFORMATION

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

11.1 Update on linked Committees

11.2 Fife Drugs & Therapeutic Committee (03/06/20)

11.3 Health and Safety Sub-Committee (meeting held 13/03/20 & 12/06/20)

11.4 Infection Control Committee 09/06/20)

11.5 Integration Joint Board (IJB) (28/02/20, 27/03/20, 26/05/20)

11.6 Public Health Assurance Committee (27/02/20)

12 ANNUAL REPORTS

12.1 Update on Annual Reports reporting in May and June

Helen Woodburn advised that, as a result of the Covid-19 pandemic, the normal reporting schedule of annual reports due at the Committee in May and July has been disrupted. This is due to the response from teams and the organisation to the pandemic, which has resulted in a delay with the preparation and creation of these reports.

The Committee noted the outstanding reports detailed in the report. The cancellations have all been directly related to the response of the organisation to the Covid-19 pandemic. These reports have been requested and will be presented to the Committee at the earliest opportunity in the next round of meetings in order to minimise any further delay.

12.2 Clinical Advisory Panel Annual Report

The Committee noted the report.

13 Issues / Items to be Escalated

Dr Bisset suggested the following items for escalation to the Board:

- Testing
- Remobilisation Planning

Dr Bisset will also discuss with Dr McKenna, Helen Buchanan and Helen Woodburn any further issues for escalation to the Board at its July meeting.

14 Any Other Business

There was no other competent business.

15 Date of Next Meeting

Monday 7 September 2020 at 2pm via MS Teams

TABLE OF ACTIONS FOR NHS FIFE CLINICAL GOVERNANCE COMMITTEE
UPDATED ON 8 JULY 2020
FOR DISCUSSION ON 7 SEPTEMBER 2020

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 134 Report from Information & Governance Security Group on Compliance with General Data Protection Regulations (GDPR)	6.3.19	Minute Ref 022/19 Report to be brought to NHSFCGC in early March 2020.	CMcK	March 2020 August 2020	4.3.2020 CMcK spoken to LD & Senior Data Protection Team – on going process. GDPR important - update on current situation & when become compliant.
	8.7.2020	Work still in progress. Links to Item 5.2 on agenda. Update will follow in due course.	CMcK	September 2020	
Item 168 Linked Committee Minutes	16.1.2020	Minute Ref 011/20 <i>Clinical Governance & Oversight Group</i> LB, CMcK, RC & SG to meet to discuss the issue of medicines information within the IPQR.	LB, CMcK, RC, SG	March 2020 May 2020 July 2020	4.3.2020 Still to meet to discuss. 8.7.2020 Discussed and resolved.
Item 169 NHS Fife Digital & Information Strategy	4.3.2020	Minute Ref 021/20 CP advised EDG had recently discussed the document and a few minor tweaks around language had been made since this version was circulated. The final version would be circulated to Members.	CMcK	May 2020 July 2020 September 2020	8.7.2020 On hold meantime will be discussed at next meeting.

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 170 Update from Integrated Transformation Board (ITB)	4.3.2020	Minute Ref 022/20 It was agreed a reporting arrangement whereby the Committee would receive Initial Agreement documents, sight of the Business Case before sign off, implementation reports by exception, with a final report at the end of a project; and Requested a verbal update to the next Clinical Governance Committee from the March 2020 ITB meeting.	JC	May 2020 July 2020	8.7.2020 Covered by CP under Main Agenda Item 7.1.
Item 171 Community Hospital Redesign	4.3.2020	Minute Ref 022/20 It was agreed the IADs for Glenrothes and Queen Margaret Hospitals be submitted to the next Clinical Governance Committee, together with the original strategy document and a timeline for developing further; and It was also agreed that an additional meeting of the Committee could be convened, if required, to help accelerate the programme noting the Committee's responsibility to be able to reassure itself and the Board that there are unlikely to be any unintended consequences with moving forward with the IADs but having the option to change this once the full strategy is available.	NC	May 2020 July 2020 September 2020	8.7.2020 Jim Crichton advised that no work had progressed with these IADs due to Covid. A number of changes have taken place in relation to Infection Control recommendations, which have resulted in the reduction in the number of beds. A piece of work to refresh and update these issues will be undertaken and brought back to the Committee in due course.

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 172 Clinical Strategy Update	4.3.2020	Minute Ref 022/20 The Clinical Governance Committee noted the review of the Clinical Strategy and the associated timetable to deliver the Clinical Strategy 2021-26, in particular that a update paper will be submitted to the May 2020 Clinical Governance Committee	SF	May 2020 July 2020	8.7.2020 Main Agenda item 7.3. Subsumed in discussions around transformation.
Item 173 Integrated Performance & Quality Report (IPQR)	4.3.2020	Minute Ref 023/20 Areas of improved performance in relation to Caesarean Section SSI, In-Patient Falls, SABS and ECB CAUTIs were highlighted. Further detail on the rise in C.Diff (HAI/HCAI) cases acquired due to a healthcare intervention in the community would be submitted to the next meeting. CMcK would check the figures as the number was different to that reported in the HAIRT report.	LBa CMcK	May 2020 July 2020	8.7.2020 Main Agenda item 8.1.
		Minute Ref 023/20 Challenges remained around Complaints (Stage 2) and Pressure Ulcers. LB would arrange for MB to meet with the Director of Nursing on issues in relation to performance in meeting the Complaints (Stage 2) target. Whilst there have been staffing issues within the Patient Relations team, it is a complex process and CP assured the Committee that as Chief Executive she signed all complaint letters on behalf of the organisation and would seek to improve performance.	LBa	July 2020	8.7.2020 Main Agenda item 8.1.

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 174 Board Assurance Framework (BAF) – Quality & Safety	4.3.2020	Minute Ref 024/20 The report provided an update to the Committee on Quality & Safety and CMcK outlined the changes to linked operational risks. Further detail on Risks 1652 and 1670 would be provided to the next Committee meeting. MW suggested that Risk 1652 linked into Looked After Children and included a role about adoption and fostering panels. She requested that the broad responsibilities and impact of that be addressed in the detail to the next meeting.	CMcK	May 2020 July 2020	8.7.2020 Main Agenda item 9.1.
Item 175 eHealth Governance Review	4.3.2020	Minute Ref 024/20 The Clinical Governance Committee noted progress and agreed to receive a further paper to the next meeting.	CMcK	May 2020 July 2020	8.7.2020 Main Agenda item 5.2
	8.7.2020	It was agreed Carol Potter, Rona Laing, Dr Bisset, Dr McKenna and Susan Fraser would pick up off line the issue of the reporting line through EDG to Clinical Governance, specifically what additional information to take to FP&R in terms of performance monitoring and whether any additional content is required in the IPQR.	CP, RL, LB, CMcK, SF	September 2020	
Item 176 Annual Workplan 2020/21	4.3.2020	Minute Ref 024/20 The Annual Workplan 2020/21 was presented to the Committee. CP stated that some of the lead Directors for various reports would need to be amended and she would pick this up directly with CMcK / HWo.	CP	May 2020 July 2020	8.7.2020 Main Agenda item 9.7
Item 177 Linked Committees – H&SCP Clinical & Care Governance	4.3.2020	Minute Ref 025/20 SB asked about the upward trend in the rate of restraints within Mental Health and it was agreed she would pick up with HH/CB outwith the meeting.	SB	May 2020 July 2020 September 2020	8.7.2020 SB & HH still to meet to discuss

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 178 Winter Plan 2020-21	8.7.2020	The Winter Plan will be incorporated in to the next version of the Remobilisation Plan and considered at the next meeting.	SF	September 2020	
Item 179 Revised Template for Assurance Statements	8.7.2020	Due to inconsistencies in the format of the Assurance Statements GMCl to create a new template for next year for each Group to use.	GMCl	2021	
Item 180 H&S Sub Committee Quorum	8.7.2020	GMCl agreed to feed back to Andy Fairgrieve that consideration should be given to increasing the Membership to allow the meeting to be Quorate.	GMCl	September 2020	
Item 181 Clinical Governance Committee Annual Statement of Assurance	8.7.2020	Members to feed back any comments on the new format GMCl.	ALL	September 2020	
Item 182 Audit Report B15/20 – Follow Up Transformation Programme Governance	8.7.2020	Susan Fraser advised that this audit was based on a previous audit undertaken a few years ago and the recommendations have been largely superseded. Given the current situation, consideration will need to be given how the audit is done in the future. Susan Fraser was asked to ensure a caveat is added to the report for Audit & Risk.	SF	September 2020	

DATE OF MEETING:	7 th September 2020
TITLE OF REPORT:	Community Paediatrics
EXECUTIVE LEAD:	C McKenna
REPORTING OFFICER:	R Cargill, AMD, Gemma Couser, General Manager WCCS

Purpose of the Report (delete as appropriate)		
	For Information	

SBAR REPORT
<p>Situation</p> <p>The Community Paediatric Service continues to face significant challenges in the recruitment of medical staff at all levels. As a result the ability to deliver a safe, effective service for children and young people of Fife is compromised. The service received 1754 new referrals (May 2019 – April 2020) with 1054 accepted into the service. Currently the longest waiting patient is 101 weeks. The service has an overall caseload of approximately 3040 patients – 850 are ADHD patients who require more regular review if they are on medication (80% of these patients are on medication).</p> <p>There has been significant work undertaken to redesign the service including introduction of specialist nursing roles and the input of psychology. Despite this the challenges in medical recruitment mean that the impact of improvement has not been realised at the level required.</p>
<p>Background</p> <p>The reason for the current position is twofold:</p> <ol style="list-style-type: none"> <p>Workforce</p> <ul style="list-style-type: none"> Over the past decade the medical workforce for Community Paediatrics has reduced from 13.35 WTE to 6.25 WTE today. It is important to note that there has been a drastic reduction in the medical workforce since 2016. The current medical workforce is comprised of Consultants (0.85 WTE), Associate Specialists and Specialty Doctors (4.0 WTE) and 1.0 wte agency locum. It is anticipated that in the next 12 months that 1 Associate Specialist and 1 Specialty Doctor will retire. There have been several unsuccessful attempts to recruit to vacant consultant and specialty doctor posts. This reflects a national shortage of consultants in Community Paediatrics with particular difficulty for areas out with the major cities in recruiting the few trained doctors available. Appropriately trained locums are also of limited availability, are extremely expensive

and provide no long term solution.

- The Consultant establishment has reduced to 0.85 WTE in view of the resignation of one of the Consultant staff.

2. Caseload

- The caseload of most Community Paediatric departments has historically predominantly consisted of children with neurodisability, developmental issues, child protection and issues and responsibilities for Looked after children (LAC). Nationally it is recognised that there has been a significant increase in demand for autism and attention deficit hyperactivity (ADHD) assessments.
- Compared to peer Boards, Fife is unusual in that the CCH caseload also comprises a large number of children with attention deficit hyperactivity disorder (ADHD) and behavioural issues. ADHD services sit within CAMHS in most other Board areas in Scotland. Annually there are c350 new ADHD referrals into the service. The care for these children includes assessment for ADHD, prescribing of medication if indicated and ongoing monitoring and follow ups.
- This is a clinical risk particularly to children and young people who receive medication for ADHD and require regular review of blood pressure, height, weight and pulse. In view of the current capacity constraints the service is unable to provide follow up appointments at clinically appropriate intervals for children with ADHD. The service has looked to address this by recruiting ADHD nurses who can review the less complex patients with clinical supervision from the paediatrician.
- The historical acceptance of all referrals into Community Paediatrics has contributed to the caseload difficulties faced by the service. By accepting referrals for difficult behaviour and sleep problems over the years the specialist skills of the community paediatrician are not being utilised. Community Paediatricians are specialists in the assessment and diagnosis of developmental delay, genetic disorders and neurodisability.
- Up until 2018 there were no defined referral criteria for the service. Work was undertaken to clarify the core business of the service and new referral criteria developed and promoted. Despite the new criteria referring practitioners continued to refer as before and the community paediatricians have continued to accept until the vetting of referrals was limited to the 2 substantive consultants at the time.

Management Arrangements

It is also important to note that the management of the clinical service is overseen by both the Acute Services Division and the Health and Social Care Partnership. The organisational complexity in place necessitates the requirement for a tripartite management arrangement to ensure that all aspects of

the service are overseen in totality.

Assessment

The current staffing position is as follows:

- 0.85 wte Consultant Community Paediatrician (1)
- 0.7 wte Lead Consultant Child Protection (1)
- 0.8 wte Associate Specialist (general community paediatrics) (1)
- 0.6 wte Associate Specialist (Adoption and Fostering only) (1)
- 2.6 wte Specialty Doctors (general community paediatrics) (3)
- 0.4 wte NHS Locum Consultant Child Protection (1)
- 1.6 wte Agency Locum Consultant Paediatricians (general) (2)

Vacancies

- 2.20 wte Consultant Community Paediatrician – 1.0 wte post out to advert – 1 applicant to date
- 1.75 wte Associate Specialist
- 1.0 wte Specialty Doctor post out to advert – 1 applicant for interview

Impact on Quality

The clinical team continue to ensure high quality interactions with children/ young people and their parents/carers. Nonetheless current waiting times for appointments are having an impact on patient experience and quality of service as evidenced in the table below:

Complaints	<p>From June 19-June 20 the service has received:</p> <p>84 stage 1 complaints 19 stage 2 complaints</p> <p>There have been a number of complaints from MSP's regarding the service waiting times and in January 2020; Willie Rennie MSP took his concerns to the Health Minister. We have had no feedback from this however.</p>
Compliance with NICE guidelines	<p>There are currently 875 ADHD patients on the review caseload. The quality of care provided to these patients is not as recommended in the NICE guidance where medication should be reviewed when stable 3-4 monthly and 4-6 weekly while medication is being titrated. While the ADHD nurses contribute to the review of patients there are insufficient specialist doctors available to provide clinical supervision.</p>

<p>Delivering the right care by the right team at the right time</p>	<p>Many of the ADHD cases are extremely complex with social and emotional difficulties and are out with the scope of practice for the Community Paediatricians to deal with. Many of the ADHD and autism children/young people require support from Psychology and CAMHS as they are appropriately trained to deal with the psychological co morbidities that present with these patients.</p>
<p>Statutory Requirements</p>	<p>Community Paediatricians have to undertake specific statutory duties in terms of Child Protection medicals and supporting the medical needs of children and young people with complex healthcare and medical needs in schools and are part of the team around the child.</p> <p>Children and Young people with complex medical needs will have a multi agency Child's Plan in place that the Community Paediatrician contributes to. Education Services are also responsible for developing a Co-ordinated Support Plan (CSP) for children with additional support needs. The CSP is a statutory document that requires review every 12 months of which the Community Paediatrician plays an integral role. The CSP has a specific section where medical needs are indicated and any medications requiring administration at school have to be clearly documented and reviewed.</p> <p>If the capacity issues continue within Community Paediatrics then it is likely that the service will have to only deliver the statutory duties and nothing else.</p>

Electronic Record Systems

The community paediatricians are still using paper based clinical notes unlike a number of the services they link with who have been transferred over to MORSE. The transfer to MORSE for community paediatrics has been delayed even further with COVID 19 and it is unlikely to happen until the end of 2021. The benefit of MORSE to the service is in the use of electronic assessment forms, the availability of electronic information from other services which can be added to reports requested for educational support plans/supporting requests and the reduction in storage requirements for the clinical files. Electronic notes mitigates the risks for transferring notes between health centre locations where files are held.

If the transfer to MORSE could be arranged as soon as possible this will significantly reduce the

administrative workload of the community paediatricians.

Service Redesign Undertaken to date:

A significant amount of service redesign has been undertaken over the last 2.5 years, converting medical vacancies into nursing and AHP posts:

- 5 ADHD Nurses (3.2 wte) to support review of the 850 ADHD patients on the caseload
- 0.5 wte Band 6 SLT to support autism assessment
- 0.1 wte Band 8b Clinical Psychology the support referral vetting and signposting
- 0.5 wte Band 5 Nurse to support development of the Nurse led Enuresis service (Community Paediatricians no longer see enuresis patients as a result)
- 0.5 wte Band 6 Nurse to support complex learning disability patients – joint post with CAMHS (Community Paediatricians no longer review these patients as a result as they are seen by CAMHS LD Service)

Actions Taken to mitigate Risk:

- Agency locums secured
- Advertising of 1.0 wte Consultant Paediatrician and 1.0 wte Specialty Doctor
- Engagement of agency staff to reduce waiting list for new patients and to review outstanding patients where vacancies have not been filled.
- Advertising of an Advanced Nurse Practitioner post (1.0wte) both as a substantive post and as a secondment. We have been unable to recruit to this post and will now re-advertise as a training post.
- Conversations with neighbouring Health Boards – NHS Lothian and Tayside to identify support that could be provided in terms of clinical sessions. No support was possible from other Boards
- Regular review of referral criteria to focus on core business of community paediatrics – signposting to other resources and services where referrals are not accepted.

Future Short to Mid Term Plans:

- 1.0 wte Band 3 HCSW to support the review of ADHD patients’ medication. Height/Weight and blood pressure is required before medication can be started/reviewed/restarted. To enable review by Near Me these biometrics are required. This is awaiting approval.
- 0.6 wte Agency locum for 3 months (late August – November 2020).
- 0.4 wte Specialty Doctor as part of a joint post with Acute Paediatrics to provide clinical sessions to community paediatrics. This is currently awaiting approval.
- 0.4 wte Specialty Doctor from February 2021 to support developmental assessment.
- Further Advanced Nurse Practitioner roles to be developed.

Improvement Overview

Appendix 1 summarises the components of the programme of improvement work required.

Risks:

- **Risks relating to the service are reflected on the Risk Register**
- The Consultant Community Paediatrician has an obligation to contribute to the Support

Plans for children with special needs. This work must be prioritised over general paediatric work thereby reducing capacity further.

- Capacity to attend child protection case conferences/providing evidence at hearings and in court. The Consultant Community Paediatrician again must prioritise these activities.
- Paper based paediatric records increase the administration time for the community paediatricians and could be mitigated by moving to MORSE as a priority.

It is anticipated that it will be another 2 years before any CCH trainees will be available for recruitment. The service requires at least another 3 substantive Consultant posts to provide adequate service delivery, supervision for both medical and nursing staff and service development/leadership. There is recognition that recruitment attempts will be futile and as such a full system redesign is essential to meet the needs of service users.

Recommendation

Clinical Governance Group is recommended to:

1. Note the risks associated in view of the significant vulnerabilities of the Community Paediatric Service;
2. Support a programme of improvement work to progress a full system redesign in partnership with the Health and Social Care Partnership and Acute Service Division;
3. Note that the improvement work will be phased on short, mid and long term plans;
4. Note that cross system leadership arrangements will be agreed to effectively support this improvement work; and
5. Note that the service redesign may include invest to save opportunities.

Objectives: (must be completed)	
Healthcare Standard(s):	
HB Strategic Objectives:	NHS Fife Clinical Strategy Children's Services Plan

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

Impact: (must be completed)	
Financial / Value For Money	Skill mixing of posts has been undertaken where possible.
Risk / Legal:	Clinical risk is high due to inability to review patients on a timely basis and the long waiting time for new patients to be seen.
Quality / Patient Care:	Quality of patient experience is poor due to waiting times and lack of timely review. This has resulted in a high volume of complaints from parents and the involvement of MSP's.
Workforce:	The morale within the medical workforce is poor due to the capacity and staffing issues. Staff are trying their very best to deliver a good service however we have had 2 staff off sick in the last year with work related stress for periods of over 3 months. Staff burnout is a huge risk to service delivery.
Equality:	Clinics are not equitable across Fife depending upon staffing.

APPENDIX ONE: Community Paediatrics Improvement Service Plan

Service Component	Current Service Summary	CP Core Business	Annual New Patient Demand	Annual Review Patient Activity	Challenges with Current Service Configuration	Options for Moving Forward
ADHD	ADHD patients are appointed into clinics as and when appointments are available – this means that some reviews are 12 – 18 months behind	No - in most areas ADHD sits within CAMHS with no community paediatrician input	354	850 review patients on caseload (80% of which are on medication that should be reviewed every 4-6 months once stable)	<p>Medical Team are not trained to care for the complex psychological morbidities that patients present with often meaning ADHD represents % of activity in service and as such reduces time available for meeting the needs of patients who can only be cared for by CP team.</p> <p>Through service redesign ADHD Nurses have been employed to assist with the review of non complex patients however there are no nurse prescribers and the</p>	Improvement work has been commissioned by the HSCP to identify short, mid and long term actions to redesign the ADHD pathway.

					limited number of paediatricians makes clinical supervision of caseloads challenging	
Autism	<p>Referrals for autism assessment are required to come from 1 health professional and 1 education professional. Some children wait on the community paediatric list for over a year to then be referred onto the autism assessment pathway and wait another 18 months for a diagnostic appointment</p> <p>Patients on the autism pathway sit on the community paediatric caseload until they are</p>		New referrals are not split into condition specific	420	Referrals for autism will be part of the neurodevelopmental pathway – children and young people will be referred via education and then jointly triaged and assessed taking into account a range of conditions not just autism	<p>No referrals directly to community paediatrics for autism assessment</p> <p>Discharge from caseload once on AAP waiting list unless other medical issues that require attention</p>

	seen at AAP and then a follow up arranged with the paediatrician					
Looked After Children	Statutory duty for the organisation – health professional to undertake assessment not restricted to a doctor	Yes	79	Review LAC HNA not undertaken	Medical capacity to assess within the 4 week timeframe is insufficient	Moving to Health Visitors and Family Nurses undertaking LAC under 5's. There will be a requirement for 1 clinic every 2 months for any more complex assessments
Sleep	Referrals for starting sleep medication from GPs have been accepted over many years by the paediatricians when in reality this was not the most appropriate course of action.	Only in those with neurodisability	New referrals no longer accepted for sleep – medications prescribed following presentation of other	280	Prescribing has been high and choices of medication not as currently advised. Sleep hygiene should always be the first line of action and prescriptions only for those with a neurodisability	All patients on sleep medication are reviewed by Near Me joint consultation with paediatrician and Sleep Scotland trained nurse to ultimately stop medication through

			conditions			improved sleep hygiene
Developmental Assessment	Core to the role of the community paediatrician – experts in this area	Yes	New referrals are not split into condition specific	211	Review of these young patients is not timely and conducting developmental assessment takes time and resource. There is often months between appointments before delay is confirmed and therefore there is a delay in the support that can be provided	Specific clinics for developmental disorders and assessments
Neuro developmental Pathway	Still in development	Yes			Referrals for neurodevelopmental conditions – ADHD/Autism/FASD all come into the community paediatric referral inbox and are vetted. Those accepted for assessment are added to the waiting list	Pathway not yet operational – SBAR being prepared to request funding to support the pathway delivery
Genetic Disorders	Core business	Yes	New referrals are not split into condition	101	Not reviewed as timely as would be expected as clinics are full of ADHD patients	Genetic condition specific clinic

			specific			
Administrative Support	Provided across 3 different management teams in HSCP				Inconsistency within SOPs	Revisit admin review Including previous scoping to consolidate admin team for CP
Clinic Locations	Clinic locations have previously been reduced following service redesign however there is scope to reduce further				Clinical notes are held in different locations – notes are sent back and forward to QMH/WBH/VHK which can be challenging and a clinical risk. Electronic notes would be the best solution - MORSE	Continuation of Near Me and telephone clinics will require less clinic locations and an opportunity to centralise to QMH and WBH/VHK mainly with limited outreach
Medical Workforce	Mainly due to retireals the service has endured reduced medical workforce capacity year on year. Vacancies are difficult to fill due to national shortage. Service redesign has converted				The service currently has 0.85wte Consultant; 0.8wte Associate Specialist for General service; 2.6 wte Specialty Doctor; 1.0wte Child Protection Consultants and 0.6 wte Adoption and Fostering Associate Specialist.	1.0 wte Consultant post advertised 1.0 wte Specialty Doctor advertised 1.0 wte Agency locum requested 0.5 wte NHS locum (previous employee retired)

	some medical posts to nursing to deal with this				1.0wte agency locum also in post till February 2021	
Nursing Workforce	ADHD Nurses have been employed using medical money to support the review of ADHD patients				4 nurses in post (3.2 wte) 1.0 wte Advanced Nurse Practitioner (secondment) post being advertised	More Advanced Nurse Practitioners are required
AHP Workforce	Money provided to Speech and Language Therapy to support autism assessment pathway				0.5 wte Band 6	SLT core to the assessment process for AAP
Psychology Workforce	Psychology are currently involved in referral vetting				0.1 wte Band 8B	Psychology input helpful as part of vetting to signpost to other services

Item 5.2

NHS Fife



Meeting:	Clinical Governance Committee
Meeting date:	7 September 2020
Title:	Update on Progress on the Integration Scheme Review for Fife Health and Social Care Partnership
Responsible Executive:	Nicky Connor, Director of Health and Social Care
Report Author:	Nicky Connor, Director of Health and Social Care

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Legal requirement

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

Section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires the Local Authority and the Health Board to conduct a review of the Integration Scheme before the expiry of the relevant period for the purpose of identifying whether any changes to the scheme are necessary or desirable. The Committee is being asked to note progress on the review of the scheme.

2.2 Background

Section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires the Local Authority and the Health Board to conduct a review of the Integration Scheme before the expiry of the relevant period for the purpose of identifying whether any changes to the scheme are necessary or desirable.

The scheme must be jointly reviewed each subsequent 5-year period. The legal deadline for the review of the Fife Scheme was 19 August 2020.

2.3 Assessment

A joint process to review the scheme was initiated in December 2019 and five meetings have taken place and were paused after 11 March 2020 due to the Covid-19 pandemic. A meeting was held on 24 August 2020 to progress the review.

There are two key areas of the Integration Scheme which has been the subject of focussed discussion and review remains ongoing.

These are:-

- Clinical and Care Governance arrangements.
- Risk Share split for budgeting processes.

Whilst initial discussions have taken place on these issues, further progress is required to ensure they are concluded, and the Integration Scheme updated accordingly.

An initial meeting to restart this process took place on Monday 24 August 2020. However, to conclude the process the updated Scheme will require to be submitted to both Fife Council and NHS Fife Board for agreement and then on to Scottish Government for formal approval.

The review of the Integration Scheme was therefore not concluded by the deadline of 19 August 2020.

It is expected that this review will be concluded by the end of 2020 and until then the successor scheme is in place, the current Integration Scheme remains in force.

2.3.1 Quality/ Patient Care

The Integration Scheme is the framework for the partnership working to support the outcomes of integration which include quality and patient care to meet the needs of the people of Fife.

2.3.2 Workforce

The Integration Scheme includes workforce.

2.3.3 Financial

The Integration Scheme includes agreement between partners about financial aspects.

2.3.4 Risk Assessment/Management

A letter has been sent to Scottish Government outlining the progress to date.

2.3.5 Equality and Diversity, including health inequalities

There is no impact on this at present as this is a progress report.

2.3.6 Other Impact

No other relevant impact.

2.3.7 Communication, Involvement, Engagement and Consultation

Will be undertaken once the review has been completed.

2.3.8 Route to the Meeting

A joint process to review the scheme was initiated in December 2019 and five meetings have taken place and were paused after 11 March 2020 due to the Covid-19 pandemic. A meeting was held on 24 August 2020 to progress the review.

2.4 Recommendation

- **Awareness** – For Members' information only. The Committee is being asked to note progress on the review of the scheme.

Report Contact

Norma Aitken
Head of Corporate Services

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NHS Fife

Meeting:	NHS Fife Clinical Governance Meeting
Meeting date:	7 September 2020
Title:	Internal Audit Report – Adverse Event Management B19/20
Responsible Executive:	Dr C McKenna
Report Author:	Helen Woodburn, Head of Quality and Clinical Governance

1 Purpose

This is presented to the group for:

Awareness

This report relates to a:

- Emerging issue identified through the above report, the rating of this report has raised concerns at the Audit and Risk Committee.

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective

2 Report summary

2.1 Situation

This report was reported at the 8th July Clinical Governance Committee. The overall rating in audit opinion for this review is limited. The review identifies several actions to address the weaknesses within the system which require to be addressed. The Audit and Risk Committee have requested further assurances to be provided to the NHS Fife Clinical Governance Committee on the progress made to address said weaknesses.

2.2 Background

This review evaluated the design and operation of the controls relating to implementation of actions to address issues identified from Adverse Event Reviews - Significant Adverse Event Reviews (SAER) and Local Adverse Event Reviews (LAER). Specifically, this audit looked at process and procedures in place to manage actions to full implementation, as well as the ongoing monitoring of actions implemented to confirm they remain in operation and are effective.

2.3 Assessment

The NHS Fife Adverse Event Group/ Duty of Candour Group oversee the actions identified in this report through to implementation. This group under normal circumstances

meet every 2 months. However during the months of April through to end of July these meetings were cancelled in order for the organisations to respond to the covid -19 pandemic. The first meeting was re-convened 18 August 2020 and an update was provided on all of the actions identified.

There were 4 action points within the report as follows

Action point reference 1

Progress to date

- Risk Management Key Performance Indicators (KPI) have been developed and agreed.
- The adverse events related indicators will be reported to the Adverse Events/ Duty of Candour Group on 18 August 2020, EDG on 20 August 2020 and as part of the IPQR to the NHS Fife Clinical Governance Committee on 4 November 2020
- A report of status report on overdue actions will be reported to each meeting of the NHS Fife Adverse Event / Duty of Candour group. Reports in Datix will be established for Divisions and Directorates to have access to information relating to their areas of responsibility

Action point reference 2

Progress to date

- Status on actions will be a standard item on the agenda for Adverse Events group.
- Since March 2020 and the response to the emerging Covid-19 pandemic, a report has been provided every month to the Acute Services Division and Health and Social Care Partnership which contained detailed information on Adverse Events, Duty of Candour and the status of actions since 2017 to present.
- Status report of actions and overdue actions is to be reported through local clinical governance groups.

Action point reference 3

Internal Audit identified there is a lack of detail contained in Datix on the steps taken to implement actions; to show an action is closed is not sufficient. This was also identified for actions relating to sharing learning.

Progress to date

- Needs further discussion with the Adverse Events group and feasibility.

Action point reference 4

Strengthen the trail of identifying officers when actions are closed and signed off

Progress to date

- Fields within Datix have been identified and will the user to confirm if an action is complete. Further discussions to take place with regard to additional evidence required as reports and learning summaries are in the system.

2.3.1 Quality/ Patient Care

The quality and safety of patient care and experience has been impacted by an adverse event. The systems and processes outlined above are important to have in place so

assurances can be provided to demonstrate change and improvements to mitigate against such events reoccurring.

2.3.2 Workforce

The impact may that some additional requirement to entry more details into Datix and run reports.

2.3.3 Financial

Not applicable

2.3.4 Risk Assessment/Management

This is part of a response to an audit which outlines a gap in the controls. Specific risk assessment for this report is not required.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed on this element of reporting and managing adverse events. An assessment is completed as part of the policy.

2.3.6 Other impact

None identified.

2.3.7 Communication, involvement, engagement and consultation

This report was first discussed at the Adverse Events / Duty of Candour group in February 2020

This paper has not been considered by other groups as part of its development.

2.3.8 Route to the Meeting

This report is to be presented at the NHS Fife Adverse Event/Duty of Candour Group 18 August 2020.

EDG 20th August 2020

2.4 Recommendation

- **Awareness.**

Report Contact

Helen Woodburn

Head of Quality and Clinical Governance

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NHS Fife

Meeting:	NHS Fife Clinical Governance Committee
Meeting date:	7 September 2020
Title:	Shielding Update
Responsible Executive:	Dr C McKenna
Report Author:	Helen Woodburn, Head of Quality and Clinical Governance

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe

2 Report summary

2.1 Situation

The prevalence of Covid-19 is now very low which means that, from 1st August 2020, the advice to shield has been paused. Those on the shielding list have been advised to follow the guidance issued to the general population in Scotland, while highlighting the importance of stringent physical distancing and hygiene measures to decrease exposure to COVID-19.

2.2 Background

Shielding was introduced in response to the emerging situation of Covid -19 pandemic. Patients who were identified as clinically vulnerable were advised to take extra precautions during the peak period, due to the increase of risk of serious illness from covid-19.

The categories of patients defined as clinically vulnerable include

- solid organ transplant recipients
- people with specific cancers, and treatments
- people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)
- people with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell)

- people on immunosuppression therapies sufficient to significantly increase risk of infection
- women who are pregnant with significant heart disease, congenital or acquired
- other people who have also been classed as clinically extremely vulnerable, based on clinical judgment and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions

Identification has been from searches of national databases, hospital clinicians and GPs identifying patients.

2.3 Assessment

All patients on the shielding list have received a letter from the Chief Medical Officer. This outlines the new advice and highlights the support and guidance produced by Scottish Government.

Health boards along with Public Health Scotland have been advised to maintain to shielding list even after this pause. This means that patients should continue be identified and even removed if required from the list. This is because the Scottish Government will continue to monitor the prevalence of Covid-19 across Scotland, and processes of support may be required to be activated at short notice. In the event of a significant increase in the virus level, patients will be advice to follow new advice. If this situation arises patients will be contacted directly and Health Boards will be informed. The Scottish Government will continue to work with a clinical advisory group for shielding in Scotland.

The key clinical administration systems for acute services and GP practice will continue to be updated with alerts identifying patients to clinicians who have been advised to shield. For patients who need to access healthcare their needs will be assessed by a clinician as part of any GP or hospital care. The assessment will help to decide where, when and how patients should be seen. During this period this means that consultations can be carried out as an appointment over the telephone or via Near Me (a video calling service used by the NHS) or as a face to face consultation; an appointment at home, but equally (after assessment of infection risk and clinical need) may involve patients going to a practice, health centre or hospital to be seen.

2.3.1 Quality/ Patient Care

The identification of patients shielding supports the patients to take additional precautions to keep safe and well and clinical teams to deliver safe care to these patients.

2.3.2 Workforce

The impact to staff is the work to maintain an active shielding list, and the provision of services to manage, consult and admit patients who are shielding, which may be out of normal parameters.

2.3.3 Financial

None identified at present

2.3.4 Risk Assessment/Management

The risk relating to increase of infection is being monitored by Scottish Government who will advise accordingly in the event of a rise. At the moment the prevalence of Covid-19 is low, which means the risk of infection is low. Patients are advised to follow social distancing rules and hygiene measures.

2.3.5 Equality and Diversity, including health inequalities

A local impact assessment has not been completed as this applies to all groups of people who come into the shielding categories.

2.3.6 Other impact

None identified

2.3.7 Communication, involvement, engagement and consultation

The clinicians the information on shielding is relevant to have been involved and communications and advice has been shared throughout the shielding and pause period.

2.3.8 Route to the Meeting

This has previously been considered as part of the Clinical governance agenda by EDG 20 August 2020.

2.4 Recommendation

- **Awareness** – For Members' information only.

Report Contact

Helen Woodburn

Head of Quality and Clinical Governance

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**Urgent request for NHS Microbiology / Virology
Laboratories to increase SARS CoV-2 testing capacity**

**Response from Scottish Microbiology & Virology Network
(SMVN)**

28 August 2020

SITUATION

On 27 August 2020, the Scottish Microbiology & Virology Network (SMVN) SARS CoV-2 Technical Group Chair was alerted to the fact that NHS Scotland's allocation of UK Government Lighthouse Laboratory testing is to reduce due to UK demand for testing exceeding capacity. The anticipated availability of 40,000 tests per day to Scotland via the UK Government Lighthouse testing facility is believed to be reducing to 11,000 – 12,000 tests per day in line with Scotland's population share of total UK capacity. Via the SMVN, NHS Scotland Health Boards laboratories have been asked to increase testing capacity to make up (in part) for the short fall.

BACKGROUND

Early in the COVID-19 pandemic, NHS Scotland Health Board Microbiology / Virology laboratories all introduced SARS CoV-2 testing over a short period of time.

Current NHS testing capacity sits at 59,465 tests per week. This has been achieved in close partnership with NSS National Procurement involving the procurement of new equipment, redeployment of pre-existing equipment and procurement of tests. Initial rollout of testing was, by necessity, reactive.

Members of the SMVN are the service providers and subject matter experts in the field of SARS CoV-2 testing. As such, the SMVN played a significant role in the National Laboratories Programme options appraisal on developing a "Sustainable COVID-19 Laboratory Testing service for Scotland." The SMVN recommendation was to increase testing capacity at both Health Board and Regional level in a measured fashion. Unfortunately, the service providers and subject matter experts were overruled when UK Government offered NHS Scotland 40,000 tests per day via Lighthouse laboratory testing. The current situation whereby the figure of 40,000 tests per day is not being realised has pushed the problem back to the Health Board laboratories which are expected, once again, to increase testing capacity in a reactive and precipitous manner.

That said, the SMVN community have always been committed to providing a gold standard service and continue to do so. There is an absolute willingness to increase testing capacity but the subject matter experts urge caution and recognition of the fact that there are some limitations out with their control. In parallel with the current request, there is local Health Board pressure to support remobilisation of clinical services including surgery.

The SMVN will continue to go above and beyond what is necessary but it is unlikely to be enough to bridge the testing capacity gap.

In addition to addressing increasing Health Board laboratory testing, NHS labs are fully occupied in bringing forward the operational date of the Regional Testing Hubs and in remobilising partner node testing.

ACTION

The SMVN SARS CoV-2 Technical group convened on Friday 28 August 2020, 09.00 – 10.50. The only Health Board not present was NHS Western Isles (due to annual leave); all others were represented at the meeting.

Each Health Board proposed possible solutions and flagged risks and issues. After much discussion, it was evident that there were common themes across all Health Boards therefore the following is a collated response.

DATA

1. The following data were obtained early on 28/08/2020 with regard to Lighthouse Lab testing of Scottish citizens.

Tests carried out per Health Board area by Lighthouse Lab in past 7 days

Board	Total tests	Care home tests	Board	Total tests	Care home tests
AA	2,553	764	HG	2,936	328
BR	1,135	295	LN	7,180	729
DG	754	241	LO	8,696	1,376
FF	3,116	454	OR	3	1
FV	3,105	605	SH	71	32
GR	4,848	737	TY	5,275	465
GGC	13,697	1,815	WI	124	110

The SMVN requests that a timeline is provided detailing the Lighthouse Lab capacity available to NHS Scotland. Further data on reasons for testing per Health Board are also requested.

NHS EQUIPMENT / TESTS / CAPACITY

2. Over the course of the pandemic, the NHS laboratories have had underutilised testing capacity but this is reducing as demand for testing increases.
3. NHS laboratories are willing to have specific sample groups diverted from the Lighthouse laboratory on condition this is done in a controlled manner and does not jeopardise the principle function of the service which is to support patient care in the acute NHS sector. It is also on condition that the necessary pathways and logistics are in place.
4. A significant number of Health Boards have ordered additional testing equipment to increase testing capacity and await its arrival (both short and medium term). This applies to NHS Fife, Grampian, Lanarkshire, Lothian and Tayside.
5. Some Health Boards have new equipment in place (ordered for other purposes) and await allocations of SARS CoV-2 tests, due in September. (Abbott Alinity M: NHS Ayrshire & Arran, Grampian, GG&C, Lothian).
6. NSS National Procurement are working to identify additional equipment in conjunction with the SMVN and to secure a supply of additional tests.
7. There is still some urgency to provide additional equipment for the Island Health Boards which rely on the GeneXpert system – its tests are on allocation and are in short supply. A suitable system has been identified and requires budgetary sign-off.
8. Remaining Health Boards could accommodate additional equipment.
9. Expanded use of Pathology Department equipment is being explored.
10. Innovative solutions adopted elsewhere in the world are being explored such as sample pooling. Pilot work has been conducted via NHS Lothian and NHS Grampian.

STAFFING / WORKING HOURS

11. NHS Board Microbiology / Virology staff have gone above and beyond the call of duty over the course of the COVID-19 pandemic and many are working additional hours / days. As a consequence, the workforce is stretched and exhausted. It is not possible for them to give any more than they are already.
12. All Health Boards are already operating extended working hours, 7 days /week, to optimise workflow.
13. All Health Boards are exploring how to further optimise workflow to maximise testing capacity.
14. Moving towards full batch testing (as opposed to partial batch testing) will mean that availability of results will slow down which will cause significant issues for acute care management.
15. The majority of Health Boards already offer a full SARS CoV-2 testing service 7 days / week.
16. Night shift working was considered but deemed unnecessary due to the pattern of receipt of samples into the lab during a 24 hour period.
17. Regardless of the point above, overnight processing of SARS CoV-2 samples is not achievable due to significant issues in recruiting additional suitably qualified Biomedical Scientists.
18. A number of Health Boards are currently trying to recruit additional qualified staff but they do not exist in sufficient numbers.
19. At the beginning of the pandemic, staff from other NHS laboratory departments and university staff were drafted in to help out but they have all returned to their designated jobs as business as usual has resumed. The drafting in of other staff is currently being explored again by many Health Boards.

NON-COVID TESTING

20. It has been suggested that non-COVID testing is stepped down to accommodate additional SARS CoV-2 testing. This is not possible and does not align with SG and NHS Board remobilisation of clinical services which must be supported by laboratory diagnostic services.

PRIORITISATION OF COVID-19 / SARS CoV-2 TESTING

21. There is a request that policy decisions on testing align with available capacity and in consultation with service providers / subject matter expert advice.
22. There is a request that NHS Board Chief Executives are contacted by SG to make them aware of the current situation and support local increased testing capacity.
23. Local deviation in following policy recommendations should be avoided if it means additional unnecessary testing is carried out.
24. The SMVN has contributed to a paper drafted by the Joint COVID-19 Diagnostic Group SLWG on Testing Pathways. Various patient / citizen populations have been prioritised on a scale of 1-5 where 1 is highest priority. Abstracted version in appendix 1.
25. It is recommended that symptomatic Care Home testing is diverted from the Lighthouse Laboratory to NHS Laboratories.
26. It is recommended that asymptomatic screening and academic study work is paused until testing capacity significantly increases.
27. In alignment with COVID-19 Nosocomial Group recommendations, it is strongly recommended that the routine screening of hospital admissions over the age of 70 stops as there is no proven utility.
28. Demand for inappropriate testing of school children who have “runny noses” but no symptoms of COVID-19 is rapidly increasing. Education round this and demand management is urgently requested.
29. During the recent Grampian outbreak, over 90% of the contact tracing testing was carried out at the Lighthouse laboratory. Capacity must be protected to ensure provision for any future outbreaks.

LOGISTICS & PATHWAYS

30. No matter how willing NHS Microbiology / Virology laboratories are to increase testing capacity and test samples which are currently routed to the UK Government Lighthouse laboratories, significant and critical logistical issues must be addressed.
31. The process to order a test and logistics to transport swabs to the correct location must be addressed.
32. Pathways must be addressed: Availability of results to appropriate individuals / agencies is critical. Data flow, contact with Public Health teams, Test & Protect teams, IMTs etc is essential.

RECOMMENDATIONS / DECISIONS

SHORT TERM

- a. NHS Microbiology / Virology laboratories are absolutely willing to use spare testing capacity to test some samples that currently go to the Lighthouse Laboratories. This must be done in a strictly controlled manner.
- b. The principle function of the NHS Microbiology / Virology service is to support patient care in the acute NHS sector and this must always remain a priority.
- c. NHS Microbiology / Virology laboratories are reviewing workflow to maximise SARS CoV-2 testing capacity.
- d. Some Health Boards have just taken delivery of new equipment procured locally, or are about to take delivery of equipment which will increase testing capacity.
- e. Logistics / data flow are essential.
- f. The easiest population to transfer to NHS Lab testing is Care Home testing.
- g. The SMVN recommends pausing all asymptomatic screening until capacity significantly increases. This includes testing hospital admissions over 70 years of age.
- h. There are significant recruitment issues meaning expanding the workforce is challenging.
- i. The current workforce has given everything to the pandemic and is exhausted. They already operate expanded working hours. There is no current justification to move to 24/7 testing.

MEDIUM TERM

- j. NHS Health Boards await delivery or equipment already ordered.
- k. Additional equipment needs to be ordered for some Health Boards.
- l. New tests coming on stream for existing equipment to be procured.
- m. Explore innovative solutions such as sample pooling.
- n. Establishment of the NHS Regional SARS CoV-2 testing centres will offer up to 10,000 tests per day for NHS Scotland and the development of these centres is crucial especially as we approach the winter season.

GENERAL

- o. Close engagement between policy makers and service providers is requested.
- p. SG requested to contact Board Chief Executives asking them to support increasing local testing capacity.
- q. UK Government Lighthouse Laboratory capacity timeline requested.

Submitted by:

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On behalf of the following Health Board representatives who attended the SMVN SARS CoV-2 Technical Group meeting on 28 August 2020:

Health Board	Representative
SMVN	Dr Fiona MacKenzie, Dr Martin Connor
AA	Lisa Hunter
BR	Dr Ed James, Caroline Thompson
DG	Adele Foster
FF	Stephen McGlashan, Lisa Logan, Dr Mairiead MacLennan
FV	Shona Traynor, Liz Kilgour, Dr Ben Cook, Dr Elan Tsarfati
GGC	John Mallon
GJNH	Jackie Wales
GR	Dr Noha El Sakka, Lesley Beveridge, Gary Stuart, Fiona Reynolds (Elgin)
HG	Dr David Ashburn, Dr Susan McDonagh
LN	Ian McCormick, Lynn Guthrie
LO	Dr Kate Templeton, Lorna Germain, Julie White, Linda Mulhern
OR	Eamonn Keyes
SH	Sam Willis, Paul Shindler
TY	Rajiv Farmer
WI	Apologies
NP	David Taggart

APPENDIX 1

Testing Pathways - Laboratory Processing Destination & Sampling Location

Group	Laboratory Processing Destination	Contingency (Back up: Destination at 90% Capacity)	Categorisation (for NHSS/NSS laboratories) (Scale of 1-5; 1 is highest priority)
Hospital Setting			
Symptomatic			
Admissions/ in-patients*	NHSS Microbiology/ Virology Laboratory	NSS Regional Hub	1
Asymptomatic			
Asymptomatic Elective In Patients – 48 hours prior to admission	NSS Regional Hub		
Hospital ward staff in an outbreak setting	NHSS Microbiology/ Virology Laboratory	NSS Regional Hub	1
ICU/HDU, pre-surgery, pre-endoscopy, other similar	NHSS Microbiology/ Virology Laboratory	NSS Regional Hub	2
In-patients awaiting discharge to care home	NHSS Microbiology/ Virology Laboratory	NSS Regional Hub	3
≥70 year-old screening – day 1 STOP	NHSS Microbiology/ Virology Laboratory	NSS Regional Hub	5
≥70 year-old and subsequent every 4 days STOP			

Care Home/ Adult Home Setting/ Closed Settings			
Symptomatic residents	NHSS Microbiology/ Virology Laboratory	NSS Regional Hub	1
Admissions from hospital/ community	NHSS Microbiology/ Virology Laboratory	NSS Regional Hub	1
Residents and staff in an outbreak setting (at least 1 confirmed case)	NHSS Microbiology/ Virology Laboratory	NSS Regional Hub	1
Linked care home testing	NHSS Microbiology/ Virology Laboratory	NSS Regional Hub	1
Surveillance testing PAUSE UNTIL TESTING CAPACITY INCREASES SIGNIFICANTLY	NSS Regional Hub	UKG Lighthouse Laboratory	5
Weekly staff testing PAUSE UNTIL TESTING CAPACITY INCREASES SIGNIFICANTLY	UKG Lighthouse Laboratory	-	5
Care Placements			
Children moved between/ to new care placements	NSS Regional Hub	UKG Lighthouse Laboratory	1
Health & Social Care Key Workers			
Symptomatic NHS/ care home/ health & social care key workers/ household members	NHSS Microbiology/ Virology Laboratory	NSS Regional Hub	2
Asymptomatic healthcare worker screening (NHS/ care home/ health & social care key workers) PAUSE UNTIL TESTING CAPACITY INCREASES SIGNIFICANTLY	NSS Regional Hub	UKG Lighthouse Laboratory	3

Other Key Workers – UK Testing Programme			
Symptomatic other key workers/ household members	UKG Lighthouse Laboratory	-	5
Symptomatic other key workers unable to work from home/ household members	UKG Lighthouse Laboratory	-	5
Asymptomatic other key workers (incl police and fire)	UKG Lighthouse Laboratory	-	5
General Public/Community – UK Testing Programme			
Symptomatic (all ages) for possible admission to hospital	NHSS Microbiology/ Virology Laboratory	NSS Regional Hub	1
Other symptomatic (all ages)	UKG Lighthouse Laboratory	-	5

Teaching Staff/Students/Nurseries – Surveillance Groupings
PAUSE UNTIL TESTING CAPACITY INCREASES SIGNIFICANTLY

Asymptomatic Primary School Teachers	UKG Lighthouse Laboratory		5
Asymptomatic Other Primary/Secondary School Staff	UKG Lighthouse Laboratory		5
Asymptomatic Secondary School Teachers	UKG Lighthouse Laboratory		5
Asymptomatic College Teaching & Non Teaching Staff	UKG Lighthouse Laboratory		5
Asymptomatic University Lecturers	UKG Lighthouse Laboratory		5
Asymptomatic Primary School Students	UKG Lighthouse Laboratory		5
Asymptomatic Secondary School Students	UKG Lighthouse Laboratory		5
Asymptomatic College /University students	UKG Lighthouse Laboratory		5
Asymptomatic Screening of College & University Oversees Students	UKG Lighthouse Laboratory		5

NHS Fife

Meeting:	Clinical Governance Committee
Meeting date:	7 September 2020
Title:	Position Paper on Strategic Linkages
Responsible Executive:	Carol Potter, Chief Executive
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Annual Operational Plan
- Clinical Strategy
- Remobilisation Plan
- Winter Plan

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

As we enter into a COVID-19 sensitive environment following the last 5 months of the COVID-19 pandemic and emergency planning measures, this is the time to take stock of the strategic direction of NHS Fife and how the strategic plans submitted to the Scottish Government (SG) are delivered through services and where the connections are.

This is a position paper explaining the linkages between the NHS Fife and Fife HSCP's strategic documents and the strategic plans submitted to the Scottish Government.

2.2 Background

Each year NHS Fife submits its plans to SG formally through the Annual Operational Plan (AOP) – previously this document was called the Local Delivery Plan (LDP). Throughout

the year, SG formally performance manage NHS Fife against its performance and service changes. Over the last two years, in recognition of the need for more longer term planning, the AOP became a 3 year planning document which included the medium term (3 year) financial recovery plan.

2020/21 has not followed the usual process due to the emergency planning measures in place for COVID-19. The AOP was submitted in March 2020 and before it was signed off by SG, emergency measures were in place and planning for mobilisation and remobilisation started. The AOP is still in draft form with SG.

The development of the AOP is aligned to the strategic direction of NHS Fife which can be found in the publications including the Clinical Strategy and Fife Health and Social Care Strategic Plan. The Clinical Strategy was due to be reviewed and refreshed for 2020/21 but was not completed due to COVID-19. It will be completed by the end of 2021.

The key strategic element of the AOP was the delivery of the transformation programmes and these included:

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

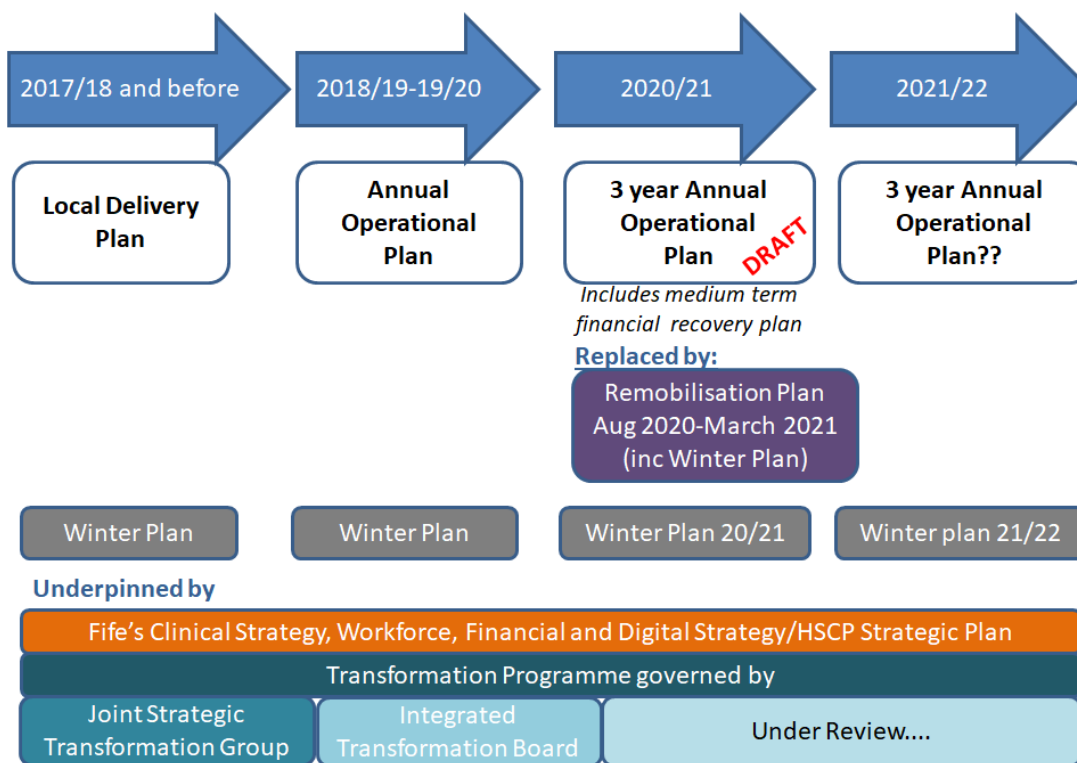
Progress since March 2020 has been limited in most of these programmes due to COVID-19.

2.3 Assessment

In 2020, in Fife two critical factors have resulted in a review of current arrangements - the COVID-19 pandemic and the emergency planning measures imposed across the country resulting in a pausing of all health and social care activity except to support COVID-19 and the appointment of a new Chief Executive for NHS Fife.

The timeline on the next page illustrates the changes that have occurred over the last 5 years for the strategic planning that is submitted and agreed with the Scottish Government.

Timeline of changes to Strategic Planning



Annual Operational Plan (AOP)

The AOP is produced yearly and submitted to SG and is used by SG to performance manage the delivery of clinical services by NHS Fife. The AOP for 2020/21 changed to cover a 3 year period and includes medium term service and financial planning. The AOP replaced the long standing **Local Delivery Plan (LDP)** in 2018/19.

Winter Plan

The Winter Plan is produced yearly but it reported through the board biannually - the Winter Plan then the Review of Winter is presented to the board. The Review includes lessons learned that are taken into the next cycle of winter planning.

In 2020/21, an indicative Winter Plan was included in the draft AOP submission to SG in March 2020. This was going to be build on over the summer months ready for submission around October following a number of winter planning and review workshops. However, due to COVID-19 the focus of the winter plan include

Remobilisation Plan

Since the pandemic outbreak, there have been 3 submissions of Mobilisation and Remobilisation Plans to SG.

- (1) Mobilisation Plan detailing how NHS Fife and Fife HSCP mobilised services to deal with COVID-19. First draft submitted 19 March with final version submitted 27 March 2020.
- (2) First remobilisation Plan detailing plan for the restart of services and set up of the governance up to the end of July 2020 including activity templates. Draft submitted 31 July 2002 with second draft submitted after some feedback 10 June 2020.

- (3) Second Remobilisation Plan detailing service restart and service redesign to end of March 2021 including activity templates. First draft submitted on 31 August 2020. Feedback meeting with SG on 18 September 2020.

This Plan also covered high level Winter Actions reflecting a COVID-19 sensitive environment and these and output from the Winter Planning workshop on 18 August 2020 will form the basis of the Winter Plan 2020/21.

The Activity Templates submitted with the first draft will be reviewed with SG and amended throughout the year to reflect changes in available capacity.

Underpinning these plans are local strategies and the transformation programme as well as regional planning.

Update on Clinical Strategy

The Clinical Strategy was developed and published in 2016 and covered the period 2016-2021. Work to refresh the strategy earlier in 2020 was paused when COVID-19 arrived. This work will be picked up in the next month and the next version of the Clinical Strategy will be completed for 2021/22.

Transformation Programme

Work is underway to review and redesign the transformation programme taking into account the transformation and changes taken place during and following the COVID-19 period and the new leadership of NHS Fife under a new CEO and directors.

A workshop on 3 September 2020 is taking place with the directors to agree the priorities going forward and the structure of governance and reporting.

Regional Planning

The East Region Board aims to work collaboratively to achieve clinical and access consistency across the Region where possible and appropriate to do so. NHS Fife continues to work closely in planning complex and tertiary level services with the East Region Planning Group and other regional boards: NHS Lothian and NHS Borders.

2.3.1 Quality/ Patient Care

Strategic planning supports the delivery of high quality care to patients.

2.3.2 Workforce

Effective strategic planning supports staff health and wellbeing.

2.3.3 Financial

Effective strategic planning is supported by financial planning.

2.3.4 Risk Assessment/Management

2.3.5 Equality and Diversity, including health inequalities

Effective strategic planning includes the appropriate equality and diversity impact assessment process.

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

Appropriate communication, involvement, engagement and consultation within the organisation and with key external stakeholders will be part of strategic planning.

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Chief Executive 1 September 2020

2.4 Recommendation

The Clinical Governance Committee is asked to:

- **Note** the current strategic linkages between strategic planning and NHS Fife's strategies and transformation programme.

3 List of appendices

The following appendices are included with this report:

- 

Report Contact

Report Contact

Susan Fraser

Associate Director of Planning and Performance

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Meeting:	Clinical Governance Committee
Meeting date:	07 September 2020
Title:	Enhanced Seasonal Flu Vaccination Programme 2020/21
Responsible Executive:	Dona Milne, Director of Public Health
Report Author:	Helen Hellewell, Associate Medical Director Fife HSCP; Esther Curnock, Deputy Director of Public Health

1 Purpose

This is presented to EDG for:

- Awareness

This report relates to a:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective

2 Report summary

2.1 Situation

This report provides an overview of the delivery plans and governance arrangements for the enhanced seasonal flu vaccination programme across Fife in 2020/21. The Clinical Governance Committee are asked to **note** the delivery plan and governance arrangements outlined in this paper for awareness.

2.2 Background

The 2020/21 flu campaign is set to be more challenging than previous flu seasons. Health Boards have been instructed to plan for the unprecedented demands of a winter flu campaign within the restrictions of an ongoing pandemic, whilst simultaneously considering the requirements should a COVID-19 vaccine become available during the same time period. Given the impact of COVID-

19 on vulnerable groups, it is imperative that we reduce the impact of seasonal flu on those most at risk.

The CMO letter outlining the eligible groups for the adult of seasonal flu vaccination programme was issued 07/08/20¹. This included an extended national programme to offer vaccination households of those who are shielding, social care staff who deliver direct personal care and all those aged 55-64 years old. For those aged 55-64, not otherwise eligible due to qualifying health conditions or employment, vaccine will be delivered in a second phase starting in December at the latest. The CMO letter also stated that the programme should be extended to those aged 50-54 if vaccine supply allows (this will be reviewed by Scottish Government as the programme progresses).

Scottish Government have identified the flu programme as a Ministerial priority and immunisation preparation is a key clinical priority of Boards and Partnerships. The CMO letter stated that a whole system response (bringing in the wider health system not just General Practice) is required if a successful programme is to be delivered. Boards across Scotland will have varying approaches as a result of the local phasing of implementation of Vaccination Transformation Programme (VTP) and the MOU for the new GMS contract. By 2021/22 all vaccination activity should be removed from practices under the VTP.

2.3 Assessment

A summary of the delivery model for the Enhanced Seasonal Flu Vaccination Programme 2020/21 in Fife is provided in appendix 1.

2.3.1 Quality/ Patient Care

Maximising the uptake of influenza vaccination will be essential to protecting those most at risk from flu and ensuring the impact of potential co-circulation of flu and COVID-19 is kept to a minimum. Achieving high uptake among frontline health and social care workers is critical to protect individual staff members but also reducing the risks of transmission of flu viruses within health and social care settings, and therefore protecting those they care for.

2.3.2 Workforce

There will be a significant ask of staff to support this model of delivery and work in new and exceptional ways across all services. In order to ensure all delivery strands function effectively, additional staffing need is required. It is also likely that any vaccination programme for COVID-19 commenced in the autumn will continue into the early months of 2021, thus the period of time staff will be required will need to be extended. The alternate to a vaccine in autumn 2020 is a vaccine in spring 2021; staff utilised for the flu campaign could be recalled to support this delivery, ensuring a rapid response from NHS Fife and Fife H&SCP.

¹ [https://www.sehd.scot.nhs.uk/cmo/CMO\(2020\)19.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2020)19.pdf)

2.3.3 Financial

The total additional costs are currently estimated at approx. £0.8m. A detailed outline of estimated costs was presented to EDG 23/07/20. Further work is progressing to address areas of uncertainty with regards to workforce costs and venue costs.

2.3.4 Risk Assessment/Management

An overarching governance structure has been developed with the formation of a new ‘Joint Fife HSCP & NHS Fife Flu & COVID-19 Vaccination Oversight Group’ which will provide strategic oversight of planning for the planning, delivery, risk management, monitoring and evaluation of the seasonal influenza vaccination programme for all eligible groups within Fife, including health and social care staff. The group is co-chaired by the Associate Medical Director of Fife HSCP and the Deputy Director of Public Health. A number of different work-streams sit under the oversight group (appendix 2).

The key risks are outlined and the mitigation actions planned are summarised in the table below:

Risk	Mitigation
<p>Workforce</p> <ul style="list-style-type: none"> • Uncertainty as to what impact COVID-19 will have on health and social care service delivery during the period of vaccination programme • In the event of a second wave of the pandemic, the expected staffing input from general practice may significantly reduce as GP practices are called on to support the response. • Should a COVID-19 vaccine be made available this autumn, there will be an additional staffing request • Expanded workforce will require staff willing to work additional hours and bank staff whose hours may be subject to late changes of availability • There will be an expanded Peer Vaccinator cohort with training and support needs for those new to vaccination. 	<ul style="list-style-type: none"> • The delivery model has been designed with both the COVID-19 restrictions and the possibility of a COVID-19 vaccination programme in consideration. • There is flexibility from the mixed model to redirect patients to an alternative vaccination route if workforce capacity becomes stretched in one area • The model utilises a mixed workforce which should be more resilient to unexpected changes in availability of a particular sector; opportunities to expand capacity through retired and redeployed staff may also be required • The model also looks at a wider range of staff to deliver the vaccination programme than has been utilised in previous years • An online training programme for peer vaccinators will run end August / early September. A buddy sign-off system will be in place for those new to vaccination. Vaccinations take place under PGD. • A dedicated workstream has been established to review the workforce issues.
<p>IT, monitoring and reporting</p> <ul style="list-style-type: none"> • The expectations from Scottish Government on data reporting in terms of both frequency (weekly) and level of detail are significantly greater than previous years • Uptake data will be extracted from GP IT systems for the population programme and submitted directly by Boards for the staff programme – this will be challenging due to the mixed model of vaccination delivery 	<ul style="list-style-type: none"> • A variety of IT data solutions will be needed to ensure accurate and timely data entry across the different delivery sites into GP IT systems; this includes the use of ‘1 to many EMIS’ from the cluster clinics and community hubs, and ‘Neo’ for community pharmacy delivery. Support from the Clinical Effectiveness Unit has been sought for the data collection from the staff vaccination programme. • Community venues have been selected with consideration of the IT requirements for real-time data entry

<ul style="list-style-type: none"> • The appointment system will require a good flexible IT solution 	<ul style="list-style-type: none"> • A dedicated workstream has been established to review the IT, data and monitoring issues. • All options for a robust appointment system are being explored
<p>Vaccine Supply & Cold Chain</p> <ul style="list-style-type: none"> • Potential for increased demand as seen elsewhere globally (compared with previous seasons); vaccine allocation for Fife will be fixed (unlike previous years) • Requirement for phased delivery, with vaccination of 55-64 year olds (not otherwise eligible due to health conditions or employment) in second phase • Uncertainty as to timing of both seasonal flu and COVID vaccine supply, and the sequencing / prioritisation of each vaccine • Increased vaccine storage and cold chain requirements due the expanded programme and population delivery model • New delivery model not used in Fife previously via community pharmacies • 	<ul style="list-style-type: none"> • The delivery model has been specified for each cohort; this should enable careful management of supply to ensure a fair access across eligible cohorts and across the two phases • Additional cold chain storage capacity for the Vaccine Holding Centre for flu (and/or COVID vaccination) has been ordered • Learning from community pharmacy pilots in Glasgow and Lothian has informed the service specification for community pharmacies. • A dedicated workstream has been established to review the vaccine supply and cold chain issues.
<p>Finances</p> <ul style="list-style-type: none"> • The CMO letter issued 7th August 2020 did not outline the contractual arrangements for the enhanced programme. However there have been two further letters from BMA and Scottish government on this matter. The second of these letters has introduced a degree of complexity. • The mixed delivery model will require different methods of workforce, venue and equipment costs to be managed 	<ul style="list-style-type: none"> • The plan developed by NHS Fife broadly takes into account the amount of workforce that general practice will be able to provide this year. • We are working through the complexities of the national primary care agreement to ensure this aligns with local arrangements. • An overview of estimated costs and financial risks was submitted to EDG 23/07/20 • A new cost centre has been set up that will link into the additional COVID expenditure budget • A dedicated workstream has been established to review the finance issues.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed. Impacts on health inequalities will be built into monitoring and evaluation of the programme where this is feasible.

2.3.6 Other impact

Nil additional

2.3.7 Communication, involvement, engagement and consultation

The oversight group reports NHS Fife Clinical Governance Committee through Public Health reporting structures, however, the various stakeholders involved mean that a reporting will be required more widely to both local and national structures (appendix 2).

2.3.8 Route to the Meeting

The paper is based on a governance and finance paper reviewed by EDG on 23/07/20. The risks were discussed in brief at the multi-disciplinary Joint Fife HSCP & NHS Fife Flu & COVID-19 Vaccination Oversight Group on 14/08/20. An draft version was reviewed at the Public Health Assurance Committee on 17/08/20.

2.4 Recommendation

The Clinical Governance Committee are asked to **note** the delivery plan and governance arrangements outlined in this paper for awareness.

3 List of appendices

The following appendices are included with this report:

- Appendix 1: Summary of Delivery Model
- Appendix 2: Governance & Stakeholder Reporting Structure

Report Contact

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Appendix 1: Summary of Delivery Model

Cross service discussion have concluded that a model based on a population approach would be the most pragmatic method of delivery for Fife.

This model would encompass seven main strands:

1. Cluster Clinics
2. Hub Clinics
3. Community Pharmacy Vaccination
4. Home Visiting Team
5. Peer Vaccination
6. In-Patient Vaccination
7. Communication Hub

A communications hub will provide a dedicated call centre that will provide coordination and overview of the entire population programme.

Adult Programme

- The routine adult cohort will be invited to attend an appointment at a Cluster Clinic. These will be led by General Practice staff at 8 large venues across each of the seven Fife clusters (two in North East Fife). These clinics would be staffed by general practice staff, augmented by NHS bank staff or through additional hours or deployed staff where necessary. Health Board organisational and managerial support will help to coordinate this approach.
- Adults on the caseload of District Nursing teams will be vaccinated as usual by these teams.
- A Home Visiting Team will support the delivery of flu vaccination in care homes where required. This will be staffed by the deployment of Community Nurses and augmented with Immunisation Team Nurses and Bank Nurses
- If an adult is unable to attend a cluster clinic, they will be offered alternative appointments either at another cluster, at a Community Pharmacy or at an Immunisation Team Hub.

Childhood programme

- The 2-5 year cohort will be invited to attend for vaccination at smaller community hubs, as will any at-risk children aged 6 months-less than 18 years. These would be staffed mainly by the Immunisation Team.
- The school based childhood programme will be delivered within schools. Mop-up of school children will be through community hubs.

Health Care Staff Programme

- An expanded network of peer vaccinators will be used to deliver most of the healthcare worker staff programme. This will be supplemented by appointment only work-place based clinics run by Occupational Health for those staff groups who cannot access a peer vaccinator.

Social Care Staff programme

- Community Pharmacies will be used to deliver vaccine to the Care at Home staff group.
- Delivery to care home staff will be a mixture of the Home Visiting Team, peer vaccination in nursing homes, and additional onsite staff clinics where required for larger care homes.
- Mop-up for care home and other social care staff will be triaged through the communications hub call centre with an option to provide an appointment through the Cluster and Hub Community Clinics where a staff member has missed an opportunity to be vaccinated through a workplace-based clinic.

Appendix 2:

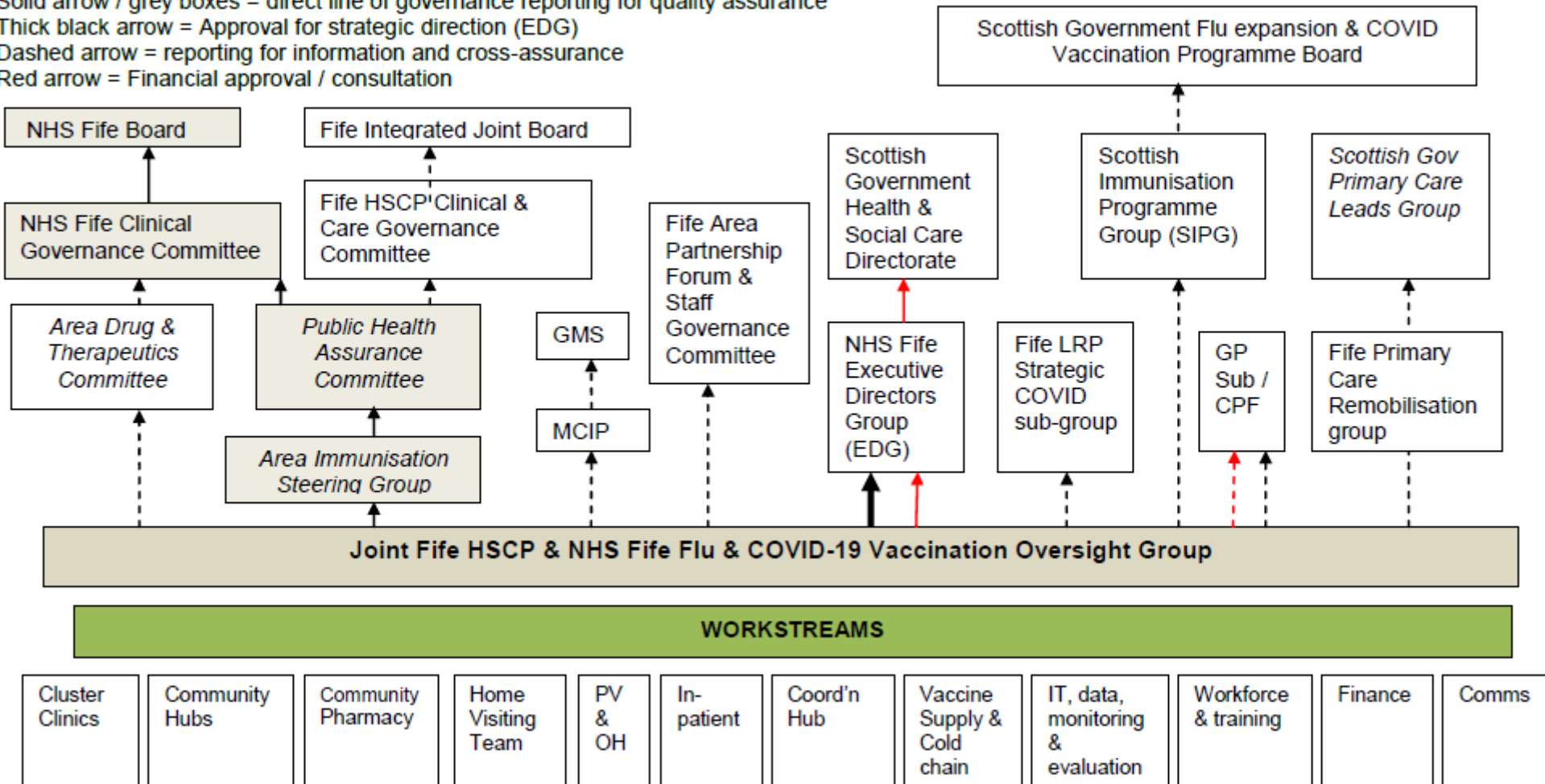
Governance & Reporting Structure

Solid arrow / grey boxes = direct line of governance reporting for quality assurance

Thick black arrow = Approval for strategic direction (EDG)

Dashed arrow = reporting for information and cross-assurance

Red arrow = Financial approval / consultation



NHS Fife

Meeting:	Clinical Governance Committee
Meeting date:	7 September 2020
Title:	Integrated Performance & Quality Report
Responsible Executive:	Carol Potter, Chief Executive
Report Author:	Susan Fraser, Associate Director of Planning & Performance

1 Purpose

This is presented to the Clinical Governance Committee for:

- Discussion

This report relates to the:

- A Annual Operational Plan (AOP), as impacted by the Joint Fife Mobilisation Plan (JFMP)

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report informs the Clinical Governance (CG) Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is (with certain exceptions due to a lag in data availability) up to the end of June 2020.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board. It is produced monthly and made available to Board Members via Admin Control.

The report is presented at the bi-monthly meetings of the Clinical Governance, Staff Governance and Finance, Performance & Resources Committees, and an 'Executive Summary' IPQR (ESIPQR) is then produced as a formal NHS Fife Board paper.

The May meeting of the CG Committee was cancelled due to the pandemic, but a 'virtual' meeting took place in July and this scheme will continue in September.

2.3 Assessment

The IPQR has been changed for FY 2020/21, to include improvement actions which reflect the challenges imposed by the COVID-19 pandemic. These reflect the spirit of the JFMP, where possible.

Performance, particularly in relation to Waiting Times across Acute Services and the Health & Social Care Partnership has been hugely affected during the pandemic, and recovery is being planned in stages. The Scottish Government have been provided with a plan which forecasts recovery trajectories in the period up to the end of the FY, and progress against this will be included in the IPQR from September onwards.

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

Measure	Update	Local/National Target	Current Status
HSMR	Quarterly	1.00 (Scotland average)	Slightly above Scotland
Falls	Monthly	5.97 per 1,000 TOBD	Not achieving
Falls With Harm	Monthly	2.16 per 1,000 TOBD	Achieving
Pressure Ulcers	Monthly	0.42 per 1,000 TOBD	Not achieving
CS SSI ¹	Quarterly	2.5%	N/A
SAB (HAI/HCAI)	Monthly	19.5 per 100,000 TOBD	Achieving
ECB (HAI/HCAI)	Monthly	36.6 per 100,000 TOBD	Achieving
C Diff (HAI/HCAI)	Monthly	6.7 per 100,000 TOBD	Not achieving
Complaints (S1)	Monthly	80%	Not achieving
Complaints (S2) ²	Monthly	65%	Not achieving

¹ Data collection continues to be 'paused' (as per instruction from Scottish Government) – the latest data was for q/e December 2019

² Following discussion with the Nursing Director, we have agreed to work towards achieving the 65% target by March 2021, from a starting point in July 2020 of around 30%

2.3.1 Quality/ Patient Care

Refer to the Exec Summary for details on how the COVID-19 pandemic has affected service performance throughout NHS Fife.

2.3.2 Workforce

The report has been compiled by the Planning & Performance Team (PPT) with the support of Managers across the range of NHS Fife services.

2.3.3 Financial

Financial aspects are covered by the appropriate section of the IPQR.

2.3.4 Risk Assessment/Management

All current risks are related to the COVID-19 pandemic.

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impact

None.

2.3.7 Communication, involvement, engagement and consultation

The NHS Fife Board Members are aware of the approach to the production of the IPQR since April.

Standing Committees and Board Meetings were cancelled in May, but restarted in July, and the August IPQR will be available for discussion at each meeting in September.

2.3.8 Route to the Meeting

The IPQR was drafted by the PPT, ratified by the Associate Director of Planning & Performance and then considered at a meeting of the EDG on 20th August. It was then authorised for release to Board Members and Standing Committees.

2.4 Recommendation

The CG Committee is requested to:

- **Discussion** – Examine and consider the NHS Fife performance, with particular reference to the CG measures identified in Section 2.3, above

3 List of appendices

None

Report Contact

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Fife Integrated Performance & Quality Report

Produced in August 2020



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).

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

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

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

Section II provides further detail for indicators of continual focus or those that are currently underperforming. Each 'drill-down' contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions.

I. Executive Summary

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

The 2020/21 Annual Operational Plan (AOP) was produced before the COVID-19 Pandemic, and its content, both in terms of planned improvement work and performance improvement trajectories, was being discussed with the Scottish Government when the lockdown started. The suspension of many services means that the AOP will require significant rework before it can be agreed with the SG. As such, it cannot be reflected in the IPQR.

An alternative source for Improvement Actions in the 2020/21 IPQR, specifically for performance areas relating to Waiting Times, is the Joint Mobilisation Plan (JMP) for Fife. This has been produced at the request of the Scottish Government in order to describe the steps being taken by the Health Board and Health & Social Care Partnership to recover services which were 'paused' from the start of the COVID-19 lockdown.

Improvement Actions carry a '20' or '21' prefix, to identify those continuing from 2019/20 and those identified as new for this FY. They are shaded in **BLUE** if they are assessed as being complete or no longer relevant.

No Performance Improvement Trajectories are included in the run charts at this stage.

As part of the JMP, a spreadsheet showing projected activity across critical services has been created by Scottish Government and will be a 'living document' as we go forward. The latest version of this is shown in Appendix 1.

a. LDP Standards & Key Performance Indicators

The current performance status of the 28 indicators within this report is 9 (32%) classified as **GREEN**, 3 (11%) **AMBER** and 16 (57%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

There was notable improvement in the following areas during the last reporting period:

- C Diff and SAB infection rates
- Closure rate for Stage 1 complaints
- Smoking Cessation – achieving just under 93% of annual target, around 4% better than for FY 2018/19

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 9 (31%) within upper quartile, 16 (55%) in mid-range and 4 (14%) 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 2020/21
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	19.5
	N/A	SAB - Community	N/A
	N/A	C Diff - HAI/HCAI	6.7
	N/A	C Diff - Community	N/A
	N/A	ECB - HAI/HCAI	36.6
	N/A	ECB - 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	
	100%	Patient TTG (Ongoing Waits)	
	95%	New Outpatients Waiting Times	
	100%	Diagnostics Waiting Times	
	95%	Cancer 31-Day DTT	
	95%	Cancer 62-Day RTT	
	90%	18 Weeks RTT	
	29%	Detect Cancer Early	27%
	N/A	Delayed Discharge (% Bed Days Lost)	5%
	N/A	Delayed Discharge (# Standard Delays)	N/A
	80%	Antenatal Access	80%
	473	Smoking Cessation	473
	90%	CAMHS Waiting Times	
	90%	Psychological Therapies Waiting Times	
	80%	Alcohol Brief Interventions (Priority Settings)	80%
	90%	Drugs & Alcohol Treatment Waiting Times	90%
	N/A	Dementia Post-Diagnostic Support	
	N/A	Dementia Referrals	
	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	4.39%

Reporting Period	Year Previous	Previous	Current				
Month	Jun-19	58	May-20	25	Jun-20	26	↓
Year Ending	Mar-19	N/A	Dec-19	1.02	Mar-20	1.01	↑
Month	Jun-19	6.85	May-20	7.56	Jun-20	8.57	↓
Month	Jun-19	1.19	May-20	1.62	Jun-20	1.84	↓
Month	Jun-19	0.76	May-20	0.83	Jun-20	0.83	↔
Quarter Ending	Dec-18	1.7%	Sep-19	2.5%	Dec-19	2.3%	↑
Quarter Ending	Jun-19	13.7	May-20	9.0	Jun-20	6.3	↑
Quarter Ending	Jun-19	9.7	May-20	15.9	Jun-20	14.0	↑
Quarter Ending	Jun-19	8.0	May-20	10.5	Jun-20	7.9	↑
Quarter Ending	Jun-19	3.2	May-20	1.1	Jun-20	2.1	↓
Quarter Ending	Jun-19	42.1	May-20	34.4	Jun-20	36.4	↓
Quarter Ending	Jun-19	35.5	May-20	30.8	Jun-20	34.4	↓
Quarter Ending	Jun-19	70.8%	May-20	71.6%	Jun-20	74.6%	↑
Quarter Ending	Jun-19	52.3%	May-20	18.1%	Jun-20	18.9%	↑
Month	Jun-19	100.0%	May-20	N/A	Jun-20	N/A	↔
Month	Jun-19	94.9%	May-20	96.5%	Jun-20	96.8%	↑
Month	Jun-19	90.1%	May-20	26.8%	Jun-20	15.4%	↓
Month	Jun-19	95.4%	May-20	40.9%	Jun-20	32.0%	↓
Month	Jun-19	99.5%	May-20	31.1%	Jun-20	37.4%	↑
Month	Jun-19	95.0%	May-20	97.8%	Jun-20	97.1%	↓
Month	Jun-19	82.9%	May-20	90.2%	Jun-20	79.0%	↓
Month	Jun-19	83.4%	May-20	86.5%	Jun-20	80.1%	↓
Year Ending	Sep-18	26.9%	Jun-19	25.2%	Sep-19	24.8%	↓
Month	Jun-19	6.8%	May-20	4.1%	Jun-20	4.3%	↓
Month	Jun-19	56	May-20	24	Jun-20	34	↓
Month	Oct-18	87.8%	Sep-19	80.0%	Oct-19	88.9%	↑
YTD	Mar-19	88.6%	Feb-20	95.4%	Mar-20	92.4%	↓
Month	Jun-19	76.7%	May-20	74.2%	Jun-20	62.2%	↓
Month	Jun-19	66.3%	May-20	79.2%	Jun-20	73.6%	↓
YTD	Mar-19	66.1%	Dec-19	75.7%	Mar-20	79.2%	↑
Month	Apr-19	95.5%	Mar-20	92.6%	Apr-20	80.1%	↓
Annual	2016/17	87.3%	2017/18	86.8%	2018/19	92.1%	↑
Annual	2016/17	60.0%	2017/18	55.3%	2018/19	60.6%	↑
Quarter Ending	Jun-19	61.1%	May-20	87.1%	Jun-20	82.1%	↓
Month	Jul-19	N/A	Jun-20	+£5.064m	Jul-20	+£6.922m	↓
Month	Jul-19	N/A	Jun-20	£1.713m	Jul-20	£2.014m	↑
Month	Jun-19	5.55%	May-20	4.64%	Jun-20	4.96%	↓

Reporting Period	Fife	Scotland
N/A		
YE Mar-20	1.01	1.00
N/A		
N/A		
QE Dec-19	2.3%	0.9%
QE Mar-20	12.5	16.3
QE Mar-20	6.5	11.0
QE Mar-20	8.0	13.5
QE Mar-20	1.1	3.5
QE Mar-20	47.9	36.4
QE Mar-20	33.4	37.8
2018/19	70.7%	81.5%
2018/19	49.1%	53.7%
N/A		
Jun-20	96.8%	95.6%
Mar-20	83.2%	64.4%
Mar-20	95.2%	74.9%
Mar-20	97.9%	75.8%
QE Mar-20	95.7%	96.1%
QE Mar-20	83.5%	84.7%
Dec-19	82.0%	78.9%
2017, 2018	25.1%	25.5%
QE Dec-19	7.2%	7.1%
Jun-20	9.10	10.45
2018/19	91.3%	87.6%
YT Dec-19	87.9%	89.4%
QE Mar-20	76.0%	65.1%
QE Mar-20	70.1%	77.6%
2019/20	79.2%	83.2%
QE Mar-20	92.1%	94.7%
2017/18	86.8%	72.5%
2017/18	55.3%	42.3%
N/A		
N/A		
YE Mar-20	5.49%	5.31%


d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
HSMR	1.00	N/A	N/A	YE Mar-20	1.01	YE Mar-20	●
<p>The HSMR for NHS Fife for the year ending March 2020 improved slightly in comparison to the year ending December 2019, but remained slightly above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.</p>							
Inpatient Falls (with Harm)	2.16	Jun-20	2.16	Jun-20	1.84	N/A	N/A
<p>Reduce falls with harm by 20% by December 2020</p> <p>The previous report highlighted the impact of environmental changes and changes in patient pathways in response to COVID-19. These have without doubt had an effect on how staff manage the reduction in risk of falling. This remains under review and as clinical areas embed the ways of working some adaptation of our approaches may be required. The remobilisation of services is underway and increasing capacity within inpatient settings within the context described and the refreshed work plan will capture this.</p>							
Pressure Ulcers	0.42	Never Met	0.42	Jun-20	0.83	N/A	N/A
<p>50% reduction by December 2020</p> <p>Assessing the impact of COVID-19 on performance has been difficult as our response has changed the clinical area function and pathway, and this has led to a dynamic response to the need for green and red capacity. Work is being undertaken to complete a brief deep dive exercise of data to date to learn the reasons behind them. Wards have been identified to take part in the Pressure Ulcer Collaborative, both within Acute and HSCP.</p>							
Caesarean Section SSI	N/A	QE Dec-19	2.5%	QE Dec-19	2.3%	QE Dec-19	●
<p>We will reduce the % of post-operation surgical site infections to 2.5%</p> <p>Due to the COVID-19 pandemic, there remains a temporary pause on all Surgical Site Infection surveillance, until further notice from Scottish Government.</p>							
SAB (MRSA/MSSA)	18.8	QE Jun-20	19.5	QE Jun-20	6.3	YE Mar-20	●
<p>We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022</p> <p>Infection control surveillance has continued throughout the COVID-19 pandemic. For Q1 2020 NHS Fife was below the national comparator for healthcare-associated infections. This success is continuing to be demonstrated with NHS Fife achieving the improvement trajectory for SAB.</p>							
C Diff	6.5	QE Jun-19	6.7	QE Jun-20	7.9	YE Mar-20	●
<p>We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022</p> <p>Infection control surveillance has continued throughout the COVID-19 pandemic. For Q1 2020, NHS Fife was below the national comparator for healthcare associated infections, although slightly above the improvement trajectory, and we are continuing to focus on patients with recurrent infections.</p>							
ECB	33.0	QE Jun-20	36.6	QE Jun-20	36.4	YE Mar-20	●
<p>We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022</p> <p>Infection control surveillance has continued throughout the COPVID-19 pandemic. Following an exception report in Q4 2019, Q1 2020 saw a marked improvement in healthcare associated ECB infection rates. Continued improvements are noted with initial Q2 2020 figures.</p>							
Complaints - Stage 2	N/A	Never Met	65%	QE Jun-20	18.9%	FY 2018/19	●
<p>At least 75% of Stage 2 complaints are completed within 20 working days</p> <p>Patient Relations were advised in March that the clinical team's priority was focused on the pandemic and that responding to complaints would not be high priority. Although the clinical services aimed to respond, performance has suffered, a common pattern across all Health Boards. We are currently working through the backlog of complaints in order to be ready to deal with an anticipated increase in complaints relating to delayed treatments and those that may arise now the Clinical Services are starting to remobilise.</p>							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
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%	Jun-20	TBC	Jun-20	96.8%	Jun-20	●
<p>There has been sustained performance above the target in June despite the 14% increase in attendances from May. The urgent care centre continues to support COVID presentations and the breach reasons are distributed between bed waits and clinical or specialist reasons. Flow into the hospital continues to be managed via red and green pathways with occupancy remaining below normal seasonal figures.</p>							
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	TBC	Jun-20	15.4%	QE Mar-20	●
<p>Weekly additions to the waiting list decreased from about 400 to under 100 by early April, as routine surgery (apart from cancer and urgent) was cancelled. Additions are now increasing (though still well below average), and this trend is expected to continue as routine outpatient clinics are restarted in July and August.</p> <p>The number of patients waiting greater than 12 weeks has increased hugely since lockdown, from around 600 to over 3,000 (around 80% of the waiting list), with similar increases in the % of patients now waiting more than 18 and 26 weeks.</p> <p>Activity delivered has increased as theatres have gradually been reopened., and additional activity in the Independent Sector, funded by the SG, has been extended to the end September.</p> <p>We estimate that we will be able to deliver around 76% of the previous average level of activity by December.</p> <p>Reduction in the backlog of referrals will require additional in house or in-sourced and additional funding to deliver this, and this has been requested from SG.</p>							
New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Mar-20	TBC	Jun-20	32.0%	Mar-20	●
<p>Referrals have gradually increased but are still 50% below average. The number of patients waiting greater than 12 weeks has increased from just over 500 just before lockdown to over 8,000 by June, equating to 67% of the total waiting list. The number of patients waiting over 12, 18 and 26 weeks have been hugely impacted and are significantly higher as a % that they were before lockdown.</p> <p>Using a clinic capacity modelling tool, new ways of working in outpatient clinics have been introduced to make the most efficient use of clinic space. This along with repurposing other clinical areas and extending days is maximising the number of patients who can be seen face to face. This capacity is being prioritised for new, cancer and urgent review patients who need a face to face appointment. The appointment of routine new patients began in mid July in line with our initial plan.</p> <p>It is anticipated we will be able to achieve 90% of previous levels of new outpatient capacity in December to March 2021 which along with a return to previous levels of referrals by September 2020 will likely lead to an increase in waiting list size and waiting times for routine referrals. Reduction in the backlog of referrals will require additional in house or in-sourced activity in the evenings and at weekends.</p>							
Diagnostics 100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image)	100%	Apr-16	TBC	Jun-20	37.4%	Mar-20	●
<p>The percentage of patients waiting less than 6 weeks for a diagnostic test has increased from 31% in May to 37% in June following the gradual restart and/or increase in services in line our proposed remobilisation plan.</p> <p>Endoscopy services restarted in June, allowing the backlog of Urgent Suspicion of Cancer and Bowel Cancer Screening Patients to be cleared. Referrals are increasing and priority is being given to urgent and cancer referrals which have resulted in a backlog of routine referrals. Discussions around recovery plans have taken place with the SG, and funding has been agreed for additional capacity, including in sourcing activity.</p> <p>Radiology diagnostic services returned to all sites at the end of July, with capacity at month end in relation to previous capacity being 70% for CT, 75% for MRI and 55% for Ultrasound. It is a similar (though slightly better) situation for GP and Outpatient key diagnostic tests.</p> <p>Breaches fell by around 35% from the end of June to the end of July as a result of the reinstatement of extended days for MRI, CT and MRI Mobile Van capacity funded by SG, which will continue until December. Additional capacity is planned for Ultrasound which will lead to further improvements in September.</p> <p>Priority is being given to all urgent referrals which are being seen within 2 weeks</p>							
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	TBC	Jun-20	79.0%	QE Mar-20	●
<p>Whilst cancer services were prioritised and maintained, the pause of endoscopy services resulted in a backlog of patients requiring investigations. The backlog has been cleared with more breaches than usual in these areas. As services remobilise across all areas, performance will continue to be variable. Many of the breaches (ranging from 1 to 176 days with an average of 40 days) were due to the impact of COVID-19.</p>							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile
FoI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	QE May-20	85%	QE Jun-20 82.1%	N/A N/A
The number of FOI requests closed increased significantly in June, as pressures from the pandemic eased. Performance against the 20-day closure timescale (reinstated from 60 days in late May) fell slightly, and is likely to be variable over the next few months as work returns to normal.					
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jun-20	5%	Jun-20 4.3%	QE Dec-19 ●
Bed days lost due to patients in delay has continued to be less than the local target, although there was an increase in both patients in delay and bed days lost in June. The challenge will be to avoid further increases in the coming months, as all the planned remobilisation activities are implemented.					
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	FY 2019/20 92.4%	YT Dec-19 ●
A number of developments have led to an increase in reach and referral to the service. These include introducing a temporary abstinence model in the VHK with rapid access to NRT for patients and on sight staff training, developing service delivery in alternative venues such as leisure centres and nurseries, direct access to support within respiratory outpatient clinic and midwife-led Saturday provision. The loss of the mobile unit for 4 months (limiting outreach work into our more vulnerable communities) and staff recruitment (limiting capacity to support community pharmacy and data collection) have been key challenges. Overall, we have recorded a 4.2% increase in performance against target compared to FY 2018/19.					
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMHS services within 18 weeks of referral	90%	Sep-16	TBC	Jun-20 62.2%	QE Mar-20 ●
Referrals to CAMHS are gradually returning to normal levels, with an anticipated increase as schools resume in mid August. RTT performance has fluctuated during the pandemic as more of the longest waits have been seen whilst 'new' referrals have been low. As referrals increase, performance is projected to return to Fife CAMHS average of approx 72% from September, dependent on staff availability.					
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	TBC	Jun-20 73.6%	QE Mar-20 ●
Performance figures have not been hugely impacted so far by the COVID-19 pandemic. There has been a drop off in referrals which is very likely to be reversed during the next few months, at the same time as work resumes with longest waiting patients. This will take services above current capacity. In addition, the inability to hold group sessions due to social distancing restrictions will impact both treatment and performance recovery plans.					

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Jul-20 + £6.922m	N/A N/A
Following the unprecedented challenges created by the outbreak of the Covid-19 pandemic and the resultant public health emergency, our financial reporting was expanded to encompass: our core position; and Covid-19 additional costs, net of offsetting cost reductions (health costs that have reduced as a result of Covid-19 response). In tandem, an assessment was made of potential savings to ensure a continued effort to meet our efficiency savings requirements; albeit we have signposted to SG a level of expected underachievement of savings for the 2020/21 financial year as part of our Covid-19 and Quarter 1 financial template returns.					
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£7.394m	N/A	£7.394m	Jul-20 £2.014m	N/A N/A
The total Capital Resource Limit for 2020/21 is £7.394m. This excludes both the new Elective Orthopaedic Centre which has incurred £0.5m expenditure to date and Covid capital equipment of £0.179k – NHS Fife are anticipating allocations for both projects. The capital position for the 4 months to July shows investment of £2.014m.					

Staff Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile	
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.39%	Jun-20	4.96%	YE Mar-20 
<p>Sickness absence levels have fallen in the first three months of the COVID-19 pandemic. It is difficult to draw any firm conclusions around this due to the way that pandemic-related absence (either due to having the infection or requiring to self-isolate) is being handled, and the situation will continue to be monitored as we return to "normal" and restart various Promoting Attendance activities.</p>						

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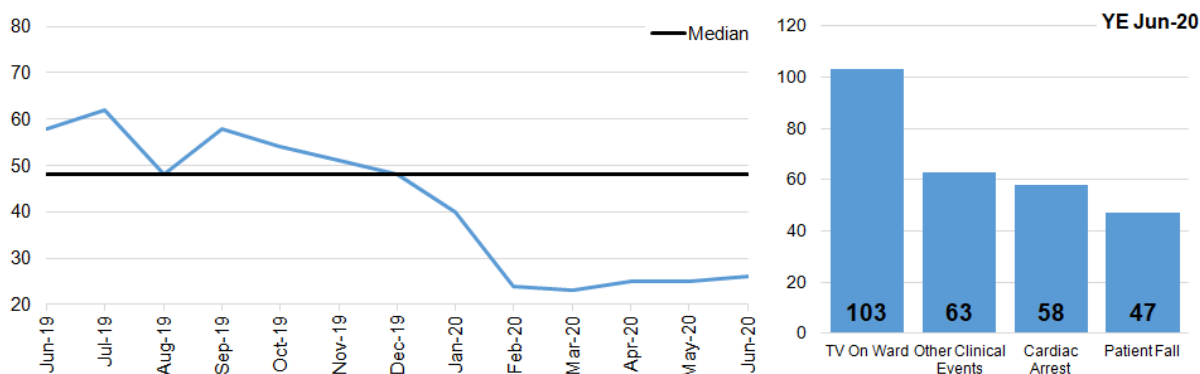
Staff Governance

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Clinical Governance

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2019/20										20/21		
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
ALL	NHS Fife	1241	1406	1295	1247	1354	1356	1388	1395	1305	1109	886	1047	1111
	Acute Services	564	563	571	531	658	575	585	616	635	467	372	469	461
	HSCP	630	800	668	670	647	733	766	744	620	619	483	551	618
	Corporate	47	43	56	46	50	49	37	36	51	24	33	33	32
CLINICAL	NHS Fife	832	915	831	813	938	888	929	909	921	788	605	710	732
	Acute Services	514	520	515	485	592	534	527	556	573	435	343	426	420
	HSCP	298	380	284	310	321	337	391	336	330	338	246	273	293
	Corporate	20	15	32	18	26	18	11	18	19	15	18	15	19

Commentary

In March, the configuration of services, including how services were offered and the numbers of people admitted, changed significantly in response to the COVID-19 pandemic.

Whilst staff were advised that all adverse events must continue to be reported during this time, the number reported across NHS Fife since February is less than in previous months. The number of major or extreme events reported has also dropped sharply.

The review processes for the major and extreme events was suspended during the peak months (March until the end of May), but are now re-established. There are working processes in place across the organisation to provide good oversight and monitoring of all adverse events.

Clinical Governance

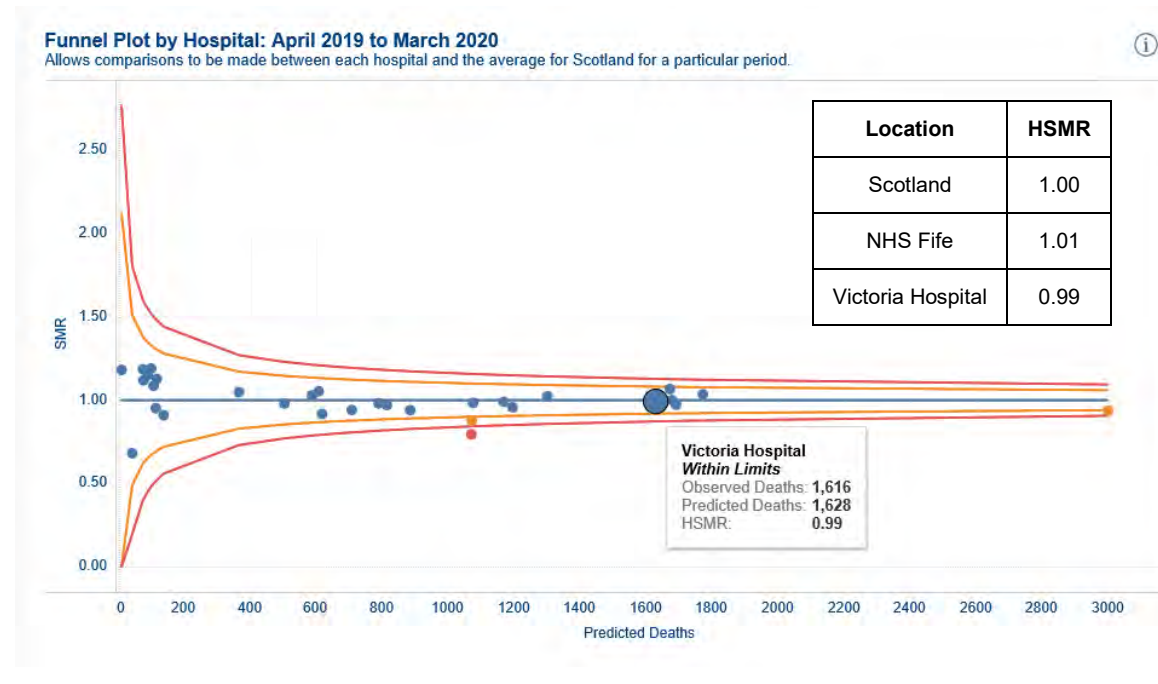
HSMR

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; April 2019 to March 2020^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.

The rates for Scotland, NHS Fife (as a whole) and Victoria Hospital as an entity in itself are shown in the table within the Funnel Plot.



Commentary

The annual HSMR for NHS Fife decreased during the first quarter of 2020, with both the actual and predicted number of deaths falling slightly in comparison to the previous 12-month period. This should be seen as normal variation, but we will continue to monitor this closely.

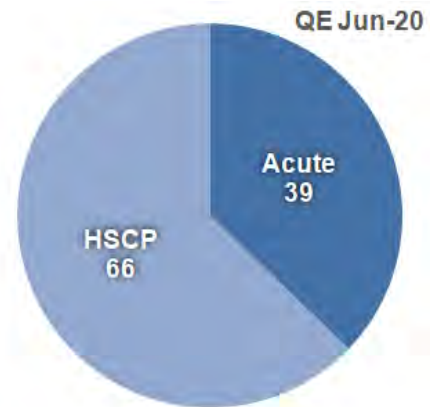
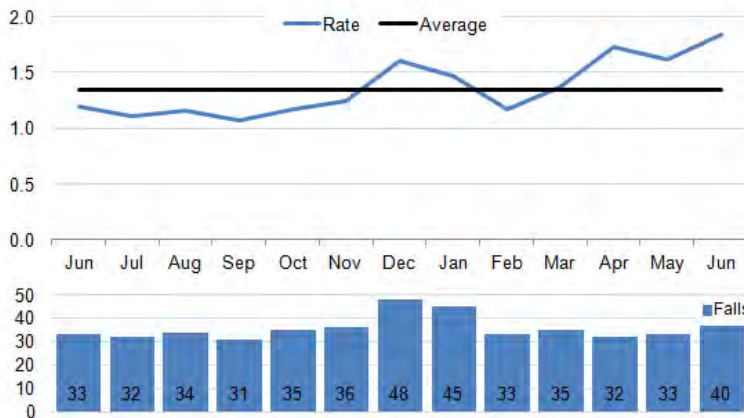
Clinical Governance

Inpatient Falls with Harm

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

Improvement Target rate (by end December 2020) = 2.16 per 1,000 OBD

Local Performance



Service Performance

	Month	2019/20											20/21	
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
WITH HARM	NHS Fife	1.19	1.10	1.16	1.08	1.17	1.24	1.61	1.47	1.16	1.37	1.73	1.62	1.84
	Acute Services	1.33	0.61	0.89	0.98	0.81	1.08	1.03	0.99	0.84	1.26	1.93	1.21	1.47
	HSCP	1.07	1.51	1.38	1.16	1.48	1.37	2.10	1.89	1.44	1.44	1.61	1.95	2.17

Key Challenges in 2020/21

The changes in service delivery due to the COVID-19 pandemic have changed clinical area function and this has been dynamic in response to the need for green and red capacity. This includes a change in numbers of patients in ward areas and the use of PPE and social distancing, all of which have had an impact on the way that staff deliver care. Moving forward we will need to continue to review our approaches to continue to reduce falls with harm.

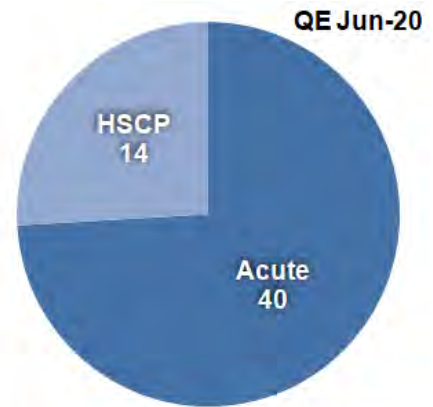
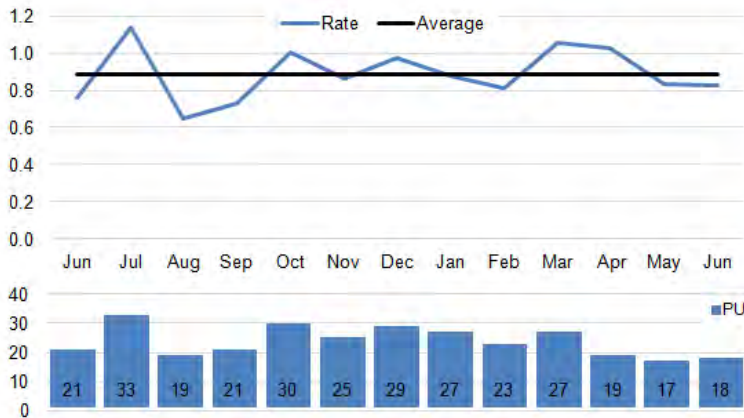
Improvement Actions	Update
20.3 Falls Audit <i>By Nov-20</i>	The audit tool has been revised to reflect more accurately the discreet elements of the falls bundle, and the plan is to re-audit again in the Autumn
20.5 Improve effectiveness of Falls Champion Network <i>By Oct-20 (Implementation Plan)</i>	Work still to be progressed to refresh the Falls Champions Network. As noted before future network plans are being explored with some discussion regarding a Fife wide, more virtual approach, using technology. This will be included in the revised work plan including a focus on developing an information/training pack to support development, shared learning and consistency. This will also consider information boards within the wards and falls related information.
21.1 Refresh of Plans <i>By Oct-20</i>	Next meeting planned for 12 th August with a view to refreshing the group work plan at that time for the coming year. This meeting is coming up and some discussion in preparation is underway.

Clinical Governance

Pressure Ulcers

Achieve 50% reduction in pressure ulcers (grades 2 to 4) developed in a healthcare setting
Improvement Target rate (by end December 2020) = **0.42 per 1,000 Occupied Bed Days**

Local Performance



Service Performance

Month	2019/20							2020/21					
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	0.76	1.14	0.65	0.73	1.00	0.86	0.97	0.88	0.81	1.06	1.02	0.83	0.83
Acute Services	1.25	2.15	1.34	1.13	1.54	1.62	1.40	1.27	1.23	1.94	2.08	1.21	1.47
HSCP	0.33	0.31	0.06	0.39	0.55	0.25	0.62	0.55	0.46	0.46	0.42	0.53	0.26

Key Challenges in 2020/21

Analysing impact of COVID-19 on clinical pathway for handling Pressure Ulcers, and taking appropriate action to improve performance

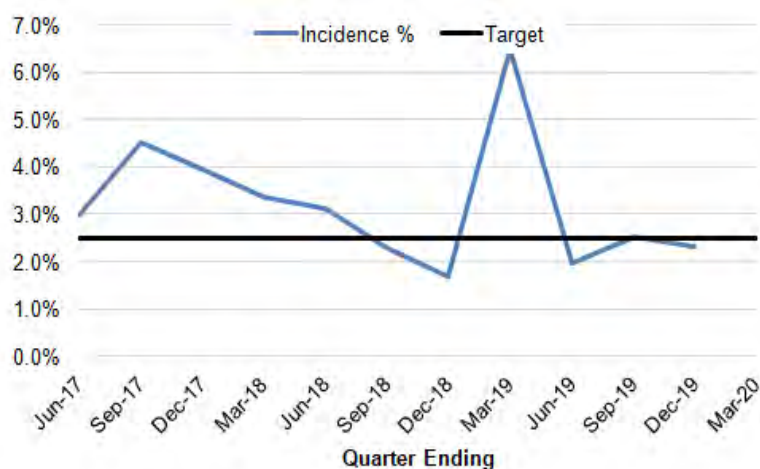
Improvement Actions	Update
20.4 Improve consistency of reporting	
20.5 Review TV Champion Network Effectiveness By Sep-20	Regular sessions to support the already existing TV Champions Network is challenging due to clinical commitment. We need to consider how best to support the champions to deliver their role effectively. We are utilising the Teams IT system to reach all TV champions.
20.6 Reduce PU development By Oct-20	Redesign of the Quality Improvement Model to support the clinical teams to reduce harm, led by a HoN from the HSCP and ASD. To provide senior leadership support in practice.
21.1 Improve reporting of PU By Oct-20	TV work has been reignited and we are annotating the TV Report Charts to reflect the COVID-19 pandemic and better understand the reasons behind the data, and support improvement measures. A "Deep Dive" exercise is being undertaken into identified wards (HSCP) who reported pressure incidents during the pandemic to learn the reasons behind them.

Clinical Governance

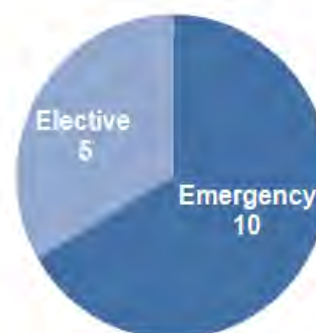
Caesarean Section SSI

To reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 to 2.5% by March 2021

Local Performance



QE Dec-19



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%	2.3%	
Scotland	1.2%	1.3%	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%	

Key Challenges in 2020/21

NHS Fife SSI Caesarean Section incidence still remains higher than the Scottish incidence rate (no data for 2020 available at this stage)

Improvement Actions

Update

20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan
By Oct-20

Regular SSI Implementation Group Meetings have resumed following the temporary pause due to the COVID-19 pandemic. The group met on 2nd July, via Microsoft Teams, to discuss the Action Plan. The next meeting is due to take place on 20th August.
The new case ascertainment methodology was adopted from October 2019. Following the recommencement of SSI surveillance, the new methodology will continue to be applied and assessed for its effectiveness.

20.2 Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond

Clinical Governance

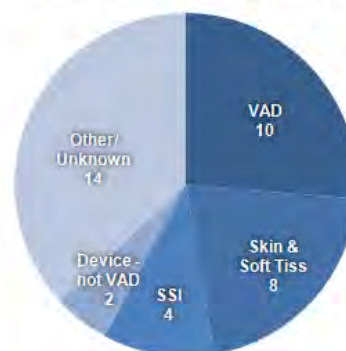
SAB (HAI/HCAI)

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

Local Performance



Infection Source: YE Jun-20



National Benchmarking | Year Ending

Year Ending		2018/19			2019/20			
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Five	HCAI Infection Rate (per 100,000 TOBD)	20.7	22.1	20.9	17.6	15.2	13.5	13.1
Scotland		17.4	17.6	16.8	16.7	16.9	16.2	16.4

Key Challenges in 2020/21

Achieving a 10% reduction of healthcare-associated SAB by March 2022

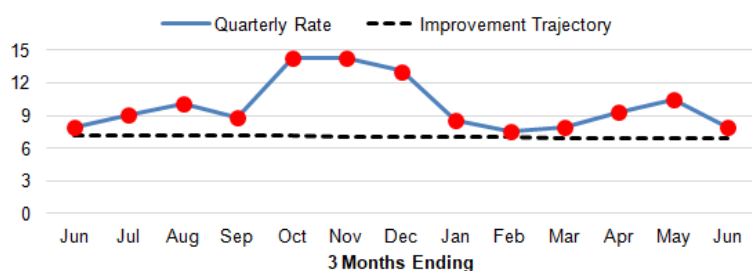
Improvement Actions	Update
<p>20.1 Reduce the number of SAB in PWIDs <i>By Mar-21</i></p>	<p>The Infection Prevention Control Team continue to support Addiction Services with the SAB improvement project, last meeting in July. To date there has been only 2 confirmed cases of SAB in PWID in 2020 a marked improvement compared to the same time period in 2019.</p> <p>A SOP for accessing antibiotics for patients identified with SSTI by Addiction Services is out for consultation with GPs. There are also ongoing discussions on how to access treatment for outpatient PWID.</p>
<p>20.2 Ongoing surveillance of all VAD-related infections <i>By Mar-21</i></p>	<p>Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement. This has continued throughout the pandemic.</p>
<p>20.3 Ongoing surveillance of all CAUTI <i>By Mar-21</i></p>	<p>Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) are taking place, to identify key issues and take appropriate corrective actions The group last met in June, and will meet again on 21st August.</p> <p>We are continuing to develop E-documentation bundles for catheter insertion and maintenance, to be added onto Patientrak for Acute services (follows successful introduction into MORSE for District nurses in 2019).</p>
<p>20.4 Optimise comms with all clinical teams in ASD & the HSCP <i>By Mar-21</i></p>	<p>Monthly anonymised reporting with Microbiology comments to gain better understanding of disease process and those most at risk is continuing. This allows local resources to be focused on high risk groups/areas and improve patient outcomes.</p> <p>The Ward Dashboard is continuously updated, for clinical staff to access and also to be displayed for public assurance.</p> <p>Certificates for wards infection free period for SAB are to be distributed.</p>

Clinical Governance

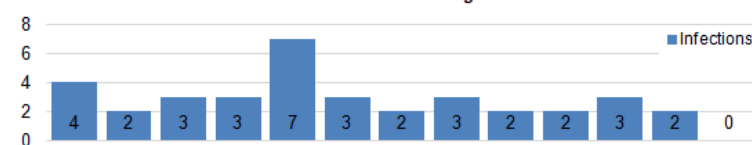
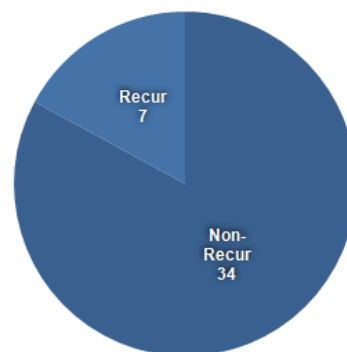
C Diff (HAI/HCAI)

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

Local Performance



All CDI Recurrence: YE Jun-20



National Benchmarking | Year Ending

Year Ending		2018/19				2019/20		
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	7.8	7.3	7.2	8.2	8.6	8.8	9.2
Scotland		15.0	15.2	14.7	13.9	13.1	13.3	13.6

Key Challenges in 2020/21

Reducing healthcare-associated CDI (including recurrent CDI) to achieve the 10% reduction target by March 2022

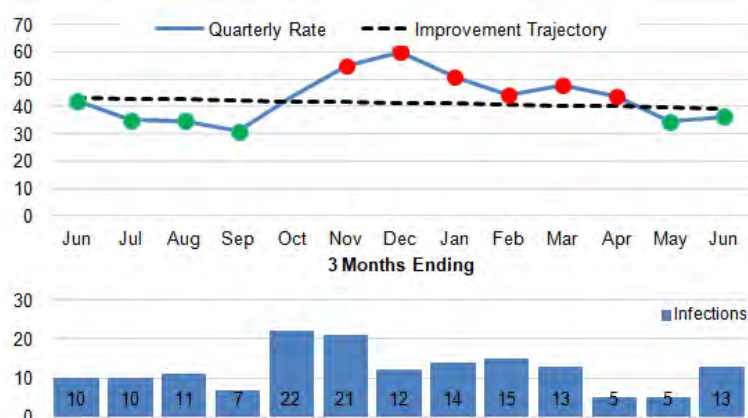
Improvement Actions	Update
20.1 Reducing recurrence of CDI <i>By Oct-20</i>	NHS Fife has been approved to use commercial FMT (Faecal microbiota transplantation) in the prevention of recurrence of infection, but this is currently unavailable (due to the COVID-19 pandemic). Approval has been passed for the use of Bezlotoxumab, which is a human monoclonal antitoxin antibody; it binds to Clostridioides difficile toxin B and neutralises its activity, preventing recurrence of CDI (BNF 2020). It is obtained on a named patient basis on micro/GI request and needs approval by the clinical and medical director. Fidaxomylin is another treatment used in NHS Fife for patients at high risk of recurrent CDI.
20.2 Reduce overall prescribing of antibiotics <i>By Oct-20</i>	National antimicrobial prescribing targets are being utilised by NHS Fife's microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage. New empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.
20.3 Optimise communications with all clinical teams in ASD & the HSCP <i>By Oct-20</i>	Monthly CDI reports are being distributed, to enable staff to gain a clearer understanding of the disease process. ICN ward visits reinforce SICPs and contact precautions, provide education to promote optimum CDI management and daily Medical management form completion. The Ward Dashboard is continuously updated, for clinical staff to access CDI incidence by ward and also to be displayed for public assurance. Certificates for wards infection free period for CDI are to be distributed

Clinical Governance

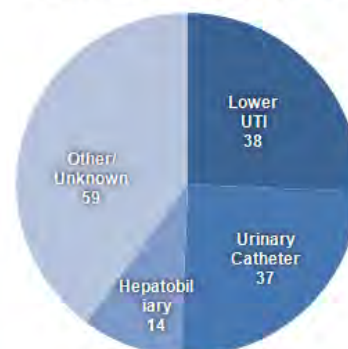
ECB (HAI/HCAI)

Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Local Performance



Infection Sources: YE Jun-20



National Benchmarking | Year Ending

Year Ending	HCAI Infection Rate (per 100,000 TOBD)	2018/19				2019/20		
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife		39.7	44.5	44.0	42.3	40.4	43.1	45.3
Scotland		36.2	37.4	38.4	38.6	38.7	39.3	39.1

Key Challenges in 2020/21

Reducing CAUTI and UTI ECB in order to achieve overall 25% reduction in healthcare-associated ECB by March 2022

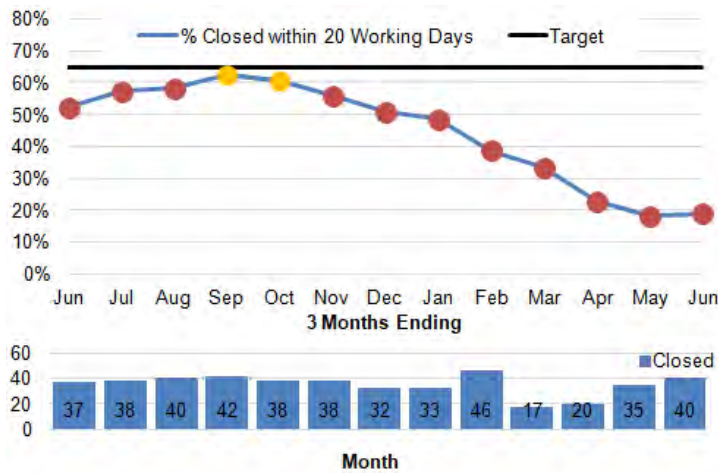
Improvement Actions	Update
<p>20.1 Optimise communications with all clinical teams in ASD & the HSCP <i>By Mar-22</i></p>	<p>Mandatory national ECB surveillance has continued throughout the pandemic, although additional voluntary enhanced surveillance (started in January) has been paused.</p> <p>Monthly reporting and graphs of ECB data to key clinical staff across NHS Fife (HSCP & Acute services) has continued throughout the pandemic.</p> <p>ECB continues as a standing Agenda item in the IPCT and ICC meetings.</p>
<p>20.2 Formation of ECB Strategy Group <i>By Mar-21</i></p>	<p>The first meeting of the ECB Strategy Group took place in January, to address ECBs caused predominately by urinary source other than CAUTIs. The next meeting was due in April, with a wider involvement from public health but this was postponed, and the date of next meeting is to be confirmed.</p>
<p>20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG) <i>By Mar-21</i></p>	<p>The UCIG last met in June, the key points being as follows:</p> <ul style="list-style-type: none"> • E-documentation bundles for catheter insertion and maintenance to be added onto Patientrak for Acute services (follows the successful introduction into MORSE for District nurses in 2019) • Urinary Catheter Care passports have been added to PECOS for all patients to promote catheter care and adequate hydration • Continence/hydration folders have been distributed to all care and residential homes across Fife by the Continence advisory service, to be followed up by visits to support staff. These packs include information and tools on continence assessment, sheaths, catheters, bowel health, Hydration/healthy bladder and incontinence. <p>The next UCIG meeting is scheduled for August.</p>

Clinical Governance

Complaints | Stage 2

At least 75% of Stage 2 complaints are completed within 20 working days
Improvement Target for 2020/21 = 65%

Local Performance



Closure Breaches: QE Jun-20



Local Performance by Directorate/Division

3-Month Ending	2019/20											20/21		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
NHS Fife	52.3%	57.3%	58.3%	62.5%	60.8%	55.9%	50.9%	48.5%	38.7%	33.3%	22.9%	18.1%	18.9%	
Ack <= 3 Days (Monthly)	89.2%	97.4%	95.0%	92.9%	97.4%	89.5%	93.8%	93.9%	95.7%	94.1%	95.0%	97.1%	87.5%	
ASD	67.7%	71.4%	66.7%	63.8%	60.5%	60.6%	57.7%	57.1%	49.4%	56.2%	55.3%	54.4%	53.5%	
HSCP	8.7%	22.6%	33.3%	54.3%	57.6%	45.2%	33.3%	23.3%	9.7%	28.6%	28.4%	26.8%	25.7%	

Key Challenges in 2020/21

Clearing the backlog of existing complaints
Increase in complaints due to treatment delays (including diagnostics)
General increase in complaints as we start to remobilise

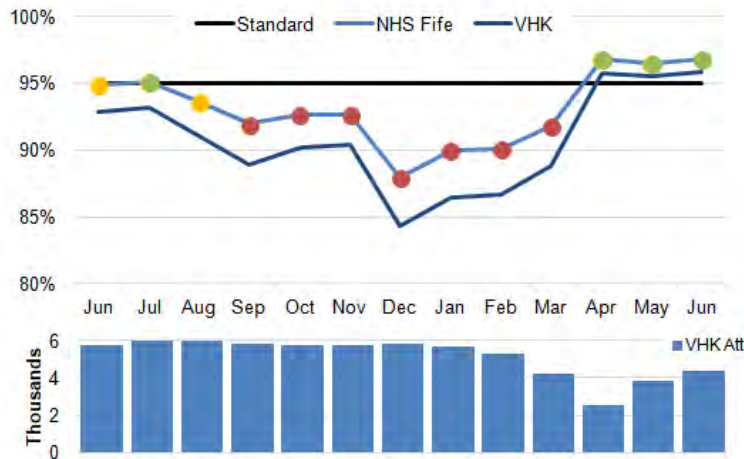
Improvement Actions	Update
20.1 Patient Relations Officers to undertake peer review	
20.2 Deliver education to service to improve quality of investigation statements	
20.3 Agree process for managing medical statements, and a consistent style for responses	
21.1 Agree process for managing complaint performance and quality of complaint responses <i>By Mar-21</i>	The PRT is changing the way we work in order to adapt to the 'new normal'. This includes changing meetings, reports and forms, with an aim of improving and sustaining consistency and quality. Part of this will be achieved via the development of the Complaints section of the new NHS Fife website.
21.2 Deliver virtual training on complaints handling <i>By Dec-20</i>	This action has been identified as a replacement for previous action 20.2, with the aim being to improve overall quality. Sessions are currently being arranged.

Finance, Performance & Resources – Operational Performance

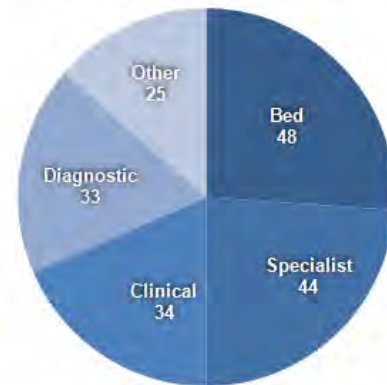
4-Hour Emergency Access

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment
Improvement Target for 2020/21 = **TBC%**

Local Performance



Breach Reason Jun-20



National Benchmarking

Month	2019/20							2020/21					
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	94.9%	95.1%	93.6%	92.0%	92.7%	92.7%	88.0%	90.0%	90.1%	91.8%	96.8%	96.5%	96.8%
Scotland	90.3%	91.2%	90.6%	88.7%	88.0%	85.5%	83.8%	86.1%	86.4%	89.2%	94.9%	95.7%	95.6%

Key Challenges in 2020/21

Maintaining the reduction in numbers and the public using alternatives to emergency care
Managing a department with red/green split during the return to normality, when injuries related to outdoor activity are likely to increase

Improvement Actions	Update
20.1 Formation of PerformED group to analyse performance trends By Jul-20	ED performance has continued to remain above average indicating that processes and improvement pathways are delivering and achievable when there is flow within the hospital. These will be monitored as remobilisation moves forward and attendances potentially increase.
20.4 Development of services for ECAS	
20.5 Medical Assessment and AU1 Rapid Improvement Group By Aug-20	Focus of this group will move to long term management of red and green admission pathways and continual review of combined assessment (medical and surgical) effectiveness
21.1 Remodelling of Outpatient services By Dec-20	Ongoing assessment of the effectiveness of electronic outpatient models for different specialities and focus on return appointment frequency and effectiveness

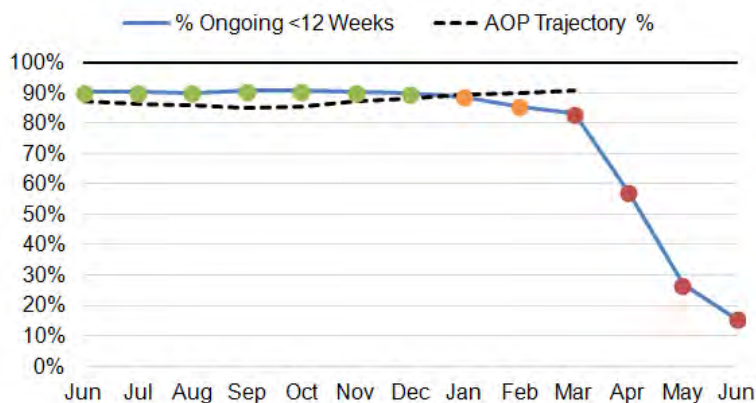
Finance, Performance & Resources – Operational Performance

Patient TTG

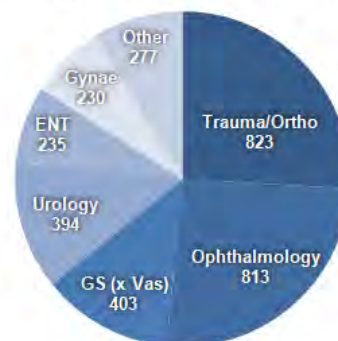
We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

Improvement Target for 2020/21 = **TBC%** (Patients Waiting <= 12 Weeks at month end)

Local Performance



Ongoing Breaches Jun-20



National Benchmarking

	2019/20						2020/21						
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	90.1%	90.1%	89.9%	90.6%	90.5%	90.1%	89.7%	88.4%	85.4%	83.1%	57.3%	26.8%	15.4%
Scotland	67.8%	67.8%	66.8%	67.5%	69.7%	69.5%	67.0%	66.7%	66.3%	64.4%			

Key Challenges in 2020/21

Recovery from COVID-19
Reduced theatre capacity due to increased infection control procedures and response to COVID-19

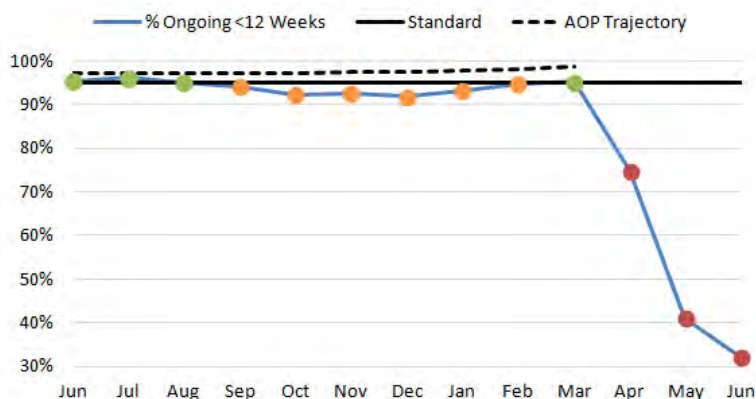
Improvement Actions	Update
20.2 Develop Clinical Space Redesign Improvement plan	
20.3 Theatre Action Group develop and deliver plan	
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	
21.1 Develop and deliver transformation plan <i>By Mar-21</i>	This action is related to 20.2 and 20.3, above, but seeks to sustain delivery of improvements introduced during the pandemic
21.2 Review DCAQ in relation to WT improvement plan <i>By Aug-20</i>	Work has informed the remobilisation plan in order to reinstate the level of capacity as close as possible to that funded in the waiting times improvement plan for 20/21 Additional funding has been requested to assist with clearing backlog. *** ACTION COMPLETE ***
21.3 Undertake waiting list validation against agreed criteria <i>By Sep-20</i>	When the action is complete, this will be an ongoing activity

Finance, Performance & Resources – Operational Performance

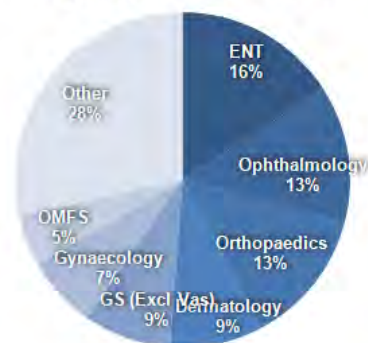
New Outpatients

95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment
Improvement Target for 2020/21 = **TBC%**

Local Performance



Ongoing Breaches Jun-20



National Benchmarking

	2019/20												2020/21		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
NHS Fife	95.4%	96.2%	95.0%	94.1%	92.4%	92.7%	91.8%	93.2%	94.7%	95.2%	74.8%	40.9%	32.0%		
Scotland	73.5%	73.5%	72.2%	72.9%	73.3%	73.7%	73.2%	75.5%	75.1%	74.9%					

Key Challenges in 2020/21

Recovery from COVID 19
Reduced clinic capacity due to physical distancing
Difficulty in recruiting to specialist consultant posts

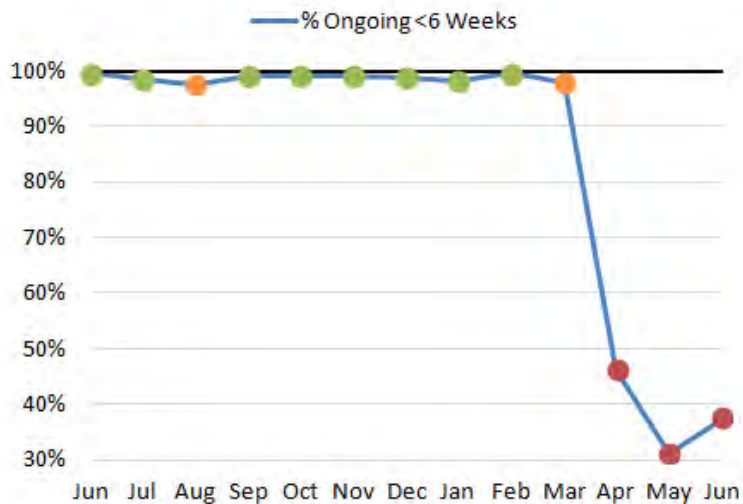
Improvement Actions	Update
20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan	
20.2 Develop OP Transformation programme.	
20.3 Improve recruitment to vacancies By Mar-21	Action continues – includes consideration of service redesign to increase capacity
21.1 Review DCAQ in relation to WT improvement plan By Aug-20	Work has informed the remobilisation plan in order to reinstate the level of capacity as close as possible to that funded in the waiting times improvement plan for 20/21. Additional funding has been requested to assist with clearing backlog. *** ACTION COMPLETE ***
21.2 Refresh OP Transformation programme actions By Mar-21	This action is related to 20.2, above, but seeks to sustain delivery of improvements introduced during the pandemic
21.3 Develop clinic capacity modelling tool By Jul -20	Tool is in use. *** ACTION COMPLETE ***
21.4 Validate new and review waiting list against agreed criteria By Sep-20	When the action is complete, this will be an ongoing activity

Finance, Performance & Resources – Operational Performance

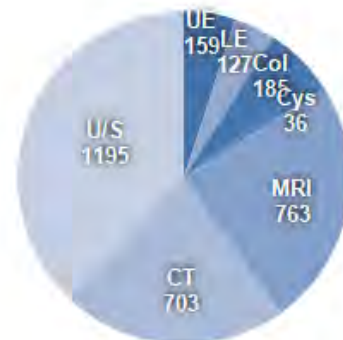
Diagnostics Waiting Times

No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment
Improvement Target for 2020/21 = **TBC%**

Local Performance



Ongoing Breaches Jun-20



National Benchmarking

	2019/20											2019/20		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
NHS Fife	99.5%	98.3%	97.6%	98.9%	99.0%	99.1%	98.6%	98.2%	99.5%	97.8%	46.3%	31.1%	37.4%	
Scotland	81.6%	79.5%	80.4%	82.3%	80.8%	82.8%	79.5%	79.2%	84.7%	75.8%				

Key Challenges in 2020/21

Recovery from COVID-19
Reduced capacity due to physical distancing and infection control procedures
Difficulty in recruiting to consultant and specialist AHP/Nursing posts
Endoscopy surveillance backlog

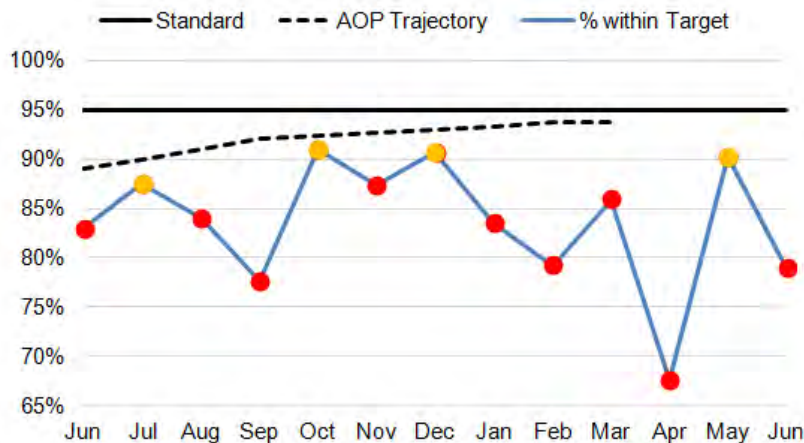
Improvement Actions	Update
21.1 Review DCAQ and develop remobilisation plans for Radiology and Endoscopy <i>By Aug-20</i>	Phase 3 expansion plan for Endoscopy has been agreed and implemented in July; full capacity is dependent on SG guidance regarding social distancing being amended. Work has informed the remobilisation plan submitted to SG in order to restart services as close as possible to the level of capacity funded in the waiting times improvement plan for 20/21; additional funding requested to assist in clearing backlogs. *** ACTION COMPLETE ***
21.2 Undertake new and planned waiting list validation against agreed criteria <i>By Aug-20</i>	When the action is complete, this will be an ongoing activity
21.3 Improve recruitment to vacant posts <i>By Mar-21</i>	Action includes consideration of service redesign to increase capacity

Finance, Performance & Resources – Operational Performance

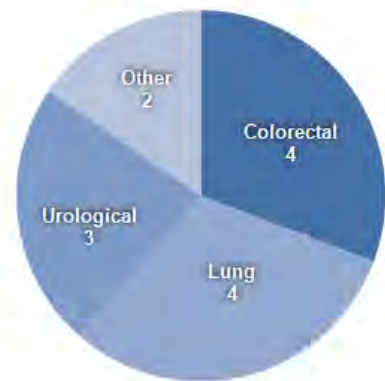
Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days
Improvement Target for 2020/21 = **TBC%**

Local Performance



Breaches Jun-20



National Benchmarking

Month	2019/20											2020/21		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
NHS Fife	82.9%	87.5%	84.0%	77.7%	91.0%	87.3%	90.7%	83.6%	79.2%	85.9%	67.5%	90.2%	79.0%	
Scotland	82.6%	81.8%	82.1%	83.7%	82.7%	81.9%	84.6%	83.6%	82.7%	86.1%	82.6%	83.8%	84.3%	

Key Challenges in 2020/21

Recovery from COVID-19, by assessing affected components of the cancer 'journey' and reviewing capacity against expected demand.
Identification of key improvement areas in view of the pandemic response and as screening programmes restart

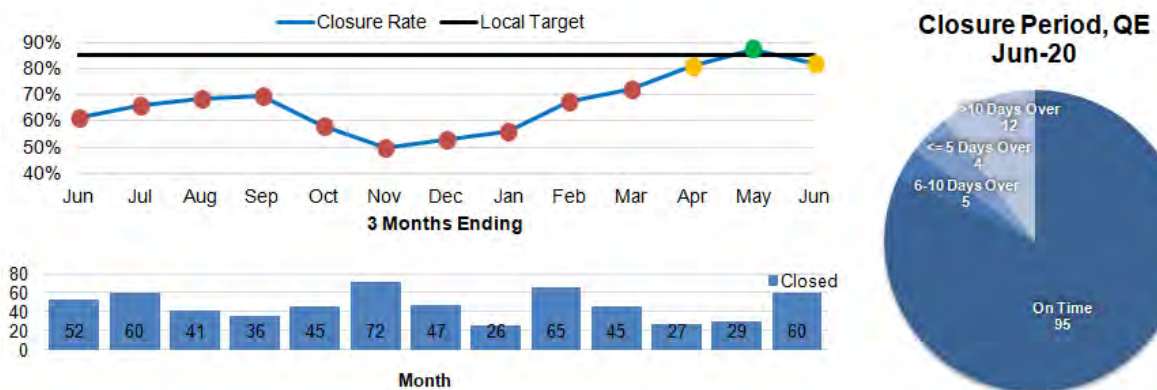
Improvement Actions	Update
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points <i>By Sep-20</i>	Progress affected by staffing pressures in cancer audit team. Detailed work is also being carried out by the Lead Cancer Nurse. This will be addressed as part of the overall recovery work described above.
20.4 Prostate Improvement Group to continue to review prostate pathway <i>By Sep-20</i>	This is ongoing work related to Action 20.3, with the specific aim being to minimise waits post MDT
21.1 Establishment of Cancer Structure to develop and deliver a Cancer Strategy <i>By Sep-20</i>	Work started in 2019 and now has full support from NHS Fife's Medical Director. Work is underway to ensure required leadership structures and governance structures are in place.

Finance, Performance & Resources – Operational Performance

Freedom of Information Requests

In 2020/21, we will respond to a minimum of 85% of FOI Requests within 20 working days

Local Performance



Service Performance

Monthly	2019/20						2020/21						
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Health Board	55.6%	68.9%	73.7%	48.3%	36.1%	49.3%	75.0%	52.4%	72.9%	76.9%	100.0%	81.8%	73.2%
IJB	71.4%	86.7%	100.0%	85.7%	77.8%	66.7%	14.3%	60.0%	83.3%	100.0%	100.0%	100.0%	60.0%

Key Challenges in 2020/21

Adequate resourcing to fully manage FOI
Lack of FOI expertise and awareness within the organisation

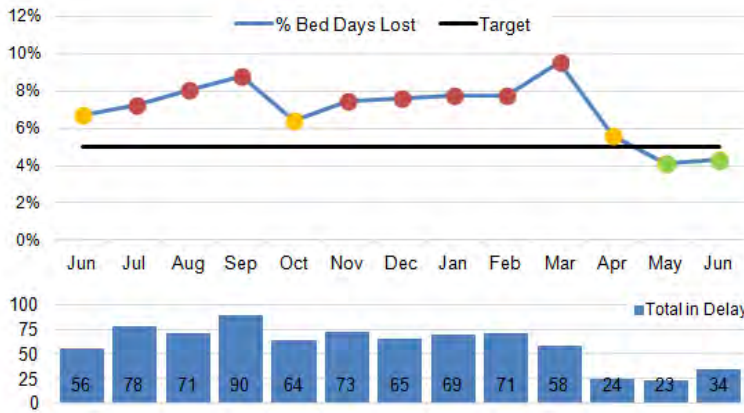
Improvement Actions	Update
<p>20.5 Refresh process with H&SC partnership for requests received that relate to their services <i>By Sep-20</i></p>	<p>The management of FOI requests which require responses from the H&SCP has improved significantly since the start of 2020. A new system (Axlr8), which is currently used by Fife Council, will be implemented in NHS Fife shortly, its introduction having been delayed by COVID-19. This will help the compilation of new / refreshed processes.</p>
<p>20.7 Formalise long-term resource requirements for FOI administration <i>By Sep-20</i></p>	<p>An FOI Officer has been appointed within the IG Team on a 6-month contract to help implement the Axlr8 system and processes. Initial feedback from the supplier is very positive. Training, legislative requirements and operational requirements have been pulled into the IG Office to manage.</p>

Finance, Performance & Resources – Operational Performance

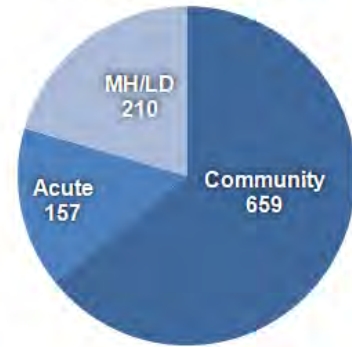
Delayed Discharges (Bed Days Lost)

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

Local Performance



Bed Days Lost | Jun-20



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	90,276	91,709	
	Bed Days Lost	3,638	4,200	6,744	8,141	6,685	7,232	6,570	
	% Bed Days Lost	4.2%	4.5%	7.4%	8.9%	7.6%	8.0%	7.2%	
Scotland	TOBD	1,552,301	1,541,821	1,551,451	1,567,162	1,532,782	1,542,731	1,566,361	
	Bed Days Lost	101,712	107,120	109,366	101,959	103,422	110,861	110,547	
	% Bed Days Lost	6.6%	6.9%	7.0%	6.5%	6.7%	7.2%	7.1%	

Key Challenges in 2020/21

Sustaining current performance as we return to 'normal' working
Applying lessons learned during the pandemic, going forward .

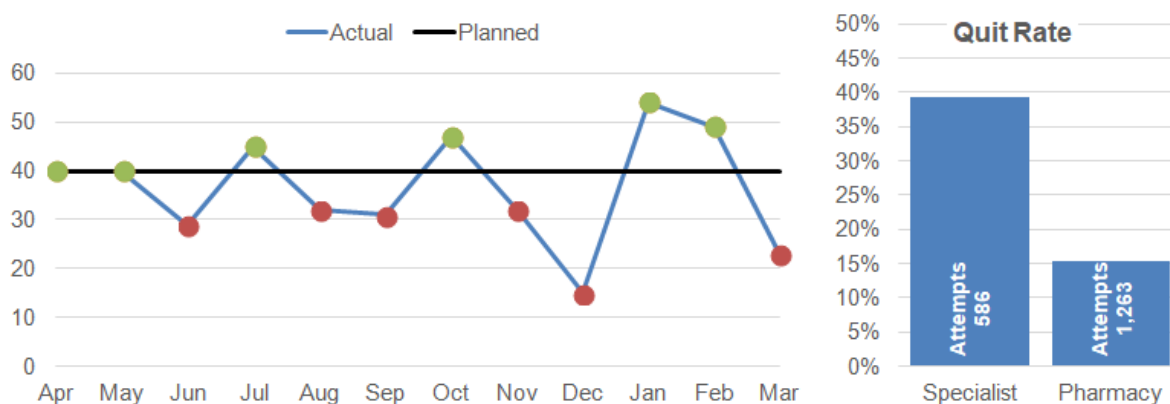
Improvement Actions	Update
20.1 Test a trusted assessors model for patients transferring to STAR/assessment beds By Aug-20	Framework completed during the COVID-19 pandemic. Implementation being finalised. *** COMPLETION DATE MOVED TO AUGUST 2020 ***
20.3 Moving On Policy to be implemented By Aug-20	The moving on policy will be approved by the HSCP Senior Leadership Team in August. This will further support new processes implemented as a result of the COVID-19 pandemic. *** COMPLETION DATE MOVED TO AUGUST 2020 ***
20.4 Improve flow of comms between wards and Discharge HUB	
20.5 Increase capacity within care at home	
21.1 Implementation of Daily Care Home Huddle By Jul-20	Daily care home huddles are in place and running well. Admissions from care home residents are flagged daily on Trak and progress discussed with capacity team and Hub. This ensures LOS will be reduced and residents are able to transfer back to their home more quickly. *** ACTION COMPLETE ***

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	32	31	47	32	15	54	49	23
	Actual Cumul	40	80	109	154	186	217	264	296	311	365	414	437
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	100.0%	101.3%	92.4%	97.5%	94.4%	91.9%	95.7%	94.0%	87.9%	92.6%	95.4%	92.4%
Scotland	Achieved			92.4%			91.1%			89.4%			

Key Challenges in 2020/21

- Service Provision within GP practices, hospitals and community venues (paused due to COVID19)
- Staffing levels due to redeployment and maternity leave - recruiting and training new staff members will take 6 to 9 months
- Unavailability of mobile unit (re-deployed during pandemic)
- Building trust and confidence with client group to enable them to seek stop smoking support now and beyond COVID-19
- Inability to validate quits as part of an evidence based service due to COVID-19

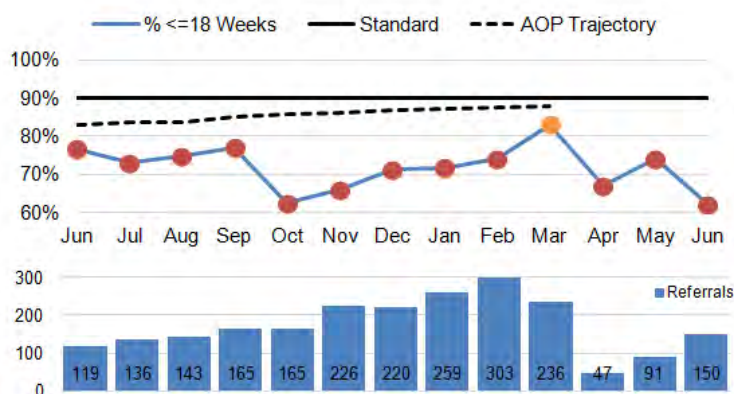
Improvement Actions	Update
20.2 Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	This initiative had commenced and was in the early stages of delivery. The aim was to test a model of delivery that allowed a smoking cessation advisor sitting within clinic to enable direct access to Champix for patients attending clinic. This has been paused due to COVID-19. *** TO BE REVIEWED WHEN 2020/21 TARGET IS ADVISED ***
20.3 'Better Beginnings' class for pregnant women on Saturday mornings	Limited progress due to COVID-19 but a couple of pregnant mums have requested support at this time. Initial outcomes (although small numbers) has shown positive outcomes to engaging with pregnant women. *** TO BE REVIEWED WHEN 2020/21 TARGET IS ADVISED ***
20.4 Enable staff access to medication whilst at work	No progress has been made due to COVID-19. *** TO BE REVIEWED WHEN 2020/21 TARGET IS ADVISED ***

Finance, Performance & Resources – Operational Performance

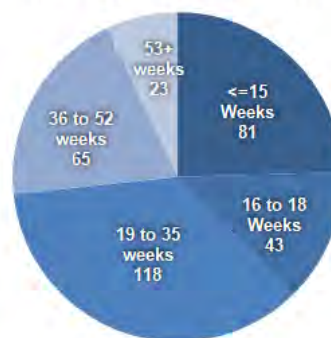
CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment
Improvement Target for 2020/21 = **TBC%**

Local Performance



Waiting List (330) Jun-20



National Benchmarking

Month	2019/20											2020/21		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
NHS Fife	76.7%	73.2%	74.8%	77.1%	62.5%	66.0%	71.3%	71.8%	74.1%	83.1%	67.0%	74.2%	62.2%	
Scotland	70.9%	62.7%	63.8%	66.9%	64.6%	64.2%	71.5%	67.5%	63.8%	63.8%				

Key Challenges in 2020/21

Available resource to meet demand
Impact of COVID-19 relaxation on referrals
Change to appointment 'models' to reflect social distancing

Improvement Actions	Update
20.1 Re-Introduction of PMHW First Contact Appointments System <i>By Dec-20</i>	The pandemic has allowed a large number of referrals to be assessed and waiting time is at 2-3 weeks Current action is to maintain this level of activity and response time to ensure that children are supported by the wide range of services available, thus reducing the impact on specialist Tier 3 CAMHS.
20.2 Waiting List Additional Staffing Resource	
20.3 Introduction of Team Leader Role	
21.1 Re-design of Group Therapy Programme <i>By Dec-20</i>	Fife CAMHS and Primary Care Psychology had combined resources to develop a comprehensive group therapy programme targeting the most common presenting issues for children and young peoples mental health. Due to COVID-19 restrictions, group-based face to face work is no longer viable and we are working to develop alternative formats and models of delivery that can deliver multiple contacts with minimal staffing.
21.2 Use Centralised Allocation Process <i>By Dec-20</i>	We are developing administrative and clinical systems to maintain the centralised allocation process that can manage increased referrals rates once normal service resumes. This will ensure that available appointments are identified and allocated quickly across clinical teams.
21.3 Build CAMHS Urgent Response Team <i>By Mar-21</i>	This team will replace the existing self-harm service, ensuring that urgent referrals from A&E and GPs receive timely, evidence based, short term intervention.

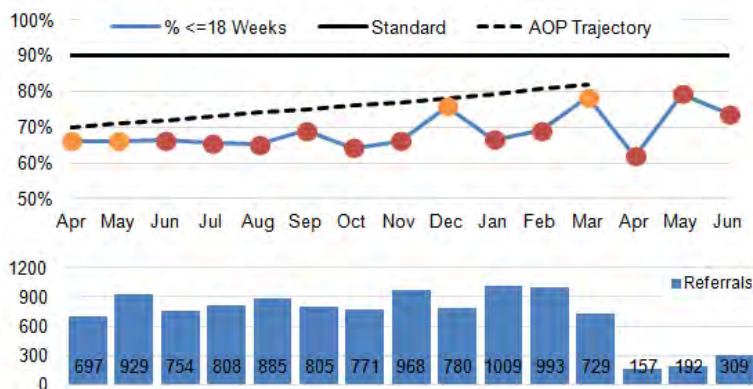
Finance, Performance & Resources – Operational Performance

Psychological Therapies 18 weeks RTT

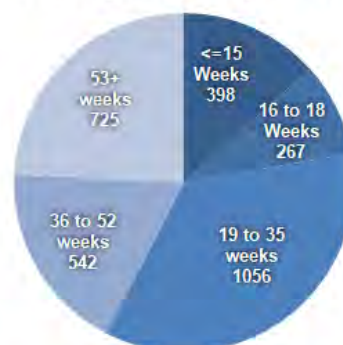
At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies

Improvement Target for 2020/21 = **TBC%**

Local Performance



Waiting List (2988) Jun-20



National Benchmarking

Month	2019/20												2020/21		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	66.1%	66.2%	66.3%	65.5%	65.2%	69.0%	64.2%	66.0%	75.8%	66.6%	69.0%	78.4%	62.0%	79.2%	73.6%
Scotland	76.7%	79.3%	80.0%	78.8%	79.2%	80.1%	78.5%	77.8%	81.5%	75.8%	78.5%	78.8%			

Key Challenges in 2020/21

Predicted large increase in referrals post pandemic
Identifying replacement for group therapies (no longer viable)

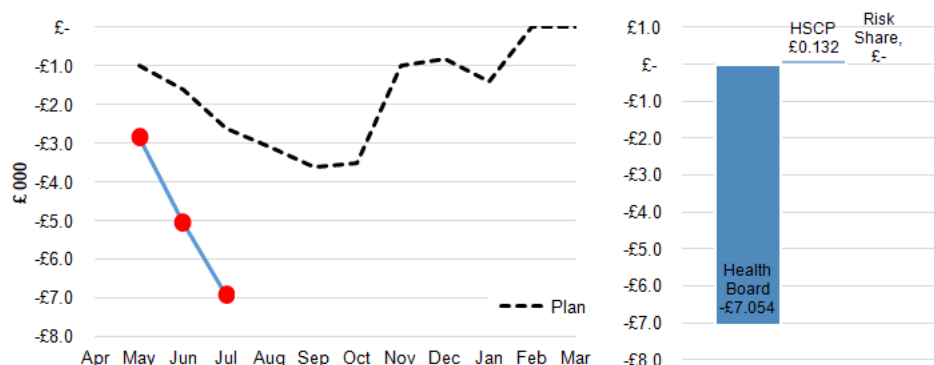
Improvement Actions	Update
20.2 Introduction of extended group programme in Primary Care	
20.3 Redesign of Day Hospital provision <i>By Sep-20 (review)</i>	Implementation of full re-design subject to further delay. Further progress required to see extent of impact on capacity for delivery of PTs.
20.4 Implement triage nurse pilot programme in Primary Care <i>By Dec-20</i>	Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September 2019; final evaluation due this September
20.5 Trial of new group-based PT options <i>By Sep-20 (review)</i>	Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Specific requirements identified from audit of Psychology AMH WL. Viability of this dependent upon suitable digital platform being agreed.
21.1 Introduction of additional on-line therapy options <i>By Sep-20</i>	This action incorporates the digital delivery of stress management groups via Access Therapies Fife website. These will now be delivered digitally following e-health sign off on use of a specific digital platform. Suite of Silvercloud online therapy options now available via Access Therapies Fife website.
21.2 Development of alternative training and PT delivery methods <i>By Dec-20</i>	This action is to support care pathways for people with complex psychological problems within AMH Psychology and Clinical Health Psychology and for people with learning disabilities

Finance, Performance & Resources – Finance

Revenue Expenditure

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

Local Performance



Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	420,120	428,903	135,413	142,467	-7,054	-5.21%	-3,277	-3,777
Integration Joint Board (Health)	356,518	363,234	123,414	123,282	132	0.11%	316	-184
Risk Share	0	0	0	0	0	0.00%	0	0
Total	776,638	792,137	258,827	265,749	-6,922	-2.67%	-2,961	-3,961

Key Challenges in 2020/21

- Availability of Covid-19 funding to: match our net additional costs; and costs associated with remobilisation plans
- Our ability as a Board to regain traction in our savings and transformation plans in the context of the Covid-19 pandemic journey
- Informing a reliable and robust forecast position to the year end given the complexities of establishing the respective: core; Covid-19; remobilisation; and Test & Protect position.
- Ongoing discussions on potential risk share options with SG and respective partners. At this point there has been no IJB risk share factored into the position. This is a matter which will require close attention over the coming months to determine the level and quantum of potential risk arising.

Improvement Actions	Update
21.1 Local Mobilisation Plan <i>Ongoing throughout FY</i>	Partnering with the services to: <ul style="list-style-type: none"> • Identify additional spend relating to Covid-19 • Identify offsets against core positions • Understand and quantify the financial implications of remobilisation of core services across NHSF • Inform forecast outturn positions to the year end; in support of our statutory requirement to deliver a balanced RRL position
21.2 Savings <i>By Jul-20</i>	The total NHS Fife efficiency requirement for 2020/21 including legacy unmet savings was £20m. As part of the LMP, Boards were asked to provide an estimate of the impact of planned measures re Covid-19 on the delivery of planned Health Board savings. As an early planning assumption it was agreed that some £6m may be met across NHS Fife; with c£14m recorded in the LMP as expected underachievement of savings. The Q1 return makes a reassessment of savings and SG decision on funding of unachieved savings remains a live issue.

Finance, Performance & Resources – Finance

Commentary

The revenue position for the 4 months to 31 July reflects an overspend of £6.922m; which comprises a core underspend of £1.546m; and a net additional spend on Covid-19 of £8.468m. At this point any potential implications of the IJB risk share have not been factored in to the position.

The total Capital Resource Limit for 2020/21 is £7.394m. The capital position for the 4 months to July shows investment of £2.014m.

1. Annual Operational Plan

1.1 As previously reported, the AOP process for the 2020/21 financial year was paused due to the timing of the Covid-19 pandemic. The revised AOP financial plan which reflects both the mobilisation and the remobilisation plan high level impact on the financial position was submitted at the end of July; and as part of Scottish Government financial governance arrangements, a detailed formal quarter one financial review was submitted on 14 August. Scottish Government funding allocations will be based on Boards' quarter one returns. Funding is expected to be confirmed by the end of September.

2. Financial Allocations

Revenue Resource Limit (RRL)

2.1 NHS Fife received confirmation of the July core revenue amount on 10 August. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £708.723m; and anticipated allocations total £73.681m. The anticipated allocations include a sum of £1.303m for Covid-19 which relates to payments to GPs. In recognition of the financial cost of Covid-19, a budget reprioritisation exercise is ongoing across SG to reprofile budgets for 2020/21. This may have an impact on Boards' allocations.

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 anticipated non-core RRL funding totals £9.733m.

Total RRL

2.3 The total current year budget at 31 July is therefore £792.137m as detailed in Appendix 1.

3. Summary Position

3.1 The revenue position for the 4 months to 31 July reflects an overspend of £6.922m; which comprises a core underspend of £1.546m; and a net additional spend on Covid-19 of £8.468m.

3.2 Table 1 below provides a summary of the position across the constituent parts of the system for the year to date and includes both the core and the Covid-19 financial positions. An overspend of £7.054m is attributable to Health Board retained budgets; and an underspend of £0.132m is attributable to the health budgets delegated to the IJB.

Finance, Performance & Resources – Finance

Table 1: Summary Combined Financial Position for the period ended July 2020

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	420,120	428,903	135,413	142,467	-7,054	-5.21%	-3,277	-3,777
Integration Joint Board (Health)	356,518	363,234	123,414	123,282	132	0.11%	316	-184
Risk Share	0	0	0	0	0	0.00%	0	0
Total	776,638	792,137	258,827	265,749	-6,922	-2.67%	-2,961	-3,961

Combined Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	202,490	208,019	67,922	73,164	-5,242	-7.72%	-1,820	-3,422
UB Non-Delegated	8,563	8,492	2,778	2,747	31	1.12%	42	-11
Estates & Facilities	74,888	75,176	24,267	24,872	-605	-2.49%	-412	-193
Board Admin & Other Services	54,107	61,481	22,278	24,214	-1,936	-8.69%	-1,785	-151
Non-Fife & Other Healthcare Providers	90,973	90,973	30,303	30,033	270	0.89%	270	0
Financial Flexibility & Allocations	14,733	16,594	790	0	790	100.00%	790	0
Health Board	445,754	460,735	148,338	155,030	-6,692	-4.51%	-2,915	-3,777
Integration Joint Board - Core	381,266	409,830	140,327	140,133	194	0.14%	378	-184
Integration Fund & Other Allocations	13,920	2,732	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	395,186	412,562	140,327	140,133	194	0.14%	378	-184
UB Risk Share Arrangement	0	0	0	0	0	0.00%	0	0
Total Integration Joint Board - Health	395,186	412,562	140,327	140,133	194	0.14%	378	-184
Total Expenditure	840,940	873,297	288,665	295,163	-6,498	-2.25%	-2,537	-3,961
UB - Health	-38,668	-49,328	-16,913	-16,851	-62	0.37%	-62	0
Health Board	-25,634	-31,832	-12,925	-12,563	-362	2.80%	-362	0
Miscellaneous Income	-64,302	-81,160	-29,838	-29,414	-424	1.42%	-424	0
Net Position Including Income	776,638	792,137	258,827	265,749	-6,922	-2.67%	-2,961	-3,961

3.3 The combined position is further analysed by core; and Covid-19 as per tables 2 and 3 below.

Table 2: Summary Core Financial Position for the period ended July 2020

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	202,490	205,611	65,514	67,005	-1,491	-2.28%	-1,137	-354
UB Non-Delegated	8,563	8,492	2,778	2,737	41	1.48%	42	-1
Estates & Facilities	74,888	75,062	24,153	23,808	345	1.43%	365	-20
Board Admin & Other Services	54,107	61,430	22,227	21,903	324	1.46%	340	-16
Non-Fife & Other Healthcare Providers	90,973	90,973	30,303	30,033	270	0.89%	270	0
Financial Flexibility & Allocations	14,733	16,594	790	0	790	100.00%	790	0
Health Board	445,754	458,162	145,765	145,486	279	0.19%	670	-391
Integration Joint Board - Core	381,266	406,591	137,088	135,854	1,234	0.90%	1,234	0
Integration Fund & Other Allocations	13,920	2,732	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	395,186	409,323	137,088	135,854	1,234	0.90%	1,234	0
UB Risk Share Arrangement	0	0	0	0	0	0.00%	0	0
Total Integration Joint Board - Health	395,186	409,323	137,088	135,854	1,234	0.90%	1,234	0
Total Expenditure	840,940	867,485	282,853	281,340	1,513	0.53%	1,904	-391
UB - Health	-38,668	-49,288	-16,873	-16,851	-22	0.13%	-22	0
Health Board	-25,634	-31,415	-12,508	-12,563	55	-0.44%	55	0
Miscellaneous Income	-64,302	-80,703	-29,381	-29,414	33	-0.11%	33	0
Net Position Including Income	776,638	786,782	253,472	251,926	1,546	0.61%	1,937	-391

Finance, Performance & Resources – Finance

Table 3: Summary Covid-19 Financial Position for the period ended July 2020

COVID position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	0	2,408	2,408	6,159	-3,751		-683	-3,068
IJB Non-Delegated	0	0	0	10	-10		0	-10
Estates & Facilities	0	114	114	1,064	-950		-777	-173
Board Admin & Other Services	0	51	51	2,310	-2,259		-2,124	-135
Non-Fife & Other Healthcare Providers	0	0	0	0	0		0	0
Financial Flexibility & Allocations	0	0	0	0	0		0	0
Health Board	0	2,573	2,573	9,543	-6,970		-3,584	-3,386
Integration Joint Board - Core	0	3,239	3,239	4,280	-1,041		-857	-184
Integration Fund & Other Allocations	0	0	0	0	0		0	0
Sub-total Integration Joint Board Core	0	3,239	3,239	4,280	-1,041		-857	-184
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	0	3,239	3,239	4,280	-1,041		-857	-184
IJB - Health	0	-40	-40	0	-40		0	0
Health Board	0	-417	-417	0	-417		-457	0
Miscellaneous Income	0	-457	-457	0	-457		-457	0
Total Expenditure	0	5,355	5,355	13,823	-8,468		-4,898	-3,570

- 3.4 The core position at month 4 is a net underspend of £1.546m; and takes in to account offsetting cost reductions. The principle established in May recognised that due to reduced activity levels, a proportion of the core underspend reported within the combined position is identified and utilised to support the Covid-19 costs incurred. For the 4 months to July, a total of £4.508m was identified, in conjunction with Directors, General and Service Managers, as offset towards Covid-19 expenditure: comprising £2.573m from Health Board retained; and £1.935m from Health delegated functions. The main contributing factors were: increased vacancies which did not require backfilling; a reduction in radiology requirements and GP referrals for laboratory testing; reduced reliance on private sector support; and a reduction in theatres activity.
- 3.5 The net Covid-19 additional costs after taking in to account offsets (and assuming funding for additional GP and Pharmacy costs of £1.303m) is £8.468m.
- 4. Operational Financial Performance for the year (section 4 narrative is based on core position – Table 2 above)**

Acute Services

- 4.1 The Acute Services Division reports a **net overspend of £1.491m for the year to date**. This reflects an overspend in operational run rate performance of £1.137m, and unmet savings of £0.354m per Table 4 below. The overall position is mainly driven by pay overspend in Emergency Care on junior and senior medical staffing of £0.837m. Additional non pay cost pressures of £0.731m are emerging within Emergency Care medicines and surgical sundries. Various underspends across other areas of Acute arising from vacancies have helped to offset the level of overspend. The position shows the residual impact after transferring budget for Covid-19 offset year to date. Budget rephasing has taken place to reflect the cost impact of the additional capacity required to catch up on postponed services.

Table 4: Acute Division Financial Position for the period ended July 2020

Core Position	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	70,448	71,850	21,094	21,223	-129	-0.61%	-30	-99
Emergency Care & Medicine	74,612	75,895	25,980	27,629	-1,649	-6.35%	-1,523	-126
Women, Children & Clinical Services	54,833	55,246	17,653	17,798	-145	-0.82%	-18	-127
Acute Nursing	607	627	183	181	2	1.09%	2	0
Other	1,990	1,993	604	174	430	71.19%	432	-2
Total	202,490	205,611	65,514	67,005	-1,491	-2.28%	-1,137	-354

Finance, Performance & Resources – Finance

Estates & Facilities

- 4.2 The Estates and Facilities budgets report an **underspend of £0.345m** which is generally attributable to vacancies, catering, PPP and rates. These underspends are offset by an overspend in clinical waste costs.

Corporate Services

- 4.3 Within the Board's corporate services there is an **underspend of £0.324m**. Further analysis of Corporate Directorates is detailed per Appendix 2.

Non Fife and Other Healthcare Providers

- 4.4 The budget for healthcare services provided out with NHS Fife is **underspent by £0.270m** per Appendix 3. Notwithstanding the in-year underspend, this area remains one of increasing challenge particularly given the relative higher costs of some other Boards, coupled with the unpredictability of activity levels and drug costs.

Financial Plan Reserves & Allocations

- 4.5 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and cost pressure/developments and new in-year allocations are held in a central budget. At this early part of the year the process for allocating to budgets continues. The financial flexibility of £0.790m released to the M4 position is detailed in Appendix 4.

Integration Services

- 4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £1.234m for the year to date**. The majority of underlying drivers for the run rate under spend are vacancies in community nursing, health visiting, school nursing, community and general dental services across Fife Wide Division. Additional underspends are reflected in East against vacancies in community services and admin.

Income

- 4.7 A small over recovery in income of £0.033m 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 5 below (combined position).

Table 5: Subjective Analysis for the Period ended July 2020

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under Spend
	£'000	£'000	£'000	£'000
Pan-Fife Analysis				
Pay	389,109	128,773	131,775	-3,002
GP Prescribing	72,330	23,490	23,490	0
Drugs	29,702	10,533	10,449	84
Other Non Pay	376,657	129,040	129,449	-409
Efficiency Savings	-13,827	-3,961	0	-3,961
Commitments	19,326	790	0	790
Income	-81,160	-29,838	-29,414	-424
Net overspend	792,137	258,827	265,749	-6,922

Pay

- 5.2 The overall pay budget reflects an overspend of £3.002m. The majority of the overspend is within medical & dental staff with small offsetting underspends across other pay heads with the exception of nursing & midwifery. Within Acute there are a number of unfunded posts including Clinical Fellows within Emergency Care.

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- 5.3 Against a total funded establishment of 7,930 wte across all staff groups, there was an average 8.030 wte core staff in post in July. The additional staff in post represent staff cohort groups organised nationally to help support the Covid-19 activity.

Drugs & Prescribing

- 5.4 Across the system there is a net underspend of £0.084m on medicines. The GP prescribing position is based on 2019/20 trend analysis and April/May 2020 actual information (2 months in arrears). Across Scotland we are currently working through the Covid-19 implications on Prescribing and will update when more information becomes available.

Other Non Pay

- 5.5 Other non pay budgets across NHS Fife are collectively overspent by £0.410m. The overspends are in purchase of healthcare from other Health Boards and independent providers, equipment, property & and other supplies. These are offset by underspends across a number of areas including surgical sundries and other therapeutic supplies.

6 Financial Sustainability

- 6.1 The Financial Plan presented to Finance, Performance and Resources Committee in March highlighted the requirement for £20.015m cash efficiency savings to support financial balance in 2020/21. We had indicated an expected underachievement of savings of £14.2 via the Local Mobilisation Financial Template process; and a £5.8m efficiency savings target for NHS Fife. Whilst the feedback from the quarter one review submission will provide clarity on any SG funding of savings and allow a further refinement of savings targets; Table 6 summarises the position for the 4 months to July.

Table 6: Savings 20/21

Total Savings	Total Savings Target £'000	Anticipated unmet savings (Covid-19) £'000	Expected Achievement (Core) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Outstanding £'000
Health Board	14,868	10,668	4,200	125	1,118	2,957
Integration Joint Board	5,147	3,500	1,647	1,647	0	0
Total Savings	20,015	14,168	5,847	1,772	1,118	2,957

7 Key Messages / Risks

- 7.1 The revenue position for the 4 months to 31 July reflects an overspend of £6.922m; which comprises a core underspend of £1.546m; and a net additional spend on Covid-19 of £8.468m. This included an assessment of remobilisation costs for which we have requested specific approval. Given there is a commitment to fund additional GP costs, £1.303m Covid-19 funding has been assumed in the M4 position. Funding allocations will be based on the Q1 returns made across NHS Scotland, and there is a risk that the remaining £8.468m additional Covid-19 costs may not be fully funded.
- 7.2 At this point the potential implications of the IJB risk share have not been factored in to the position.

8 Recommendation

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

Finance, Performance & Resources – Finance

- **Note** the reported core underspend of £1.546m for the 4 months to date
- **Note** the reported Covid-19 additional spend of £8.468m for the 4 months to date; of which we have assumed funding of £1.303m will be forthcoming to meet additional GP costs.
- **Note** the combined position of the core and Covid-19 positions inform an overall overspend of £6.922m prior to agreement of additional funding.

Finance, Performance & Resources – Finance

Appendix 1: Revenue Resource Limit

		Baseline	Earmarked	Non-	Total	Narrative
		Recurring	Recurring	Recurring	Total	
		£'000	£'000	£'000	£'000	
Apr-20	Initial Baseline Allocation	701,537			701,537	Includes 20-21 uplift
May-20	Confirmed Allocations	-1,307		3,413	2,106	
Jun-20	Confirmed Allocations			-534	-534	
Jul-21	Forensic Medical Services			55	55	Annual Allocation
	Vitamins for pregnant breastfeeding women and infants			45	45	Based on submission
	Family Nurse Partnership			1,357	1,357	Annual Allocation 1st Tranche
	Cancer access funding			682	682	NRAC share of £10m
	HNC Students			40	40	Based on student numbers
	eHealth Strategic Allocation			1,179	1,179	Annual Allocation
	Integrated Primary & Community Fund			550	550	Annual Allocation
	Social Care Sustainability			1,706	1,706	Tranche 2 to transfer to Council
	Total Core RRL Allocations	700,230	0	8,493	708,723	
Anticipated	Primary Medical Services		55,281		55,281	
Anticipated	Outcomes Framework		3,585		3,585	
Anticipated	Mental Health Bundle		1,363		1,363	
Anticipated	Salaried Dental		2,091		2,091	
Anticipated	Distinction Awards		193		193	
Anticipated	Research & Development		822		822	
Anticipated	Community Pharmacy Champion		20		20	
Anticipated	NSS Discovery		-39		-39	
Anticipated	Pharmacy Global Sum Adjustments		-2,726		-2,726	
Anticipated	NDC Contribution		-842		-842	
Anticipated	Community Pharmacy Pre-Reg Training		-157		-157	
Anticipated	Family Nurse Partnership		28		28	
Anticipated	New Medicine Fund		5,386		5,386	
Anticipated	Golden Jubilee SLA		-25		-25	
Anticipated	Men C Vaccine Adjustment		-16		-16	
Anticipated	Primary Care Improvement Fund		3,495		3,495	
Anticipated	Action 15 Mental Health Strategy		884		884	
Anticipated	ADP Seek & Treat		1,159		1,159	
Anticipated	Veterans First		116		116	
Anticipated	GP pension		85		85	
Anticipated	Waiting List		6,700		6,700	
Anticipated	COVID 19		1,303		1,303	
Anticipated					0	
Anticipated	Top Slice NSS		-5,025		-5,025	
	Total Anticipated Core RRL Allocations	0	73,681	0	73,681	
Anticipated	IFRS			8,617	8,617	
Anticipated	Donated Asset Depreciation			116	116	
Anticipated	Impairment			500	500	
Anticipated	AME Provisions			500	500	
	Total Anticipated Non-Core RRL Allocations	0	0	9,733	9,733	
	Grand Total	700,230	73,681	18,226	792,137	

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Appendix 2: Corporate Directories – Combined Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	12,528	4,021	4,103	-82
Nhs Fife Chief Executive	206	69	84	-15
Nhs Fife Finance Director	6,395	2,116	1,956	160
Nhs Fife Medical Director	7,229	2,125	2,064	62
Nhs Fife Nurse Director	3,675	1,181	1,131	50
Legal Liabilities	7,265	4,531	4,636	-104
Early Retirements & Injury Benefits	814	271	261	10
Regional Funding	251	87	71	16
Depreciation	17,766	6,079	6,079	0
Nhs Fife Public Health	2,116	678	639	39
Nhs Fife Workforce Directorate	3,185	1,068	1,015	53
COVID undelivered savings adjustment	0	0	-135	135
Total	61,430	22,227	21,903	324

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	98	32	20	12
Borders	45	14	16	-2
Dumfries & Galloway	25	8	22	-14
Forth Valley	3,179	1,059	1,184	-125
Grampian	359	120	102	18
Greater Glasgow & Clyde	1,655	552	542	10
Highland	135	47	65	-18
Lanarkshire	114	38	82	-44
Lothian	31,518	10,508	10,464	44
Scottish Ambulance Service	101	34	34	0
Tayside	41,096	13,698	13,574	124
	78,325	26,110	26,105	5
UNPACS				
Health Boards	10,627	3,542	3,389	153
Private Sector	1,245	415	514	-99
	11,872	3,957	3,903	54
OATS				
	711	236	25	211
Grants				
	65	0	0	0
Total	90,973	30,303	30,033	270

Finance, Performance & Resources – Finance

Appendix 4 - Financial Flexibility & Allocations

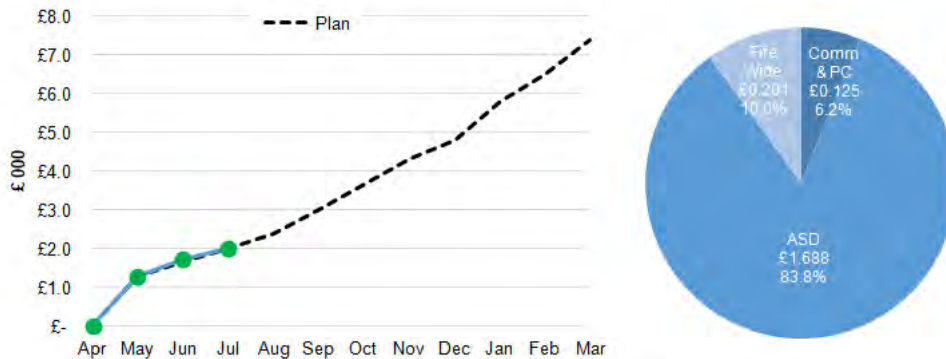
	CY Budget £'000	Flexibility Released to July-20 £'000
Financial Plan		
Drugs	4,179	0
CHAS	408	0
Unitary Charge	100	0
Junior Doctor Travel	41	3
Consultant Increments	201	0
Discretionary Points	205	0
Cost Pressures	3,125	658
Developments	4,277	129
Pay Awards	39	0
Sub Total Financial Plan	12,575	790
Allocations		
Waiting List	2,222	0
AME: Impairment	500	0
AME: Provisions	593	0
Neonatal Transport	22	0
Cancer Access	682	
Sub Total Allocations	4,019	0
Total	16,594	790

Finance, Performance & Resources – Finance

Capital Expenditure

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

Local Performance



Commentary

The total Capital Resource Limit for 2020/21 is £7.394m this excludes both the new Elective Orthopaedic Centre which has incurred £0.5m expenditure to date and Covid capital equipment of £0.179k – NHS Fife are anticipating allocations for both projects. The capital position for the 4 months to July shows investment of £2.014m.

Key Challenges in 2020/21

Overall programme of work to address all aspects of backlog maintenance, statutory compliance, equipment replacement, and investment in technology considerably outstrips capital resource limit available

Improvement Actions

Update

21.1 Managing expenditure programme within resources available
By Mar-21

Risk management approach adopted across all categories of spend

1. Annual Operational Plan

- 1.1 The Capital Plan for 2020/21 will be presented for approval to the NHS Board at the end of quarter 1. For information, changes to the plan pending approval are reflected in Appendix 1. NHS Fife has received a capital allocation of £7.394m in the June allocation letter. NHS Fife is also anticipating allocations of £0.179m for Covid-19 capital equipment, £10.0m for the Elective Orthopaedic Centre, HEPMA £0.5m, Mental Health Review £2.0m, Lochgelly Health Centre £1.0m and Kincardine Health Centre £1.0m.

2. Capital Receipts

- 2.1 Work continues on asset sales with a disposal planned :

- Lynebank Hospital Land (Plot 1) (North) – Under offer

Discussions with SGHSCD will be undertaken to highlight the potential risk of non delivery of the sale of land.

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 £2.014m or 24.92% 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	£1.078m
Equipment	£0.222m
E-health	£0.161m
Elective Orthopaedic Centre	£0.512m

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 for any points of clarity on the position reported and are asked to:

note the capital expenditure position to 31 July 2020 of £2.014m 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 2020/21 £'000
COMMUNITY & PRIMARY CARE			
Capital Minor Works	214	41	214
Statutory Compliance	150	77	150
Capital Equipment	31	7	31
Condemned Equipment	0	0	0
Total Community & Primary Care	394	125	394
ACUTE SERVICES DIVISION			
Elective Orthopaedic Centre	0	511	511
Statutory Compliance	3,130	961	3,130
Capital Equipment	949	29	949
Covid Acute Equipment	0	179	179
Minor Works	159	1	159
Condemned Equipment	57	7	57
Total Acute Services Division	4,295	1,688	4,985
NHS FIFE WIDE SCHEMES			
Equipment Balance	1,056	0	1,056
Information Technology	1,041	161	1,041
Minor Works	31	0	31
Statutory Compliance	84	0	84
Contingency	100	0	100
Asbestos Management	85	0	85
Fire Safety	60	0	60
Scheme Development	60	0	60
Vehicles	60	0	60
Condemned Equipment	33	0	33
Screen & Speech Units	95	39	95
Total NHS Fife Wide Schemes	2,705	201	2,705
TOTAL ALLOCATION FOR 2020/21	7,394	2,014	8,084

Finance, Performance & Resources – Finance

Appendix 2: Capital Plan - Changes to Planned Expenditure

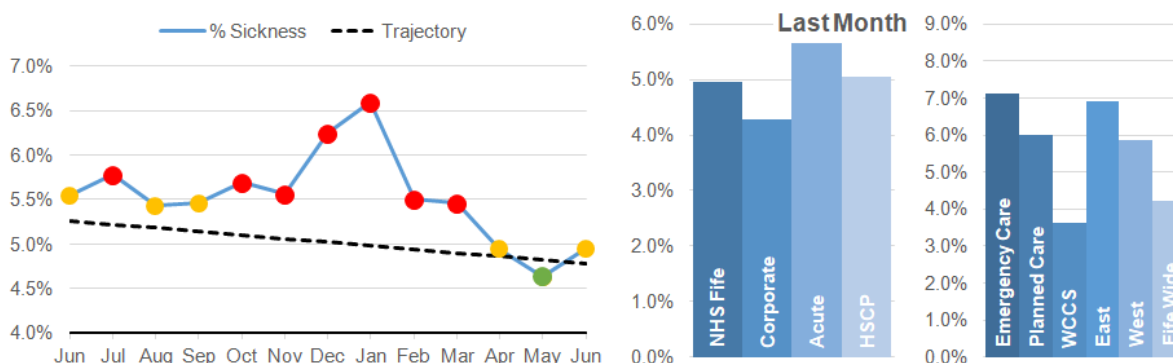
Capital Expenditure Proposals 2020/21	Pending Board Approval Qtr 1 £'000	Cumulative Adjustment to June £'000	July Adjustment £'000	Total July £'000
Routine Expenditure				
Community & Primary Care				
Capital Equipment	0	30	1	31
Condemned Equipment	0	0	0	0
Minor Capital	0	214	0	214
Statutory Compliance	0	150	0	150
Total Community & Primary Care	0	394	1	394
Acute Services Division				
Elective Orthopaedic Centre	0	461	51	511
Capital Equipment	0	949	0	949
Condemned Equipment	0	57	0	57
Covid 19 Acute Equip	0	179	0	179
Minor Capital	0	159	0	159
Statutory Compliance	0	2,669	461	3,130
	0	4,474	511	4,985
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,569	-3,485	0	84
Fife Wide Equipment	2,036	-1,159	179	1,056
Information Technology	1,041	0	0	1,041
Minor Work	498	-468	0	31
Fife Wide Contingency Balance	100	0	0	100
Condemned Equipment	90	-57	0	33
Scheme Development	60	0	0	60
Fife Wide Asbestos Management	0	85	0	85
Fife Wide Fire Safety	0	60	0	60
Fife Wide Screen & Speech Units	0	95	0	95
Fife Wide Vehicles	0	60	0	60
Total Fife Wide	7,394	-4,868	179	2,705
Total	7,394	0	691	8,084

Staff Governance

Sickness Absence

*To achieve a sickness absence rate of 4% or less
Improvement Target for 2020/21 = 4.39%*

Local Performance (Source: Tableau, from December 2019)



National Benchmarking

Month	2019/20						2020/21						
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	5.55%	5.78%	5.44%	5.46%	5.70%	5.57%	6.25%	6.59%	5.51%	5.46%	4.95%	4.64%	4.96%
Scotland	4.98%	5.22%	5.18%	5.24%	5.69%	5.58%	5.83%	5.99%	5.27%	5.20%	4.57%	4.54%	

Key Challenges in 2020/21

Recovery from COVID-19 and repurposing Promoting Attendance activities to support business as usual

Improvement Actions	Update
<p>20.1 Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence <i>By Sep-20</i></p>	<p>The Regional Workforce Dashboard (Tableau) is being rolled out. The Dashboard provides managers with timely workforce information which they can interrogate in order to identify trends and priority areas.</p> <p>Tableau will be utilised in future by Managers, HR, OH and the Well@Work group to target future interventions to the appropriate areas.</p> <p>OH drop-in sessions were undertaken in September and October 2019, and local processes have been refreshed in conjunction with Promoting Attendance Leads to standardise approaches and reflect the Once for Scotland policy implementation, this will be refreshed once services resume to the new normal</p> <p>Business units are utilising trajectory reporting and RAG status reports.</p> <p>Further OH Drop-in Sessions will take place when COVID-19 activity allows.</p>
<p>20.2 Early OH intervention for staff absent from work due to a Mental Health related reason <i>By March-21</i></p>	<p>This has been in place since March 2019 and is now in the process of being reviewed by OH, HR, service and staff side colleagues to check on the appropriateness and impact of this approach.</p> <p>Initial consideration of factors including how we promote general awareness of mentally healthy workplaces, support for managers to create mentally healthy and resilient workplaces and further awareness raising of support for staff to be concluded by April 2020. This has been supplemented and superseded by the additional support and inputs via Psychology and other services during the pandemic and may be included in a much broader evaluation of staff support requirements being taken forward by the Staff Support and Wellbeing Sub Group of the Silver Command Workforce Group.</p>
<p>21.1 Once for Scotland Promoting Attendance Policy</p>	<p>The purpose of this action is to provide training and support, in partnership, for managers and supervisors on the new policy and the standardised approaches within the new policy, which was just being implemented at the start of the pandemic. We need to ensure, in partnership, that staff are</p>

Staff Governance

<i>By Sep-20</i>	aware of the new policy and the changes which affect them.
21.2 Review Promoting Attendance Group <i>By Dec-20</i>	To review the function of the NHS Fife Promoting Attendance Group and associated supporting groups, to improve the governance arrangements around the purpose of each group and how they interrelate, with the aim of providing a Promoting Attendance framework with clear lines of reporting and escalation.
21.3 Restart Promoting Attendance Panels <i>By Sep-20</i>	To recommence Promoting Attendance Review and Improvement Panels and supporting activities such as myth busting and training, using MS Teams to ensure that promoting attendance measures are as effective as possible.

CAROL POTTER

Chief Executive
19th August 2020

Prepared by:

SUSAN FRASER

Associate Director of Planning & Performance

Appendix 1: NHS Fife Remobilisation – Projected Activity

		Week Ending													
		03-May	10-May	17-May	24-May	31-May	07-Jun	14-Jun	21-Jun	28-Jun	05-Jul	12-Jul	19-Jul	26-Jul	02-Aug
TTG Inpatient/Daycase Activity	Projected					28	31	31	51	45	54	54	104	104	104
	Actual	34	34	35	44	49	54	55	60	60	88	106	142	171	186
TTG Inpatient/Daycase Activity (Spire and Kings Park)	Projected					18	18	18	18	18	0	0	0	0	0
	Actual	12	17	17	18	14	16	11	14	12	10	8	8	8	8
Elective Scope Activity	Projected					86	86	91	91	91	91	96	96	96	96
	Actual	2	26	42	40	43	61	47	56	73	59	57	52	67	68
OP Referrals Received	Projected					830	950	1,050	1,100	1,150	1,215	1,280	1,345	1,410	1,475
	Actual	564	689	891	734	879	919	950	1,001	1,078	1,227	1,309	1,216	1,334	1,452
OP Activity (N&R F2F, NearMe, Telephone, Virtual)	Projected					2,020	2,120	2,220	2,320	2,420	2,460	2,500	2,550	2,600	2,650
	Actual	2,170	1,867	2,231	2,242	2,125	2,411	2,446	2,676	2,714	2,854	2,870	2,912	2,908	3,091
A&E Attendance	Projected					1,022	941	997	1,057	1,121	1,188	1,262	1,280	1,300	1,300
	Actual	723	763	805	910	1022	941	981	1055	1102	991	1050	1166	1123	1089
Emergency Admissions	Projected					547	563	551	544	540	572	564	560	566	565
	Actual	502	480	537	572	550	569	579	608	608	600	587	627	643	622
Urgent Suspicion of Cancer - Referrals Received	Projected					196	270	372	250	208	208	208	208	208	208
	Actual	130	132	143	133	137	145	135	156	133	149	150	160	127	144
31 Day Cancer - First Treatment	Projected					30	30	30	30	30	30	30	30	30	30
	Actual	25	23	26	27	31	27	15	26	24	20	26	28	26	27
CAMHS - First Treatment	Projected					22	22	22	22	22	18	18	18	18	18
	Actual	33	26	37	30	24	26	20	18	14	17	23	16	19	16
PC OOH - Home Visits	Projected					240	221	206	232	213	217	200	222	216	203
	Actual	169	120	167	155	160	156	152	164	156	167	156	137	144	131
PC OOH - Centre attendances / telephone advice calls	Projected					1,058	1,066	1,099	1,099	1,073	1,060	1,099	1,057	1,078	1,076
	Actual	1,031	909	915	948	827	867	802	802	897	868	840	835	802	824

**Final Report for ICC on 05 August 2020
(Validated Data up to 30th June 2020)**

**Section 1– Board Wide Issues
Key Healthcare Associated Infection Headlines up to 05 August 2020**

1. Achievements:

• ***Staphylococcus aureus* Bacteraemia Prevention (SAB)**

National data: For Q1 2020, NHS Fife was below the National rates for both HAI/HCAI SABs. Planning performance data indicates Fife is below the reduction target Improvement trajectory. There have been just 2 confirmed PWIDs SAB so far in 2020. Meeting with Addiction services have resumed in June 2020.

***E.coli* bacteraemias (ECBs)**

- National data: For Q1 2020, Fife was below the Scottish Rate for CAI ECBs but above for HCAI ECBs. However, this is a marked improvement from Q4 2019
- There have been NO CAUTI ECB associated with trauma since June 2019 (over 400 days)
- The Urinary catheter Improvement group (UCIG) has recommenced their meetings

National MRSA & CPE screening programme

- For Q2 2020, NHS Fife was above the compliance target rate of 90% for MRSA CRA Screening
- Compliance in V22 has vastly improved from Q1 2020, following improvement work with staff

1.1 Challenges:

ECBs

- Lower Urinary tract Infections (UTIs) and Catheter associated UTIs (CAUTIs) remain the prevalent source of ECBs and are therefore the 2 areas to address to reduce the ECB rate.
- IPCT work closely with the Urinary Catheter Improvement group to optimise care & reduce infection rate with wide range of improvement initiatives.

Caesarean Section SSI-

- Surveillance for Q1, Q2 & Q3 has been temporarily paused due to the COVID-19 pandemic, but once resumed the surveillance team will work closely with Maternity services to continue to address the SSI rate.

• ***Clostridioides difficile* Infection (CDI)**

- National data: For Q1 2020, Fife was below the Scottish Rate for HCAI & CAI CDIs, however to meet reduction target, CDI recurrence remains a challenge
- Pioneering work by NHS Fife focusing on patients with recurrent infection started in 2019.
- The use of extended pulsed Fidaxomicin (EPFX) regime & pioneering use of commercial FMT (Faecal microbiota transplantation) aim to prevent recurrent disease in high risk patients.
- Due to the COVID-19 pandemic FMT is currently unavailable and as a next step Bezlotoxumab for recurrent CDI is being used in Fife. It is obtained on a named patient basis on micro/GI request and needs approval by the clinical and medical director.
- * Bezlotoxumab is a human monoclonal antitoxin antibody; it binds to *Clostridioides difficile* toxin B and neutralises its activity, preventing recurrence of *Clostridioides difficile* infection (BNF 2020)

SABs

- Vascular access devices (VAD) remain the greatest challenge for Hospital acquired SABs, ongoing improvement works

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Large Bowel Surgery SSI-

- Currently surveillance on hold during COVID pandemic

Novel coronavirus (COVID-19) pandemic

Novel coronavirus (COVID-19) is a new strain of coronavirus first identified in Wuhan, China in 2019. Clinical presentation may range from mild-to-moderate illness to pneumonia or severe acute respiratory infection.

COVID-19 was declared a pandemic by the World Health Organization on 11 March 2020 and there is now spread of COVID-19 within communities in the UK.

NHS Fife strictly follows HPS guidance who continue to update its guidance for health protection teams and healthcare practitioners as the situation evolves, as well as providing guidance for non-healthcare settings including schools, places of detention, and separate guidance for social care settings.

A letter on 25 March 2020 from the Chief Nursing Officer revised HAI surveillance requirements with temporary changes to routine surveillance: continues at this time

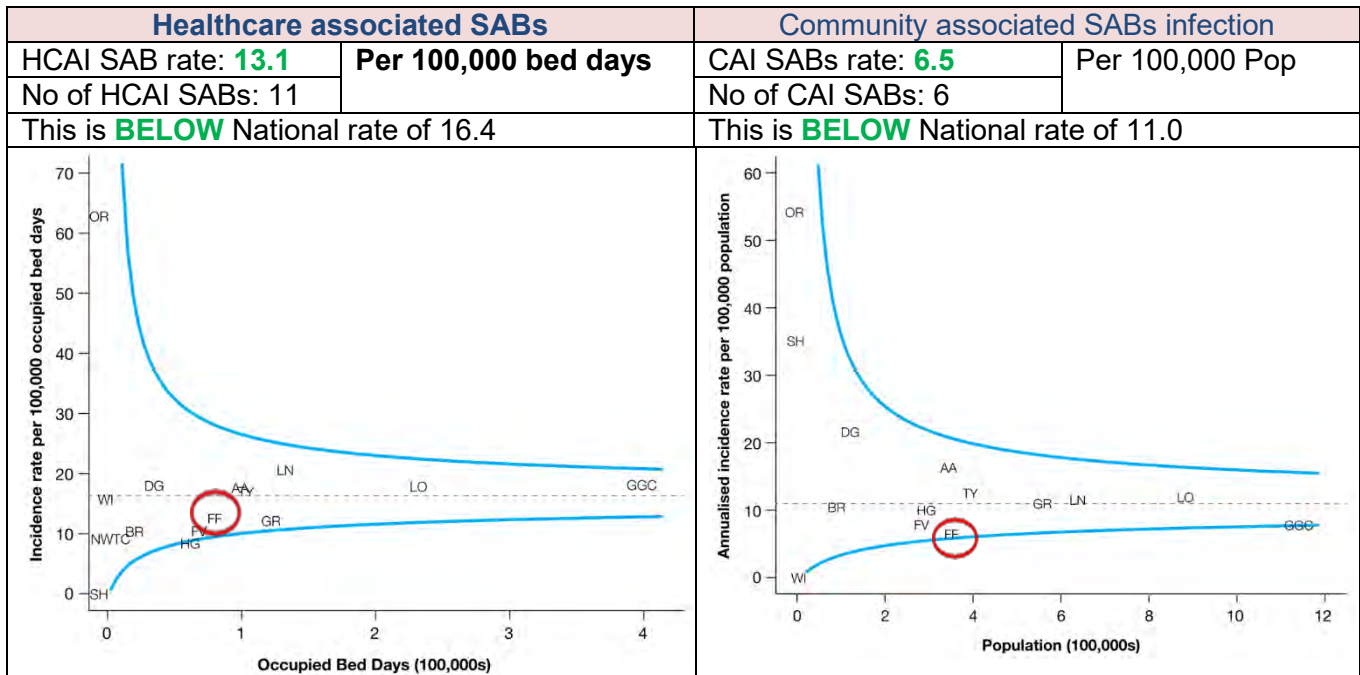
The IPCT continue to support NHS Fife with best practice in line with national guidance as per the four UK countries COVID-19 guidance for IPC in healthcare settings. This guidance is in line with current IPC advice and guidance that is used by NHS Scotland to manage the response to COVID-19.

With a current focus on the safe remobilisation of healthcare services and winter planning preparedness.

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**2. Staphylococcus aureus (including MRSA)
2.1 Trends – Quarterly**

Staphylococcus aureus Bacteraemias (SABs)				
Local Data: Q2 2020 April - June 2020				
Q2 2020 HPS National comparison awaited				
In Q2 2020 NHS Fife had:	17 SABs	4 HCAI/HAI 13 CAI	This equals	17 Cases in Q1 2020
Q1 2020 (Jan - March) - HPS Validated data with commentary				
*Please note for HPS reporting- the SAB denominator may vary from locally reported denominators. This is due to Fife resident Community onset SABs allocated back to NHS Fife, even though they were treated at other Health boards.				
*For Q1 2020 1 SAB case was allocated back to other health board residence				



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.
- PVC & CVC related SABs will continue to be Datix'd by Dr Morris and undergo a SAER.

As of 27/07/2020 the number of days since the last confirmed SAB is as follows:	
CVC SABs	139 Days
PWID (IVDU)	65 Days
Renal Services Dialysis Line SABs	193 Days
Updated 27/07/2020: -	
Acute services PVC (Peripheral venous cannula) SABs	9 Days
Ward 44 – All SABs including PVC/CVC SABs	74 Days

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

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2.2 Current SAB 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.

2.3 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 98% compliance with the MRSA CRA in Q2 (Apr-Jun) 2020									
This was UP on Q1 2020 (83%) & ABOVE the compliance target of 90%.									
The National rate for Q2 2020 is still pending									
MRSA Critical risk assessment (CRA) screening KPI compliance summary:									
Quarter	Q2 2018 April- June	Q3 2018 Jul-Sept	Q4 2018 Oct-Dec	Q1 2019 Jan-Mar	Q2 2019 Apr- June	Q3 2019 Jul-Sept	Q4 2019 Oct-Dec	Q1 2020 Jan-Mar	Q2 2020 Apr-Jun
Fife	83%	95%	95%	88%	93%	93%	93%	83%	98%
Scotland	84%	84%	83%	83%	89%	88%	88%	87%	

CPE (Carbapenemase Producing Enterobacteriaceae)									
From April 2018, CRA has also included screening for CPE.									
NHS Fife achieved 95% compliance with the CPE CRA for Q2 2020 (Apr-Jun)									
This is UP from 93% in Q1 2020									
The National rate for Q2 2020 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	Q4 2019 Oct-Dec	Q1 2020 Jan-Mar	Q2 2020 Apr-Jun
Fife	85%	85%	64%	73%	75%	83%	80%*	93%	95%
Scotland	71%	79%	78%	81%	86%	86%	85%	85%	
CPE CRA screening KPI compliance Summary- Commenced from April 2018									

*Compliance rate lower than expected, raised to HPS.

Improvement in MRSA CRA Screening compliance rate in V22

- Overall compliance rate for NHS Fife was reduced in Q1 2020 as there was 0% compliance with MRSA screening found in the 5 cases from V22
- IPCT and V22 Senior Charge Nurse liaised, the current process in V22 was reviewed and staff were reminded of the importance of and correct procedure for screening and swabbing
- Renal speciality compliance for Q2 2020 was 100% for MRSA CRA and 86% for swabbing. This is a vast improvement from Q1 2020.

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EiC Update

- Excellence in Care data collection for which MDRO CRA admission screening was selected as the HAI measure and piloted in AU2 from 2018.
- Excellence in Care MDRO CRA rolled out to AU1 in July 2019
- Rollout to other areas in NHS Fife planned as part of updated Admission Paperwork
- The data collection through the MDRO KPI tool will continue to run in parallel until full roll out of programme.
- The MDRO CRA will be added to Patienttrack, module currently being built, IPCT/EiC meetings recommenced July 2020

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3 Clostridioides (formerly Clostridium) difficile Infection (CDI)

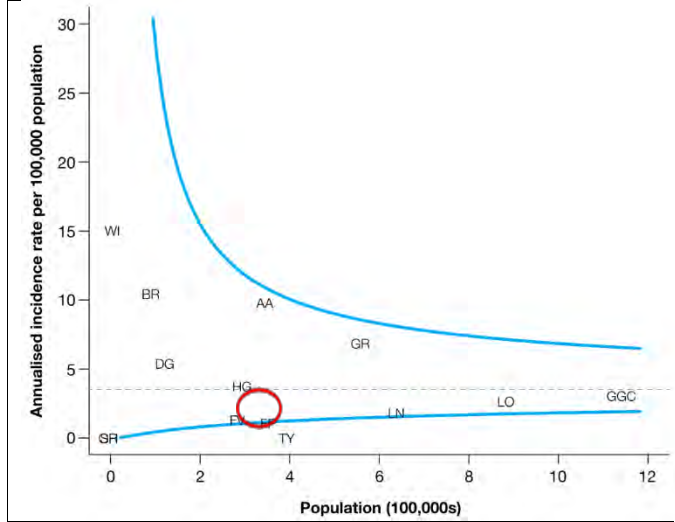
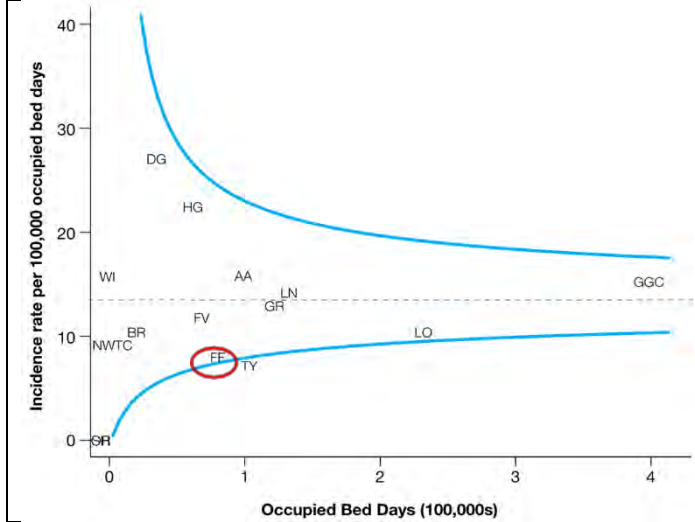
3.1 Trends

Clostridioides difficile Infection (CDI)				
Local Data: Q1 2020 Jan- March 2020				
Q1 2020 HPS National comparison awaited				
In Q 2 2020 NHS Fife had:	7 CDIs	5 HCAI/HAI/Unknown	This was DOWN from	8 Cases in Q1 2020
		2 CAI		

Q1 2020 (Jan - March)

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.
 NHS Fife is well **WITHIN** the 95% confidence interval when compared to NHS Scotland Q1 2020

Healthcare associated CDIs		Community associated CDIs infection	
HCAI CDI rate: 8.0	Per 100,000 bed days	CAI CDIs rate: 1.1	Per 100,000 Pop
No of HCAI CDIs: 7		No of CAI CDIs: 1	
This is BELOW National rate of 13.5		This is BELOW National rate of 3.5	



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.
 - In 2019/2020 innovative work will be focused on our patients with recurrent CDI.
 - From October 2019 each CDI case is assessed for suitability of extended pulsed Fidaxomicin (EPPX) regime aiming to prevent recurrent disease in high risk patients.
 - Due to the COVID-19 pandemic FMT is currently unavailable and as a next step Bezlotoxumab for recurrent CDI is being used in Fife. It is obtained on a named patient basis on micro/GI request and needs approval by the clinical and medical director.

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4.0 Escherichia coli Bacteraemias (ECB) 4.1 Trends:

Escherichia coli Bacteraemias (ECB)				
Local Data:Q2 2020 April - June 2020				
Q2 2020 HPS National comparison awaited				
In Q2 2020 NHS Fife had:	55 ECBs	23 HAI/HCAIs 32 CAIs	This is DOWN from	73* Cases in Q1 2020
Q2 2020 There were 4 Urinary catheter associated ECBs. (2 x HAI & 2 x HCAI) This was a marked reduction from Q1 2020- of 9 CAUTIs There were NO cases ECB CAUTIs associated with trauma				
Q1 2020 (Jan – March)				
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.				
*For Q4 2019- there is a discrepancy of 5 Community acquired ECBs between local & national reporting				

Healthcare associated ECBs		Community associated ECBs infection	
HCAI ECB rate: 47.9	Per 100,000 bed days	CAI ECBs rate: 33.4	Per 100,000 Pop
No of HCAI ECBs: 42		No of CAI ECBs: 31*	
This is ABOVE National rate of 36.4		This is BELOW National rate of 37.8	
For HCAI ECBs: NHS Fife was WITHIN the 95% confidence interval in the funnel plot analysis			
Q4 2019:NHS Fife has received an Exception report for its Healthcare associated ECBs and a SBAR and action plan was submitted on 28/4/2020.			

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 2023/4

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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

**2020-2017 NHS Fife's Urinary catheter Associated ECBs –
HPS data Q1 data still awaited**

Hospital Acquired Infections (HAI) (Acute & HSCP Hospitals) CATHETER Device related <i>E.coli</i> Bacteraemia Count of Device- Catheter over Total Fife HAI ECBs			
	NHS Scotland	NHS Fife	Rate calculation
2020 Q1	Awaited	*31%	* Locally calculated data- TBC by HPS when Q4 data published on Discovery
2019 TOTAL	16.1 %	24.5 %	
2018 TOTAL	14.5 %	24.2 %	
2017 -TOTAL	11.8 %	10.4 %	
Data from NSS Discovery ARHI Indicators			

Healthcare Associated Infections (HCAI) CATHETER Device related <i>E.coli</i> Bacteraemia Count of Device- Catheter over Total Fife HCAI ECBs			
	NHS Scotland	NHS Fife	Rate calculation
2020 Q1	Awaited	*14 %	* Locally calculated data- TBC by HPS when Q4 data published on Discovery
2019 TOTAL	22.8 %	28.0 %	
2018 TOTAL	22.1%	36.6 %	
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 Urinary Catheter Improvement group meeting- last held on **June 2020**.

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 **24.07.2020**: There have been **NO** trauma associated ECB CAUTIs in 2020.

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

Patientrack CAUTI bundles still to be implemented for Acute services but in progress with eHealth. There is no fixed timescale but it is hoped this will be installed in 2020.

Team Lead- Continece Advisory Service has developed a Continece Link Folder for Nursing and Residential Care Homes. She is rolling out the programme via email to all the residential homes and plans to visit ALL care/residential homes in time to support them.

Continece link folders include information on Continece assessment, sheaths, Catheters, resources for Bristol stool chart, Hydration/Healthy bladder, incontinence care.

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4 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'

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 1st Quarter (April-June 2020) was **95.3%**.
- 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 April – June 2020 (Q1) shows NHS Fife achieving **GREEN** status.
 - NHS Fife: **95.3%** for April – June 2020, **BELOW** the National rate of **95.8%**
 - This is **DOWN** slightly from **95.6%** (Q4 Jan- March 2020)

- **Estates Monitoring**

- The National Cleaning Services Specification – quarterly compliance report result for Quarter 1 April- June shows NHS Fife achieving **GREEN** status.
 - NHS Fife: **96.7 %** for Jan- March (Q4) 2020, **BELOW** the National average of 97%
 - This is **UP** from (Q4 Jan- March) for NHS Fife

6.2 Current Initiatives

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

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7.1 Outbreaks

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

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

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

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

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

During October 2019 – May 2020

Norovirus

There has been NO new ward closures due to a Norovirus outbreak since last ICC report

Seasonal Influenza

There has been NO new closures due to confirmed Influenza since the last reporting period.

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7.2 COVID-19 pandemic

NHS Fife is currently managing the pandemic COVID-19 across all of its services. Please note COVID-19 cases are being reported on the [Scottish Government website](#).

Definition of Hospital Onset	
Day of sampling post admission	Nosocomial categorisation
Before admission	No hospital onset COVID
Day 1 of admission/on admission to NHS board	No hospital onset COVID
Day 2 of admission	No hospital onset COVID
Day 3 of admission	Interdeterminate hospital onset COVID
Day 4 of admission	Interdeterminate hospital onset COVID
Day 5 of admission	Interdeterminate hospital onset COVID
Day 6 of admission	Interdeterminate hospital onset COVID
Day 7 of admission	Interdeterminate hospital onset COVID
Day 8 of admission	Probable hospital onset COVID
Day 9 of admission	Probable hospital onset COVID
Day 10 of admission	Probable hospital onset COVID
Day 11 of admission	Probable hospital onset COVID
Day 12 of admission	Probable hospital onset COVID
Day 13 of admission	Probable hospital onset COVID
Day 14 of admission	Probable hospital onset COVID
Day 15 of admission and onwards to discharge	Definite hospital onset COVID
Post discharge	No hospital onset COVID
Definition for an outbreak of COVID-19: 2 or more confirmed or suspected cases of COVID within the same area within 14 days where cross transmission has been identified.	
Confirmed case definition: anyone testing positive for COVID	
Suspected case definition: anyone experiencing symptoms indicative of COVID (not yet confirmed by virology)	

- There has been no outbreaks of COVID-19 in NHS Fife June/July 2020
- There has been no cases of definite hospital onset COVID in NHS Fife June/July 2020

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8) Surgical Site Infection Surveillance Programme

A letter on 25 March 2020 from the Chief Nursing Officer revised HAI surveillance requirements with temporary changes to routine surveillance:

- All mandatory and voluntary Surgical Site Infection (SSI) surveillance should be paused until further notice

8 a)	Caesarean section SSI
All Caesarean Section surveillance has been postponed due to the COVID19 pandemic until further notice	

8 b)	Hip Arthroplasty SSI
All orthopaedic surveillance has been postponed due to the COVID19 pandemic until further notice	

8 c)	Hemi arthroplasty SSI
All orthopaedic surveillance has been postponed due to the COVID19 pandemic until further notice	

8 d)	Knees SSI
All orthopaedic surveillance has been postponed due to the COVID19 pandemic until further notice	

8 e)	Large Bowel SSI
All large bowel surveillance has been postponed due to the COVID19 pandemic until further notice	

9. Hospital Inspection Team

Unannounced Hospital Inspection to: Glenrothes Community Hospital, NHS Fife on 7-9 July 2020

The inspection report expected on **Wednesday 19 August 2020** to be checked for factual accuracy.

The report and improvement action plan will then be published on **Tuesday 15 September 2020**.

10. Assessment

- **CDIs:** Low levels of *Clostridioides difficile* continues although healthcare associated (HAI/HCAI/Unknown) infections need to be reduced to achieve target.
- Reducing incidence of recurrence of infections is key to reducing healthcare CDIs.
- **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:** Healthcare associated (HAI/HCAI) ECBs remain a challenge
- Addressing CAUTI related ECBs through the Urinary Catheter Improvement group
- Addressing Lower UTI related ECBs through ECB strategy group- On hold with pandemic
- **SSIs surveillance** currently suspended during COVID pandemic for:
 - C-sections,
 - Large bowel surgery
 - Orthopaedic procedure surgeries
 - Total hip replacements, Knee replacements & Repair fractured neck of femurs
 - Feedback forums to clinical teams for all SSIs is firmly established to address SSI challenges where they occur.

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11. Healthcare Associated Infection Reporting Template (HAIRT)

The HAIRT template provides CDI, SAB & ECBs 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)
- ECBs, 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 TOTAL
Monthly HAI Case Numbers (SAB, C Diff & ECB)

Month	NHS Fife								
	SAB			C Diff			ECB		
	HAI & HCAI	Community / Not Known	SAB Total	HAI/HCAI / UnKnown	Community	CD Total	HAI & HCAI	Community / Not Known	ECB Total
Jan-19	4	3	7	5	0	5	6	11	17
Feb-19	6	4	10	0	1	1	12	4	16
Mar-19	3	4	7	3	2	5	18	9	27
Apr-19	6	5	11	1	1	2	16	11	27
May-19	4	1	5	2	1	3	11	13	24
Jun-19	2	2	4	3	1	4	10	6	16
Jul-19	10	5	15	2	2	4	10	12	22
Aug-19	1	2	3	3	0	3	11	11	22
Sep-19	3	4	7	3	1	4	7	4	11
Oct-19	2	2	4	7	0	7	22	13	35
Nov-19	6	2	8	3	2	5	21	6	27
Dec-19	3	2	5	3	1	4	11	8	19
Jan-20	4	1	5	3	0	3	14	10	24
Feb-20	4	1	5	2	1	3	15	7	22
Mar-20	2	4	6	2	0	2	13	9	22
Apr-20	2	7	9	3	1	4	5	8	13
May-20	2	4	6	2	0	2	5	12	17
Jun-20	0	2	2	0	1	1	13	12	25

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Hand Hygiene Monitoring Compliance (%) TOTAL FIFE												
	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Overall	99	98	99	99	99	99	99	98	99	100	100	99
AHP	99	98	100	100	98	99	100	98	100	100	100	100
Medical	98	97	100	99	98	98	97	98	99	100	99	99
Nurse	99	99	99	99	99	99	99	99	99	100	100	100
Other	96	97	98	93	100	96	95	94	97	100	99	100

Cleaning Compliance (%) TOTAL FIFE												
	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	June-20
Overall	95.0	95.3	95.5	95.9	96.0	95.7	95.5	95.7	95.7	*	*	95.3

Estates Monitoring Compliance (%) TOTAL FIFE												
	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	June-20
Overall	95.7	95.7	95.8	96.1	96.6	96.7	95.3	95.9	95.8	*	*	96.7

* We have suspended all monitoring activity for April for Domestic Services & Estates Department on the Facilities Monitoring Tool (FMT). Therefore, there will be no monthly figures to report for April 2020.

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Victoria Hospital

Month	VHK					
	SAB >48hrs admx		CD >48hrs admx		ECB >48hrs admx	
	<u>HAI</u> & <u>HCAI</u>	Community / Not Known	<u>HAI</u> / <u>HCAI</u> / UnKnown	Community	<u>HAI</u> & <u>HCAI</u>	Community / Not Known
Jan-19	4	n/a	1	n/a	2	n/a
Feb-19	6	n/a	0	n/a	3	n/a
Mar-19	3	n/a	1	n/a	2	n/a
Apr-19	2	n/a	0	n/a	5	n/a
May-19	2	n/a	0	n/a	3	n/a
Jun-19	0	n/a	1	n/a	2	n/a
Jul-19	3	n/a	2	n/a	2	n/a
Aug-19	1	n/a	0	n/a	2	n/a
Sep-19	1	n/a	0	n/a	2	n/a
Oct-19	0	n/a	2	n/a	6	n/a
Nov-19	2	n/a	1	n/a	5	n/a
Dec-19	1	n/a	2	n/a	4	n/a
Jan-20	2	n/a	0	n/a	1	n/a
Feb-20	3	n/a	1	n/a	3	n/a
Mar-20	2	n/a	1	n/a	3	n/a
Apr-20	1	n/a	1	n/a	2	n/a
May-20	1	n/a	1	n/a	0	n/a
Jun-20	0	n/a	0	n/a	5	n/a

Cleaning Compliance (%) Victoria Hospital												
	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	June-20
Overall	95.0	95.3	95.1	95.6	95.6	96.0	95.1	95.4	95.4	*	*	*

Estates Monitoring Compliance (%) Victoria Hospital												
	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	June-20
Overall	96.3	95.9	95.8	96.4	96.3	96.7	96.1	96.2	95.9	*	*	*

* We have suspended all monitoring activity for April for Domestic Services & Estates Department on the Facilities Monitoring Tool (FMT). Therefore, there will be no monthly figures to report for April to June 2020.

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Queen Margaret's Hospital

Month	QMh					
	SAB >48hrs admx		CD >48hrs admx		ECB >48hrs admx	
	HAI & HCAI	Community / Not Known	HAI /HCAI / UnKnown	Community	HAI & HCAI	Community / Not Known
Jan-19	0	n/a	0	n/a	0	n/a
Feb-19	0	n/a	0	n/a	0	n/a
Mar-19	0	n/a	0	n/a	1	n/a
Apr-19	0	n/a	0	n/a	0	n/a
May-19	0	n/a	0	n/a	0	n/a
Jun-19	0	n/a	1	n/a	0	n/a
Jul-19	0	n/a	0	n/a	0	n/a
Aug-19	0	n/a	2	n/a	1	n/a
Sep-19	0	n/a	0	n/a	0	n/a
Oct-19	0	n/a	1	n/a	0	n/a
Nov-19	0	n/a	1	n/a	0	n/a
Dec-19	0	n/a	0	n/a	0	n/a
Jan-20	0	n/a	1	n/a	2	n/a
Feb-20	0	n/a	0	n/a	0	n/a
Mar-20	0	n/a	0	n/a	3	n/a
Apr-20	1	n/a	0	n/a	1	n/a
May-20	0	n/a	0	n/a	4	n/a
Jun-20	0	n/a	0	n/a	1	n/a

Cleaning Compliance (%) Queen Margaret's hospital												
	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	June-20
Overall	94.9	96.5	96.6	96.9	96.9	96.7	97.0	97.0	97.0	*	*	95.9

Estates Monitoring Compliance (%) Queen Margaret's hospital												
	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	June-20
Overall	92.2	95.1	94.6	95.2	96.3	96.6	96.2	95.3	95.5	*	*	95.3

* We have suspended all monitoring activity for April for Domestic Services & Estates Department on the Facilities Monitoring Tool (FMT). Therefore, there will be no monthly figures to report for April - May 2020.

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Community Hospitals

Month	COMMUNITY HOSPITALS					
	SAB >48hrs admx		CD >48hrs admx		ECB >48hrs admx	
	HAI & HCAI	Community / Not Known	HAI /HCAI / UnKnown	Community	HAI & HCAI	Community / Not Known
Jan-19	0	n/a	1	n/a	0	n/a
Feb-19	0	n/a	0	n/a	1	n/a
Mar-19	0	n/a	1	n/a	0	n/a
Apr-19	0	n/a	0	n/a	1	n/a
May-19	0	n/a	2	n/a	2	n/a
Jun-19	0	n/a	0	n/a	1	n/a
Jul-19	0	n/a	0	n/a	0	n/a
Aug-19	0	n/a	1	n/a	0	n/a
Sep-19	0	n/a	0	n/a	0	n/a
Oct-19	0	n/a	0	n/a	1	n/a
Nov-19	0	n/a	0	n/a	2	n/a
Dec-19	1	n/a	1	n/a	0	n/a
Jan-20	0	n/a	0	n/a	1	n/a
Feb-20	0	n/a	0	n/a	0	n/a
Mar-20	0	n/a	0	n/a	0	n/a
Apr-20	0	n/a	0	n/a	0	n/a
May-20	0	n/a	0	n/a	0	n/a
Jun-20	0	n/a	0	n/a	2	n/a

Outs of Hospital Infections

Month	OUT OF HOSPITAL					
	SAB <48hrs admx		CD <48hrs admx		ECB <48hrs admx	
	HAI & HCAI	Community / Not Known	HCAI / UnKnown	Community	HAI & HCAI	Community / Not Known
Jan-19	0	3	3	0	4	11
Feb-19	0	4	0	1	8	4
Mar-19	0	4	1	2	15	9
Apr-19	4	5	1	1	10	11
May-19	2	1	0	1	6	13
Jun-19	2	2	1	1	7	6
Jul-19	7	5	0	2	8	12
Aug-19	0	2	0	0	8	11
Sep-19	2	4	3	1	5	4
Oct-19	2	2	4	0	15	13
Nov-19	4	2	1	2	14	6
Dec-19	1	2	0	1	7	8
Jan-20	2	1	2	0	10	10
Feb-20	1	1	1	1	12	7
Mar-20	0	4	1	0	7	9
Apr-20	0	7	2	1	2	8
May-20	1	4	1	0	1	12
Jun-20	0	2	0	1	5	12

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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	

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(Validated Data up to 30th June 2020)**

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>

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/>

NHS Fife

Meeting:	Clinical Governance Committee
Meeting date:	7th September 2020
Title:	COVID-19 Impact on Digital & Information Strategy
Responsible Executive:	Dr Chris McKenna
Report Author:	Lesly Donovan

1 Purpose

This is presented to the board for:

- Discussion

This report relates to a:

- Emerging issue
- NHS Board Strategy
- National Health & Well-Being Outcomes

This aligns to the following NHS SCOTLAND quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper summarises how and why Covid-19 has affected, both positively and negatively, the Digital & Information Strategy 2019-2024.

The committee is asked to discuss the contents of the paper and form a consensus on the robustness of the Digital & Information Strategy considering the COVID-19 Pandemic.

2.2 Background

The Digital and Information Strategy 'Digital at the Heart of Delivery' was progressing through governance when the Covid-19 pandemic began to impact on NHS Fife operations. The strategy is based on the achievement of five key ambitions:

1. Modernising Patient Delivery
2. Joined Up Care
3. Informatics
4. Technical Infrastructure
5. Workforce & Business

This paper was requested to assesses the positive and/or negative impact that Covid-19 has had on the strategy and the organisations ability to deliver against each of the ambitions within the Strategy. The paper also details the consequential lessons for delivery, which have been achieved.

2.3 Assessment

The Digital & Information Strategy is ambitious and forward thinking in its approach with a supporting delivery plan as a living document, to support changes in organisational priorities over the term of the strategy, as recently evidenced through the COVID-19 pandemic. The high-level delivery plan has been updated to reflect the current position and is attached in Appendix 1.

Modernising Patient Delivery

Ensuring that we provide our patients/service users with a modern/fit for purpose healthcare service.

Impact

Several core deliverables were expedited across this area. Near Me had a delivery timeline of mid-2019 to late 2022 and has now been pulled back to conclude mid 2021 (subject to Business Case). Prior to covid19, this was at pilot stage with only two areas considering use. Up scaled at pace by technical and project management teams with GP delivery within 5 days and other areas within the last 5 months, there are now 177 waiting areas across NHS Fife. In addition, there are receptions within all GP practices, the acute, mental health, sexual health, and community. Individual pilot projects within *optimisation of outpatients* Active Clinical Referral Triage (ACRT) and Patient Initiated Return (PIR) were also rolled out at pace and brought forward for delivery. At the time of writing nearly 400 patients have been placed on the PIR pathway and only 6 patients have reengaged with the service. At present, there has been no recognised change in delivery timescales for other small projects within this deliverable.

New projects have been added to this delivery model - including Track Trace Isolate & Support (TTIS), the Vaccination Transformation Programme (VTP) and Urgent Care redesign all undertaken at pace in line with national objectives. Endoscopy redesign was added as part of the remobilisation. We also anticipate accelerated investment within remote monitoring (Technology Enabled Care) as part of the remobilisation plans.

However, this has impacted on several other delivery timescales including *Clinical Decision/Advice*, *Consultant to Consultant*, and *Digital Hub*. Despite this, these deliveries are now being pursued at pace to assist with remobilisation.

Throughout the pandemic, clinicians have utilised the electronic record instead of paper records. This has provided us with valuable feedback, which will assist greatly with the overall delivery of *Paperlite*. There was significant impact to Health Records and the

application teams with the cancellation and, in time, rebuilding of clinics. This highlights the issue with paper-based appointing, which supports the digital hub delivery in the strategy.

Positives: - Ability to continue to see patients, engage with patient relatives and other clinical colleagues throughout the pandemic resulting in a reduction in the impact to operations. The ability to consider how things can be delivered digitally and engage with patients differently has generated interest from clinical colleagues who have seen the value that this offers resulting in an increased scope within this ambition.

Negatives: - Projects have been ongoing without business cases, and limited engagement. There is a need to ensure business continuity post-covid. The impact to other deliverables within the scope of delivery has been adversely affected.

Consequence: - Projects have been split into phases (planned agile) and colleagues have been able to assess from real time experience, which has been beneficial for feedback. Clinical staff who were utilising Near Me were issued with IT equipment, which assists with business continuity.

Projects can be delivered on a much shorter timescale when the resources are focussed on single delivery ambition. The benefit of digital delivery on the wider organisation is more widely understood.

Joined Up Care

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

Impact

The rapid mobilisation of the workforce has helped community staff to embrace technology. Several deliverables were expedited within this area, Community Pharmacy Hubs were set up in response to COVID and pharmacists were also given remote access into all GP Clinical Systems. In addition, Patientrack, the system implemented to support Bedside Risk Assessment was expedited for both Acute and Community. Additional kit was implemented within the Acute setting to support assessing patients and rollout of assessments to all community hospitals to support improvements in patient care.

There was an impact on the community solution (Morse), with delivery ceasing for 6 weeks due to staff unavailability both at operational and project level. This project has since remobilised with the impact currently being absorbed within the existing plan, meaning there is no impact on the original delivery timescale. Rollout of devices to support business continuity will have a positive impact on this project, as there will be a lessened requirement for kit involved in the delivery of the project.

Hospital Electronic Medicines Prescription Administration (HEPMA) was delayed due to procurement restrictions relating to covid-19. This has resulted in a delay on the selection of a supplier and the Final Business Case being submitted to NHS Fife Board of around 6 months. The timescale for this work will be updated following approval at Fife Board.

The Health and Social Care Portal work ceased for two months, and this has affected delivery for the same period, now scheduled to end Feb 2021. However, there have been several suggested improvements to the portal, based on clinical feedback, which may cause the scope of delivery to widen and lead to a change in overall timescales but with increased benefit from a clinical perspective.

Positives: - Improved understanding of digital delivery and support within the community setting has led them to embrace digital enablement. Generally, staff have welcomed digital

change and innovation throughout the pandemic, engaging with eHealth in relation to improvements.

Negatives: - – Deliveries were paused or delayed either in project mode or at Business Case stage, which has impacted on timescales.

Consequences: - Wider recognition of the importance of digital in joining up care.

Information and Informatics

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

Impact

A new suite of DCAQ-focussed (Demand, Capacity, Activity, Queue) dashboards have been provided to support the organisation's wider remobilisation plan. This has involved rapidly expanding the access and use of our dashboarding software, MicroStrategy, as well as providing training documentation alongside one-to-one Teams walkthroughs with Service and General Managers. This has proven the need for robust Management Information Hubs and will help pave the way for this deliverable to be achieved.

With the rapid introduction of new projects within the strategy there has been an impact to Information Governance and Security, with governance being undertaken using a risk based rapid delivery model, this means there will be a need for IG and Security for these projects to be revisited for a fuller analysis. There is no impact to the strategy for this to be undertaken, it was a consequence of the numerous rapid deliveries.

No work was undertaken on the convergence of systems. This deliverable has incurred a 5-month delay, moving to December 2021. Management Information Hub has a 1-month delay.

Positives: - Recognition of the importance of data in delivery modelling. Ability of Information Governance and Security to recognise and support the need for rapid analysis to expediate delivery.

Negatives: - Increased workload and pace of delivery means that documentation will need to be revisited. Lack of progress on convergence of systems, which may affect the ability to remove desktop MS Office packages and integrate Office 365 fully.

Consequences: - Wider recognition of the importance of a data driven organisation.

Technical Infrastructure

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

Impact

COVID-19 required eHealth teams to deliver laptops at pace to staff displaced by social distancing rules as well as staff who required equipment to maintain a level of business continuity. This has contributed to the deliverable of being resilient and secure by design. In addition, required improvements to firewalls and connection upgrades to support the increase in remote working have contributed to the *always within support lifecycle* deliverable.

Several sub-deliverables of *Always Within Support Lifecycle* have slipped but are still expected to be delivered by the end of 2024. Regional IT Service Management was

delayed for 5 months and is only just being restarted. PACS upgrade was delayed at a national level by 3 months. In addition, there has also been significant activity for the Cyber Security team battling a rise in criminal activity as opportunists ride the wave of uncertainty. This has impacted progress on the Cyber Essentials and NIS Audit response.

Positives: - Rapidly deployed a considerable volume of technical kit across NHS Fife estate.

Negatives: - Increase in cyber-attacks for NHS Fife, delayed progress for the NIS Audit response.

Consequences: - There is a need to consider a revision to the support model within eHealth with over 1500 pieces of additional kit in operation across the estate.

Workforce & Business

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

Impact

Consolidation of GP Systems was completed at pace due to covid-19, this also delivered full remote access to clinical systems and will bring operational benefit to NHS Fife moving into Autumn with the challenging vaccination programme. Staff engagement was central to the success of NHS Fife throughout the pandemic and recognition of this at an early stage saw the approval of a staff engagement application - Stafflink. This was implemented rapidly and will be utilised moving forward as replacement of the NHS Fife intranet site. Stafflink currently has 7544 employees signed up.

The Scottish Government announcement that Boards could begin to use Teams generated a change in approach to Office 365 delivery with Teams rolled out successfully at pace to support business continuity and collaboration. However, the wider delivery of O365 has been severely hindered, with a business case only just being completed and the latest email migration (over 10,000 emails migrated on 17/18th August with another 2 migrations to go) proving extremely challenging for IT teams. Resource conflicts, time to deliver, and the ability to train and communicate with a large number of staff working from home pushed staff resource to the limit.

Positives: - Engagement with staff was improved and business continuity was increased through the introduction of teams, stafflink, and the gp consolidation.

Negatives: - Impact on the approach to delivery for office 365 and the pressure/stress on the delivery team.

Consequences: - Importance of communication and training in delivery deployment was highlighted.

Summary

The positive impact, which has been achieved through rapid introduction of some of the Digital and Information Strategy deliverables, highlights the need for continued investment in technology to support the delivery of a flexible and integrated health and social care into the future. Digital enablement must continue at a rapid pace and promote resilience to global incidents, which may adversely impact the wider healthcare environment. Staff being supported to be mobile, with access to administrative and collaborative digital solutions, has proven to be a key factor in NHS Fife's resilience during COVID-19

In addition, maintaining a mobile workforce ensures flexible and dynamic working practices along with efficiencies regarding travel time, costs, and our carbon footprint.

However, the level of resource and impact on the eHealth team needs to be recognised. There is a need for business cases to be completed and supported for the work which has been undertaken to underpin this resilience in our workforce. Like many other areas, teams have worked above and beyond to ensure the deliverables were met within reduced timescales and this will have a long-term effect on staff.

The consequences of covid-19 on the organisation, in terms of accelerating the embracement of digital delivery, have been largely positive. There has been greater collaboration regarding new technology, use of information and recognition of the benefits of digital from clinical colleagues, with new ideas and requests being made on an almost daily basis. Whilst this is welcomed by eHealth, there is concern we will not be able to maintain our rate of delivery and support all digital changes, due to an already challenging delivery plan. This is a concern as we wish to harness the goodwill and work to ensure a truly digital NHS Fife.

2.3.1 Quality/ Patient Care

Quality of care has been improved due to flexibility of appointments, increased mobility and higher resilience to critical incidents. Patient care remained at the heart of NHS Fife with increased opportunity to maintain appointments with patients, whilst still reducing footfall within the hospital setting.

2.3.2 Workforce

Flexible and dynamic working practices, along with efficiencies regarding travel time and costs / carbon footprint. Increased working from home has highlighted the potential for improved work / life balance.

2.3.3 Financial

Decrease in total refresh costs over the next 4 years, due to COVID-19 funding, but increase in costs from year 5 onwards in order to maintain estate. Need for support for Business Cases for items deployed to ensure ongoing support.

2.3.4 Risk Assessment/Management

The main risk in relation to future costs and budget levels including bids for ADEL funding.

2.3.5 Equality and Diversity, including health inequalities

N/A.

2.3.6 Other impact

All impacts described above.

2.3.7 Communication, involvement, engagement and consultation

eHealth have engaged with senior managers and teams in relation to all deliverables, which have been achieved. This will continue to ensure maximum benefit from change is achieved.

2.3.7 Route to the Meeting

This paper has been not previously been considered by any NHS groups.

2.4 Recommendation

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

3. List of appendices

The following appendices are included with this report:

- Appendix 1. High level delivery plan

Report Contact

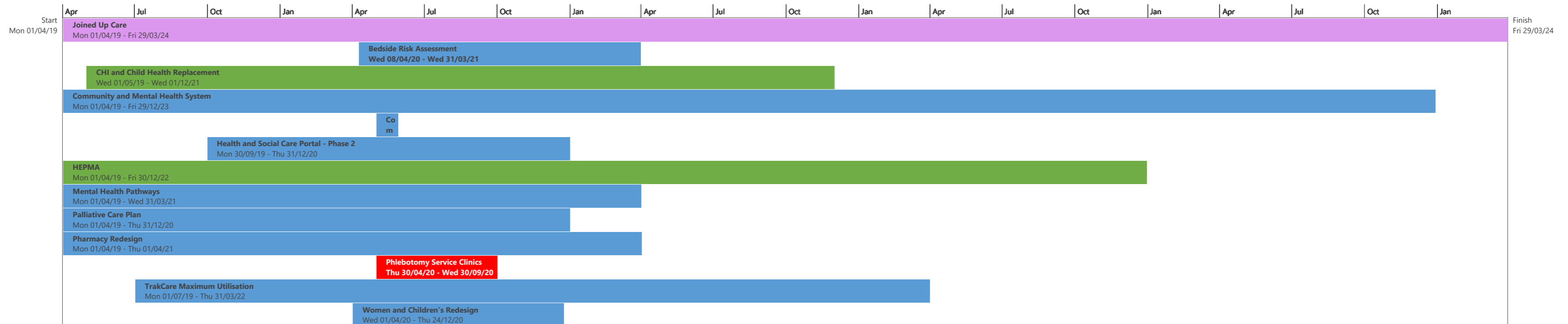
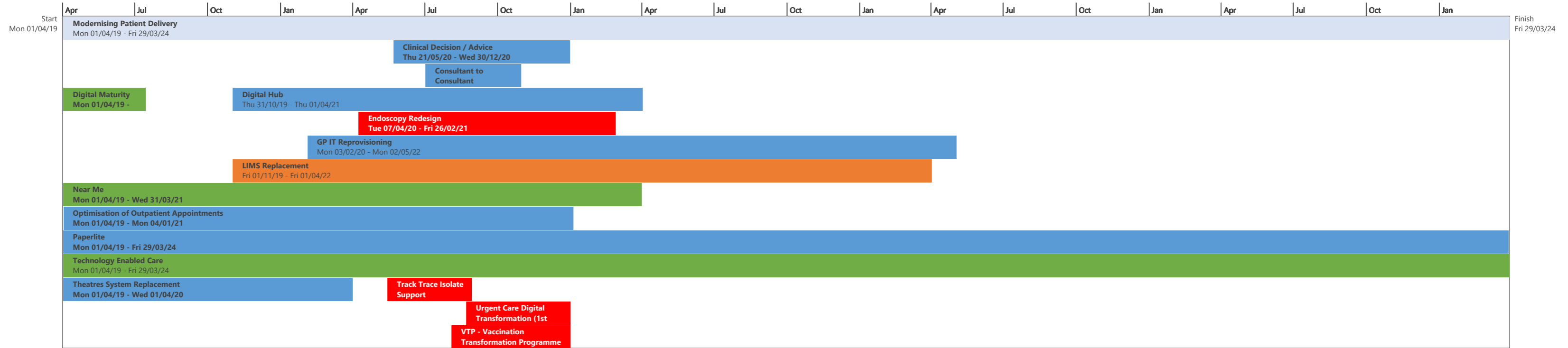
Author Lesly Donovan

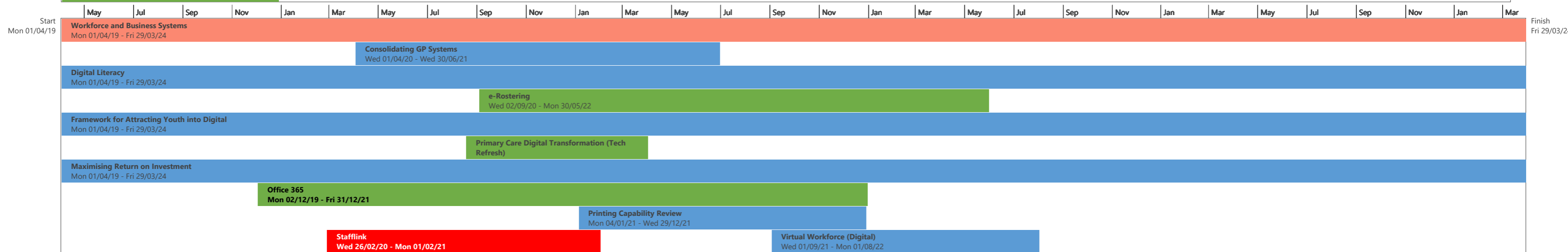
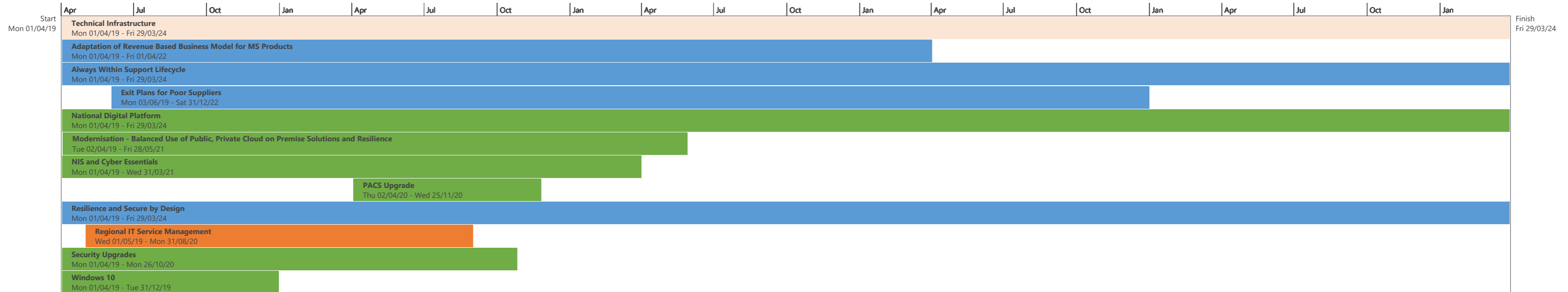
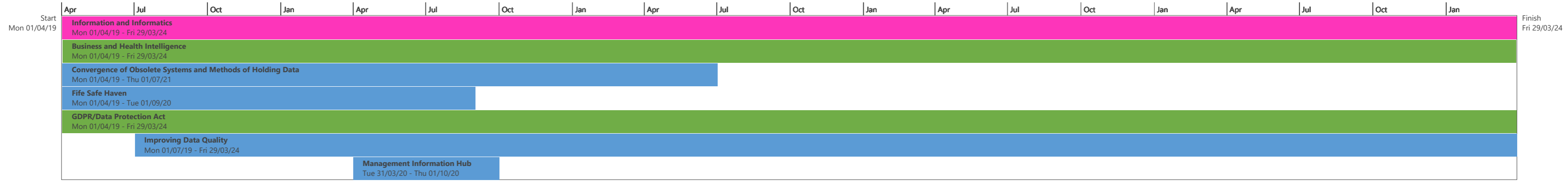
Email Lesly.donovan@nhs.scot

Appendix 1

NHS FIFE - Digital and Information Strategy Delivery Plan as at 24/08/20

National	Regional
Local	New Project





Meeting: Clinical Governance Committee
Meeting date: 7 September 2020
Title: HEPMA Implementation Update
Responsible Executive: Chris McKenna – Medical Director
Report Author: Scott Garden - Director of Pharmacy and Medicines / Debbie Black – eHealth Senior Project Manager

1 Purpose

This is presented to the NHS Fife Clinical Governance Committee for:

- Awareness

This report relates to a:

- NHS Board / Integration Joint Board Strategy or Direction

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Due to Covid 19 pandemic the HEPMA procurement process was paused in March 2020. NHS Fife is now ready to recommence and this report provides an update for CG awareness on next steps.

2.2 Background

The primary aim of (HEPMA) is to remove paper-based processes from prescribing and 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.

- The HEPMA Outline Business Case recommended:-
 - NHS Fife should undertake a mini competition under the current multi-supplier Framework agreement, which has three accredited suppliers JAC/Wellsky, EMIS and Dedalus.

The HEPMA Outline Business Case was approved at NHS Fife Board in November 2019.

NHS Fife commenced the Tender Process and an Invitation to Tender (ITT) was issued in February 2020 to three accredited suppliers, with a closing date of 13th March 2020.

On 17th March 2020 suppliers were notified that due to CoVid 19 the procurement process would be paused and they would be notified once NHS Fife was in a position to move forward.

2.3 Assessment

From mid May initial discussions were held to restart the HEPMA programme. Following Procurement resource being identified to support, the table below shows the process and timeline that were agreed in order to move forward with identifying a preferred supplier and onwards to contract signing.

Activity	Estimate Completion By	Responsible
Notify Suppliers that the Procurement process will restart	29 June 2020	Procurement
Suppliers confirm available to participate	3 July 2020	Suppliers/Procurement
Provide suppliers with a two week window to review, refresh and resubmit bids	8 – 22 July 2020	Procurement/Suppliers
Bids reviewed, Evaluation Pack produced and issued to Evaluation Panel	24 July 2020	Procurement
Evaluation Panel of key decision makers independently score submissions	27 July – 7 August 2020	Procurement/Evaluation Panel
Consensus meeting held and further clarification sought if required	26 August 2020	Procurement/Evaluation Panel/Suppliers
Preferred Supplier selected	Late August – Early September	Evaluation Panel
Full Business Case produced	Mid September	Programme Board
Full Business Case tabled at Governance Boards	Late November	Programme Board
All Suppliers notified of outcome (Stand Still Period commences)	Early December	Procurement
Contract Negotiation and Agreed Contract Signed by Preferred Supplier & NHS Fife	Late January 2021	Procurement/Legal/NHS Fife Board

As per procurement and green book guidance, on completion of the procurement process once a preferred supplier is selected, a Full Business Case will be presented to NHS Fife Board for approval. If signed off, NHS Fife will inform all suppliers of the outcome of selection.

It has been agreed that procurement resource from NHS Orkney will support NHS Fife procurement, due to issues in availability within NHS Fife. eHealth have agreed to meet the costs of this procurement resource and these will be reflected in the Full Business Case.

All members of the committee are asked to note the commitment to timeframes requested from all parties involved in selection of the preferred supplier.

2.3.1 Quality/ Patient Care

N/A at this stage.

2.3.2 Workforce

NHS Fife Procurement are being supported by resource from NHS Orkney.

2.3.3 Financial

Forecasted Programme spend as per OBC v1.0 approved at NHS Fife Board Nov 2019.

eHealth have agreed to meet the costs of NHS Orkney procurement resource required to complete preferred supplier selection and these will be reflected in the Full Business Case.

A meeting is scheduled with Scottish Government 8th September 2020 to discuss funding.

2.3.4 Risk Assessment/Management

Preferred Supplier Selection - In order to achieve preferred supplier selection the activities and timeline mentioned at 2.3. are being actively managed by an eHealth Project Manager.

Resource – Resource commitment and availability in order to complete activities at 2.3 is being requested in advance from all parties to note commitment and support timeframes.

The above are being managed as part of the HEPMA Programme Risks recorded on the NHS Fife DATIX system. Impacts to the preferred supplier selection and resource availability will be advised or escalated, as necessary, through the HEPMA Programme Board.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment is in the process of being produced and will be completed prior to the Full Business Case being presented to NHS Fife Board.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

- Members of the Programme Board met 18 June 2020
- Discussions with Procurement mid May onwards

- Evaluation Panel updated 19 June 2020
- Framework Suppliers engaged 29 June 2020
- Programme Board updated 3 July 2020
- EDG Updated 27 July 2020
- Area Drug & Therapeutics Committee updated 25th August 2020

2.3.8 Route to the Meeting

The following groups have previously considered a version of this paper. The groups have supported the content, or their feedback has informed the development of the content presented in this report.

- HEPMA Programme Board, paper circulated 3 July 2020
- Executive Directors Group 27 July 2020
- Area Drug & Therapeutics Committee 25th August 2020

2.4 Recommendation

The NHS Fife Clinical Governance Committee are asked to:-

- Note progress to date
- Note that the Full Business Case will be presented to the committee in November 20
- Note that 6 monthly updates will be provided on progress.

3 List of appendices

The following appendices are included with this report:

- N/A

Report Contact

Scott Garden
Director of Pharmacy
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Debbie Black
Senior Project Manager eHealth
Email debbie.black@nhs.net

NHS Fife

Meeting:	Clinical Governance Committee
Meeting date:	7 September 2020
Title:	Draft Corporate Objectives 2020-21
Responsible Executive:	Carol Potter, Chief Executive
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to:

- Corporate Objectives

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Corporate Objectives 2020/21 were due to be agreed at the beginning of the financial year 2020/21 but due to COVID-19, this has been delayed. A different approach has been taken this year with a workshop with EDG to discuss and review the corporate objectives.

This paper details the collated output of the workshop for the purposes of allowing further refinement prior to the setting of 2020/21 objectives through appropriate governance routes.

This paper provides the Board with a review of the Corporate Objectives for 2019/20 and also looks forward to 2020/21 with proposed objectives to be approved by the Board.

2.2 Background

Each year a review and objective setting exercise is completed for the Corporate Objectives. 2019/20 and 2020/21 were years characterised by a major disruption of

services due to Covid-19. The immediate response and subsequent planning for remobilisation of services has resulted in significant changes in service models and, in some cases, delivery.

As part of the annual revision and setting of NHS Fife corporate objectives, a virtual workshop was held with EDG using Microsoft Teams on 3 August 2020. The purpose of the workshop was two-fold. Firstly, to review the 2019/20 suite of strategic objectives, take updates on progress, including evidence of success or identify barriers which delayed delivery. Secondly, to agree objectives for 2020/21 taking particular cognisance of the recently developed and approved remobilisation plans.

2.3 Assessment

The summary will be presented using the four quadrants of governance: Quality, Operational Management, Finance and Workforce but based on the organisational objectives of Person Centred, Clinically Excellent, Exemplar Employer and Sustainable. The review of the corporate objectives 2019/20 provides assurance to the Board that strategic planning is adequate and progress and achievements are made against the corporate objectives. This year's corporate Objectives will be aligned to NHS Scotland's value rather than NHS Fife's Strategic Framework which will bring NHS Fife in line with most other boards in Scotland.

Quality

Good progress has been made to further embed good governance in clinical practice.

The review of the current objectives has identified a gap and the following new objectives are being proposed for 2020/21.

Ref	Objective
1.7	To ensure effective resilience capacity in Fife and ensure the effective delivery of the Covid -19 Strategic Framework for Fife
2.4	Reduce Healthcare Associated Infections recognising the COVID-19 sensitive environment
2.9	Provide clinical support and professional leadership to Care Homes during 2020/21

The following objectives have been reworded and improved:

Ref	Objective
1.3	To work with local partners to address the wider determinants of health in order to prevent and reduce health inequalities in Fife
1.6	Phased implementation in line with Phase 1 of the refreshed mental health strategy for Fife ensuring more people are supported in the community and that people requiring more intensive care receive that more quickly
2.7	Work to develop and embed systems & services to reduce avoidable hospital admissions supporting winter pressures, sustainability and value

On review, the following objectives from 2019/20 have been identified as having been completed or not relevant any longer.

Ref	Objective	Status
1.4	Improving equalities – Public Duties Act	Removed
2.1	Implement the Quality of Care Framework and reporting to the appropriate standing Board Committees, IPR and Board	Removed
2.3	Fully embed the organisational duty of candour requirements in all areas of NHS Fife	Completed

Operational Management

Some progress has been made in the transformation programme and the access standards continue to be challenging. Progress has been made against the standards but the pause of elective care during COVID-19 has meant that backlogs have increased and the focus in 2020/21 is to maximise available capacity.

The following new objectives have been identified for 2020/2021.

Ref	Objective
4.2	Review and refresh Fife's Clinical Strategy for 2021-2026
4.7	Develop performance framework to support delivery of Remobilisation Plan
4.11	HEPMA Full Business Case to be completed and approved through governance committees and Fife Health Board. Plan for implementation developed

The following objectives have been reworded and improved:

Ref	Objective
4.1	Refresh and embed the joint Transformation Plan for NHS Fife to deliver the triple aim supporting sustainability and value recognising the COVID-19 sensitive environment whilst continuing the re-design and transformation of services following COVID-19
4.7	Develop performance framework to support delivery of Remobilisation Plan
4.9	Ensure NHS Fife is in full compliance with Health and Safety legislation and best practice including governance and ensure key training compliance targets are in place

There is one objective removed from this category.

Ref	Objective	Status
4.2	Deliver the objectives of the NHS Fife / Health & Social Care joint transformation plan	Merged with 4.1

Finance

Financial governance continues to support the delivery of financial targets with the break even position relying on non recurring financial flexibility.

The following new objective has been identified:

Ref	Objective
4.4	Deliver of Full Business Case for the Fife Elective Orthopaedic Centre
4.6	Deliver medium term strategies for revenue and capital

There have been no objectives removed in this category.

Workforce

The Staff Governance Action Plan is reviewed regularly and delivered in partnership against Staff Governance standards.

There is one new objective added and there have been no significant changes to the existing Corporate Objectives.

Ref	Objective
3.5	Maximise participation in the staff engagement survey and ensure feedback received informs workforce practice for 2020/21

The following objective had been removed:

Ref	Objective	Status
3.3	Implement the 'Once for Scotland' policies as appropriate and prioritise the development of plans to support 'Promoting attendance at work' and the 'Health and well being of the workforce' policies	Completed
3.5	Increase and sustain participation in the iMatter staff engagement tool to ensure feedback received informs an action plan for 2020/21	Revised

Summary

The review of the corporate objectives for 2019/20 provides assurance to the Board that the objectives for the organisation are still relevant and appropriate. The objectives for 2020/21 are now set out against NHS Scotland's values and are aligned to the Clinical Strategy.

2.3.1 Quality/ Patient Care

Corporate Objectives are aligned with providing high quality and good patient care.

2.3.2 Workforce

Corporate Objectives are aligned with workforce development and support

2.3.3 Financial

Corporate Objectives are aligned with financial implications

2.3.4 Risk Assessment/Management

n/a

2.3.5 Equality and Diversity, including health inequalities

Corporate Objectives are aligned with equality and diversity

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Chief Executive 31 August 2020
- EDG 10 September 2020

2.4 Recommendation

The Clinical Governance Committee are asked to

- **Note** the revision of the Corporate Objectives for 2020/21 and the changes therein.

3 List of appendices

The following appendices are included with this report:

- Corporate Objectives 2020/21

Report Contact

Susan Fraser

Associate Director of Planning and Performance

Email susan.fraser3@nhs.scot

NHS Fife Strategic Objectives 2020/21



NHS Fife Strategic Objectives 2020/21

Vision	Mission	Values	Objectives	Strategic Framework Objectives	Ref.	Corporate Objectives 2020/21				
							Lead Director			
The people of Fife live Long and Healthy Lives	Transforming health and care in Fife to be the Best	Care & Compassion	PERSON CENTRED	<ul style="list-style-type: none"> Listen to what matters to YOU Design services in partnership with service users, carers and communities Give YOU choices and information Create environments that encourage caring and positive outcomes for all Develop & redesign services that put patients first supporting independent living and self management 	1.1	Improve complaints process to respond more effectively and efficiently to patient issues	Director of Nursing			
					1.2	Improve patient, public and partner engagement and participation with on-going strategic change agenda	Director of Nursing			
					1.3	To work with local partners to address the wider determinants of health in order to prevent and reduce health inequalities in Fife.	Director of Public Health			
					1.4	Create and nurture a culture of person centred approach to care recognising the COVID-19 sensitive situation	Medical Director/ Director of Nursing			
					1.5	Realising Realistic Medicine – embed within NHS Fife linked to transformation & sustainability	Medical Director			
					1.6	Phased implementation in line with Phase 1 of the refreshed mental health strategy for Fife ensuring more people are supported in the community and that people requiring more intensive care receive that more quickly	Director of Health and Social Care			
					1.7	To ensure effective resilience capacity in Fife and ensure the effective delivery of the Covid -19 Strategic Framework for Fife	Director of Public Health			
					Dignity and Respect	CLINICALLY	<ul style="list-style-type: none"> Work with you to receive the best care possible Ensure there is no avoidable harm Achieve & maintain quality standards Ensure environment is clean, tidy, well maintained, safe and something to be proud of Embed patient safety consistently across all aspects of healthcare provision 	2.1	Maintain and audit the system of Safe & Secure Use of Medicines Management	Director of Pharmacy
								2.2	Reduce Healthcare Associated Infections recognising the COVID-19 sensitive environment	Director of Nursing
								2.3	Continue to refine the NHS framework for risk management to include the Board risk tolerance and appetite and keep the Board Assurance Framework up to date	Director of Nursing
								2.4	Continue to implement Excellence in Care to provide assurance to the organisation of nursing and midwifery care	Director of Nursing
								2.5	Work to develop and embed systems & services to reduce avoidable hospital admissions supporting winter pressures, sustainability and value	Director of Health and Social Care Director of Acute Services
								2.6	Develop links with St Andrews University medical school through the SCOTGEM programme aspiring towards university status	Medical Director
								2.7	Provide clinical support and professional leadership to Care Homes during 2020/21	Director of Nursing
		Openness, honesty	EXEMPLAR	<ul style="list-style-type: none"> Create time & space for continuous learning Listen to & involve staff at all levels Give staff skills, resources and equipment required for the job Encourage staff to be ambassadors for Health and Social Care in Fife Create high performing MDT through education & development Equip people to be the best leaders 	3.1	Review and update the existing workforce strategy which supports the strategic and transformational plans of Fife	Director of Workforce			
					3.2	Develop arrangements which support effective Talent Management and Succession Planning requirements	Director of Workforce			
					3.3	Ensure compliance with Staff Governance standards and the principles and values of the 2020 / Everybody Matters strategy in line with national policy.	Director of Workforce			
					3.4	Ensure NHS Fife has the appropriate infrastructure and training environment to continue to meet professional standards for all staff	Director of Workforce			
					3.5	Maximise participation in the staff engagement survey and ensure feedback received informs workforce practice for 2020/21	Director of Workforce			
					3.6	Ensure effective staff engagement and communication – develop and implement an effective internal communications strategy	Director of Workforce			
					3.7	Implement statutory safe staffing across all wards in accordance with new legislation	Director of Nursing			
		Quality and	SUSTAINABLE	<ul style="list-style-type: none"> Optimise resource for health & wellbeing Ensure cost effective and within budget Increase efficiency & Reduce Waste Service redesign will ensure cost effective, lean and minimise adverse variation Optimise use of property & assets with our partners 	4.1	Refresh and embed the joint Transformation Plan for NHS Fife to deliver the triple aim supporting sustainability and value recognising the COVID-19 sensitive environment whilst continuing the re-design and transformation of services following COVID-19	Director of Strategy, Planning and Performance			
					4.2	Review and refresh Fife's Clinical Strategy for 2021-2026	Director of Strategy, Planning and Performance / Medical Director			
					4.3	Develop the Property and Asset Management Strategy to support strategic transformation & performance	Director of Estates and Facilities			
					4.4	Deliver of Full Business Case for the Fife Elective Orthopaedic Centre	Director of Nursing			
					4.5	Develop the eHealth, Information & Digital Strategy to support strategic transformation & performance	Medical Director			
					4.6	Deliver medium term strategies for revenue and capital	Director of Finance			
4.7	Develop performance framework to support delivery of Remobilisation Plan				Director of Strategy, Planning and Performance					
4.8	Deliver effective corporate governance to the organisation				Director of Strategy, Planning and Performance					
4.9	Ensure NHS Fife is in full compliance with Health and Safety legislation and best practice including governance and ensure key training compliance targets are in place				Director of Estates and Facilities					
4.10	Evidence progress against 6 outcomes of Integration in line with 2020/21 delivery plan.				Director of Health and Social Care					
		4.11	HEPMA Full Business Case to be completed and approved through governance committees and Fife Health Board. Plan for implementation developed.	Director of Pharmacy						

NHS Fife

Meeting:	Clinical Governance Committee
Meeting date:	7th September 2020
Title:	Wellesley Unit, Randolph Wemyss Memorial Hospital (RWMH)
Responsible Executive:	Nicky Connor, Director of Health & Social Care
Report Author:	Dr Helen Hellewell Associate Medical Director Fife Health and Social Care Partnership

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHS Scotland quality ambition:

- Safe

2 Report summary

2.1 Situation

The Wellesley Unit at Randolph Wemyss Memorial Hospital (RWMH) is a 10 bedded in-patient unit providing, transitional care for patients delayed in hospital awaiting social care, end of life care and very occasionally Hospital Based Complex Clinical Care

(HBCCC). At present the Responsible Medical Officer (RMO) for the unit is a local General Practice. The Practice has submitted formal notice to end the existing Service Level Agreement (SLA) that provides the RMO cover to the unit. As a result there will be no RMO for the Unit and despite discussions and considerations by the Associate Medical Director and the Lead Consultant Physician for Medicine for the Elderly, alternative RMO cover has not been found and it is not likely that any cover will be forthcoming due to medical workforce challenges.

This is the second time the unit has faced this challenge in the space of a year and it is viewed that the current model of care is no longer sustainable. A paper was brought to the Integration Joint Board outlining these concerns and the challenges in relation to sustaining the Wellesley Unit, as a result of the withdrawal of a RMO, were considered in detail.

A decision was taken at the Integration Joint Board meeting on the 28/8/20 to agree the following directions:

NHS Fife is directed to close the Wellesley Unit in response to the safety issue that has emerged as a result of the withdrawal of the Responsible Medical Officer.

NHS Fife and Fife Council through the Director of Health and Social Care, are directed to work with partners to commission care to support the needs of older people who would have otherwise been cared for in Wellesley Unit. This includes the transfer of financial resources to support this.

NHS Fife and Fife Council through the Director of Health and Social Care are directed to work with partners to develop community services at Randolph Wemyss Memorial Hospital in line with the joining up care Community Hospital Strategy.

This paper sets out the safety concerns that led to this decision.

2.2 Background

The Wellesley Unit is a standalone in-patient unit. Wellesley traditionally provided Hospital Based Complex Clinical Care (HBCCC), however demand for this type of care model has declined significantly as more and more people with complex needs are supported at home or in a homely setting such as care homes. The need for HBCCC is determined by the single eligibility question "Can the individual's care needs be properly met in any setting other than a hospital?" As well as an increased ability to care for people in the community the number of people eligible for HBCCC has dramatically reduced since 2014.

Data suggests that many of the people currently cared for within HBCCC settings could receive their care in a community setting. It is estimated that the number of people who truly require HBCCC is less than 4 per year across Fife. Therefore, the role of the Wellesley Unit has altered over the last few years.

Up until last year a Consultant, Medicine for the Elderly, Physician was the RMO for the Wellesley Unit, however due to a change in workforce it was not possible to continue with this model and thus an alternative model of medical cover was sought. This was provided by a general practice via a service level agreement (SLA). The practice has indicated that this is no longer sustainable.

The Wellesley Unit has nursing staff of 22.4 WTE. Resilience within a standalone unit is a challenge. Minimum staffing numbers are required which may not be reflective of the number of patients that are being cared for within unit. There are at present 21 WTE nursing vacancies across the East Division due to expected turnover.

As part of the Joining Up care transformation programme, work has been underway to redesign the community hospitals in Fife for the past 4 years. Over this time the staff in the Wellesley Unit have all been part of the consultation and engagement process around the proposed redesign and are aware of potential changes to the unit.

2.3 Assessment

The Wellesley Unit is not sustainable without an RMO and despite efforts replacement cover has not been forthcoming and there are no sustainable options to secure this.

It is clear that there are medical workforce challenges within the care of the elderly physician workforce and this makes sustaining safe medical cover across more sites not a viable option.

RMO of community hospitals is not part of the general practice core contract and there are considerable workforce challenges within general practice as a whole in Scotland and in Fife in particular.

These challenges have not as yet been mitigated by the new staffing models within the new GMS contract to a sufficient extent to allow practices to sustainably take on new work beyond their core business.

The pandemic has introduced urgency to the situation, as general practice is working hard to maintain the covid response in Fife, remobilise services and also to it provide medical generalist expertise to ensure that patients receive the right care at the right time for their needs as the whole NHS system remobilises and works in new ways.

However it is important to note that this is on a back drop of chronic sustainability and resilience challenges in primary care and it is unlikely that these workforce challenges will change for the foreseeable future. These challenges are across Fife, including the Levenmouth area.

In addition, sustaining Wellesley as a standalone unit is becoming increasingly challenging from a nursing staffing perspective.

The patient cohort being cared for within this unit could have their needs met in alternative care settings which would often allow them to be cared for at home or in a homely setting, with very few needing to be in hospital. This is in keeping with the national health and wellbeing outcomes, the strategic plan and clinical strategy which seeks to meet people's ongoing clinical needs at home or in a homely setting as much as possible. There is clinical evidence that this promotes retention of independence for as long as possible.

The Health and Social Care Partnership will ensure that care home placements and care packages are commissioned to support the timely discharge of patients and avoid delays in the system.

Considerable work has been done in line with living and dying well policy to ensure access to 24 hour community nursing and outreach where necessary from specialist palliative care services to ensure that end of life care can be undertaken to a high standard at home or in a homely setting.

We are aware that the impact on the staff working there will be significant. The Service Manager and Lead Nurse are committed to continue to work in close partnership with staff and staff side colleagues to ensure that staff are supported through this change.

Within the direction agreed at the IJB. Assurance will be sought as follows:

- » The Wellesley Unit has closed in line with the Direction.
- » Re-provision of care has been provided that meets people's needs.
- » Capacity within the social care system to both support care on an on-going basis and support the needs of older people who would have otherwise been cared for in Wellesley Unit.
- » The refreshed Community Hospital Strategy will be presented for approval to the IJB including plans for Randolph Wemyss Memorial Hospital and with appropriate discussion and engagement with partners and communities.

This will report to the committees of the IJB as it is an integrated direction. An update on the NHS delivery elements will be reported to Clinical Governance Committee of

NHS Fife. The refreshed community hospital strategy will be aligned to the agreed arrangements for the joint transformation board.

2.3.1 Quality/ Patient Care

Patient care in the longer term is likely to be improved as more people will be able to be cared for in their own home or in a homely setting which has benefits in maintaining independence, reduction in hospital acquired infection and delirium, prolonged retention of confidence and decrease of loss of connection with others. This is in line with how the model of HBCCC has changed overtime. It also is in keeping with the clinical strategy. However in the short term, careful, patient centred discussion will need to take place with patients and families to ensure good outcomes for individual patients. There are risks associated with a standalone unit. Whilst there is no evidence of harm or patient safety concerns the unit is limited in the level of care it can deliver in terms of acuity.

2.3.2 Workforce

Continuing the engagement with staff members and staff side to ensure staff well supported through this change.

Sustaining medical workforce within this unit has been a continuing challenge. Approximately a year ago the care of the elderly physicians identified they were unable to provide the RMO cover. It was challenging to secure alternative cover and the sustainability of the unit was in question at that time. The SLA arrangement that were subsequently put in place became unsustainable within a year due to the challenges outlined earlier in the paper.

There has been no interest identified in providing the RMO cover. This has been reviewed by the Associate Medical Director in consultation with the lead consultant physician for care of the elderly, clinical director and cluster quality lead for Levenmouth and managers.

The outcome of this review was a medical leadership recommendation that there was not a safe and sustainable option for RMO at the Wellesley Unit.

This was then further discussed with the medical director who supported this recommendation.

On the basis that the ward is unable to function without an RMO and people's needs are able to be safely met through the direction that was agreed by the Integration joint Board the decision was taken to close the unit.

2.3.3 Financial

The direction outlines a resource transfer to support the commissioning of care and the development of community services at Randolph Wemyss Memorial Hospital in line

with the joining up care Community Hospital Strategy. This will be monitored through the finance and performance committee of the Integration Joint Board.

2.3.4 Risk Assessment/Management

No RMO was able to be secured for this unit and this situation is unlikely to change in the medium term so in full consultation with the Executive directors group of NHS Fife, including the Medical Director and Director of Nursing, the decision was taken at the IJB to close the unit. There were no mitigations possible to prevent this and the patients could safely be transferred to their home with a care package, a nursing home or an alternative community hospital bed. There is a reputational risk for the organisation in terms of the perception of the public of closing a ward and losing beds from the system. Political and media interest as a result of closing beds. There is a risk that delayed discharges may increase if discharge flow is not maintained. This is being mitigated by looking at the care packages that could be commissioned to improve flow.

2.3.5 Equality and Diversity, including health inequalities

A full impact assessment has not been completed because this unit needed to be closed as a matter of patient safety with no medical cover being secured. However as NHS Fife and Fife Council through the Director of Health and Social Care work with partners to develop community services at Randolph Wemyss Memorial Hospital in line with the joining up care Community Hospital Strategy, detailed consideration of equality, diversity and health inequalities will be part of this process.

2.3.6 Other impact

Describe other relevant impact.

2.3.7 Communication, involvement, engagement and consultation

Full engagement and consultation has not been possible because of the patient safety concerns were high enough to require closure to be recommended in the near future.

However as we move forward in the transformation process it will be critical to do this engagement and consultation more fully.

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

Parties / Committees consulted prior to the IJB Meeting on 28/9/20 where decision taken	<ul style="list-style-type: none"> • Director of HSCP. • Executive Directors Group NHS Fife. • Medical Director NHS Fife. • Director of Nursing NHS Fife. • Employee Director NHS Fife. • Associate Director of Nursing HSCP. • Associate Medical Director HSCP. • Lead Physician Medicine for the elderly. • Service Manager East. • Clinical Services Manager Capacity and Flow. • Co-Chair HSCP LPF. • Management Accountant East Division. • HSCP SLT. • Private Session Clinical and Care Governance Committee. • Private session Finance and Performance Committee. • IJB Development Session.
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2.4 Recommendation

Awareness-

Note the decision made by the Integration Joint Board with the direction and the associated monitoring and assurance arrangements.

Report Contact

Dr Helen Hellewell
Associate Medical Director
Fife Health and Social Care Partnership
Email Helen.Hellewell@nhs.scot

NHS Fife

Meeting:	Clinical Governance Committee
Meeting date:	7 September 2020
Title:	NHS Fife Board Assurance Framework (BAF) Strategic Planning
Responsible Executive:	Dr Chris McKenna, Medical Director
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 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 5 on 8.7.20.

2.2 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.

2.3 Assessment

There are five local key priorities for NHS Fife during 2020/21 aligned to the Clinical Strategy and Strategic Plan which underpin all aspects of the Health Board's strategic plan following the review of the integrated transformation programme:

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

The Integrated Transformation Board (ITB) had been established in 2019 and provides strategic oversight of all of the health 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.

A full review of the Transformation programme and Strategic Planning is being undertaken currently in line with the Clinical Strategy and Remobilisation Plan. This will result in a new strategic planning strategy for Fife; revised strategic priorities taking into account redesign over COVID period and a revised Transformation leadership structure. A workshop is being held at the beginning of September that will help shape the future configuration of transformation in Fife.

2.3.1 Quality/ Patient Care

Quality of Patient Care is part of the work of the Remobilisation Oversight Group

2.3.2 Workforce

No change.

2.3.3 Financial

Financial implications are dealt with through the process to restart services and the Finance Director is a member of the Remobilisation Oversight Group.

2.3.4 Risk Assessment/Management

Risk Assessment is part of the restart of services process.

2.3.5 Equality and Diversity, including health inequalities

Equality and Diversity is part of the restart of services process.

2.3.6 Other impact

n/a

2.3.7 Route to the Meeting

This paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Chief Executive, 31 August 2020

2.4 Recommendation

The Committee is invited to:

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

Report Contact

Susan Fraser

Associate Director of Planning and Performance

Email susan.fraser@nhs.net

NHS Fife Board Assurance Framework (BAF)

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

1417	Person Centred, Clinically Excellent, Exemplar Employer - Sustainable	27.08.2020	01/11/20	<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</p> <p>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 has been in place after the review of transformation in 2019. Following period of COVID-19, transformation planning is being revised and new structure being put in place following transformation workshop planned for 3 September 2020.</p> <p>New programme management approach</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.	<p>Leadership to strategic planning coming from the Executive Directors Group.</p> <p>Clinical Strategy workstream update has been produced to reflect progress against recommendations.</p> <p>Establishment of ITB should provide assurance to the committees and Board that the transformation programme has strategic oversight and delivery.</p> <p>Senior Leadership for Transformation is being reviewed and revised .</p>	Chief Executive	31.12.2020	1. Minutes of meetings record attendance, agenda and outcomes.	1. Internal Audit Report on Strategic Planning (no. B10/17)	Business cases have been developed in support of the transformation programmes which address issues such as resource implications, workforce and facilities redesign. Standardised documentation will introduce a consistent	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	<p>Once governance and monitoring is in place and transformation programmes are being realised, the risk level should reduce.</p> <p>WILL BE REVIEWED AFTER COVID19 PERIOD</p>
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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			

NHS Fife Board Assurance Framework (BAF)

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

eHealth - Delivering Digital and Information Governance & Security

1422	Person Centred, Clinically Excellent, An Exemplar Employee, Sustainable	24.08.2020	24.11.2020	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.	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <ol style="list-style-type: none"> 1. Implementation of the NHS Fife Strategic Framework and Clinical Strategy 2. Operational Governance arrangements 3. 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. 4. Robust Internal and External Audit reports. 5. Working towards General Data Protection Regulation (GDPR), Directive on security of network and information systems (NIS) & Cyber Essentials Compliance 6. 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 7. 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.	<ol style="list-style-type: none"> 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. 	<p>Second Line of Defence</p> <ol style="list-style-type: none"> 1. Reporting to eHealth Board, Information Governance & Security Group (IG&SG), clinical & 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 	<p>Third line of Defence:</p> <ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> 1. Well developed reporting, which can highlight potential vulnerabilities and provide assurances that confirm compliance with GDPR, DPA 2018, NIS Directive, the Information Security Policy Framework is being maintained). 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	<ol style="list-style-type: none"> 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 resilience and some tools which will improve visibility of the Network. 	2 - Unlikely	5 - Extreme	10	Moderate	<ol style="list-style-type: none"> 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. <p>Aim for Moderate Risk as target rather than Low Risk is due to the fact that likelihood whilst unlikely may still happen and consequence will be extreme due to level of fines that may be imposed, reputational damage and patient harm.</p>
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Risk ID	Risk Title	Current Risk Rating	Risk Owner
1422	Unable to meet cyber essentials compliance	High 20	A Young
1338	End of support for MS Office 2007	High 16	A Young
1393	Patch Management	High 16	A Young
226	Lost of confidential or personal data	High 16	L Donovan
529	Information Security	High 16	C Potter
1424	End of support for MS Server 2003	High 16	A Young
537	Failure of local Area Network causing loss of access to IT systems	High 15	A Young
1746	Introduction of O365 will cause disruptive levels of Network traffic overhead	High 16	A Young

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk Owner
913	MiDIS replacement	Closed Risk		

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
1422	NHSFBD - e-Health - Information Technology Risk Register, NHSFBD - e-Health Directorate Risk Register	19.02.2018	Unable to meet NIS & Cyber Essentials compliance	There is a risk that not enough resource or funding will be available to implement requirements for the full NIS and Cyber Essentials legislation and standards.	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	Oct 2019 - A Cyber Security Team has been established and a Roadmap created. The 3 man team are now proactively managing Threats & Vulnerabilities and creating a CS Plan to align with the CS Roadmap. This will start the remediation work required to meet the NIS & Cyber Essentials standards.	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	2 - Unlikely - Not expected to happen - potential exists	4 - Major	Moderate Risk	8	Young, Allan	Davies, John	03.10.2019	01.10.2020
1338	NHSFBD - e-Health Directorate Risk Register	23.02.2017	End of support lifecycle for Microsoft Office 2007	There is a risk that NHS Fife is victim of a targeted cyber intrusion from adversaries, because Microsoft has stopped supporting all Office 2007 products, this effectively ends the lifecycle of this product and sub-products including: MS Word 2007, MS Excel 2007, MS Powerpoint 2007, MS Publisher 2007, MS Access 2007 (Also lighter MS Office 2007 products like Picturemaker, Groove, One Note and InfoPath), although these products will 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.	3 - Possible - May occur occasionally - reasonable chance	4 - Major	Moderate Risk	12	09/06/2020 Time frame remains the same - General completion in NHS Fife by March 2021. Although there may still be local installations of Office 2007 in GP Practice Sites and by exception in NHS Fife.	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	09.06.2020	01.03.2021
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 due to Microsoft Servers falling out of support lifecycle, but still remaining in Production. Microsoft stopped supporting all Server 2003 products from July 14th 2015 and Server 2008R2 from 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. There is also a risk that running legacy versions will cause legislative issues under NIS.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	25/02/2020 - The replacement programme continues to progress slowly due to resourcing issues, some vendors being slow to align products with MS support lifecycles, and lack of funding for upgrades which need new licensing or professional services to progress. NHS Scotland is now subject to ongoing NIS Legislation Audit, which may help to attract funding. Current numbers = 25 SRV2003 & 223 SRV2008/R2.	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	Fowles, Malcolm	25.02.2020	01.03.2021
529	CORPORATE RISK REGISTER, NHSFBD - e-Health Directorate Risk Register	02.10.2012	Information Security Risk	There is a risk that NHS Fife's information or data assets including patient data, commercially sensitive data or personal data may be compromised through deliberate or accidental misuse of IT Systems, malicious attack designed to damage or steal electronic data, affect essential services, loss theft or misuse of paper based records during transportation, clinical processes or storage. This risk relates to the Networking and Information Systems(NIS)Regulations.	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	05/08/20 - This risk remains high. NHS Fife is taking steps to identify and risk assess data assets using the DPIA Template, but this involve significant effort to retrospectively complete, this is work in progress. Also, maturity is progressing regarding the organisation's ability to identify 'Threats and Vulnerabilities' and implement appropriate controls. The NIS regulations audit was carried out by the Competent Authority (CA) and the result was that NHS Fife was 53% compliant. A list of Actions has been provided by the CA and a plan of actions is required to be returned by 17th August 2020 to address the information security objectives. The IG&S Manager, CSM and ISM have reviewed the actions with a view to allocating the objectives to the appropriate managers to resolve or provide a response. Note that this risk is underpinned by the following risks:220,225, 226,230,537,538,540,1410,1569.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	1 - Remote - Can't believe this event would happen	4 - Major	Low Risk	4	McGurk, Margo	Taylor, Garry	05.08.2020	05.02.2021

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
1746	NHSFBD - e-Health - Information Services Risk Register, NHSFBD - e-Health Directorate Risk Register	25.02.2020	O365 May Cause Disruptive Network Overhead	<p>There is a risk that the introduction of O365 alongside other Cloud solutions, will cause disruptive levels of Network traffic overhead. This is especially likely on branch sites with lower bandwidth and no local breakout to the Internet. Based in current plans, O365 is due to be delivered in stages between July-Dec 2020.</p> <p>Problems could manifest instantly when O365 is applied at any given site (which can be managed through testing) or through gradual degradation over time.</p>	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	09/06/2020 - No action due to COVID-19, however additional Network Traffic caused by the rapid rollout of Teams validates this risk. As a result the new Firewalls for VHK have been beefed up.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	3 - Possible - May occur occasionally - reasonable chance	4 - Major	Moderate Risk	12	Young, Allan	Fowles, Malcolm	09.06.2020	01.09.2020
1393	NHSFBD - e-Health - Information Technology Risk Register	30.10.2017	Patch Management Risk	<p>There is a risk that software, hardware and firmware patches are not applied correctly because of:</p> <ul style="list-style-type: none"> • 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
226	NHSFBD - e-Health Directorate Risk Register	28.11.2007	Security of data being transferred off/on site	<p>There is a risk that confidential or Personal Data may be lost or accidentally disclosed when in transit or if removable media is not handled securely e.g. data being transferred off/on site in paper or un-encrypted media, like laptops, USB, DC, DVD, PDA etc etc.</p>	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	<p>27/02/2020 [GT]:</p> <p>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, Data Loss Protection(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 NHS Scotland Information Security framework i.e. Networks and Information Systems Regulations.</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 & 2008 is no longer supported by Microsoft.</p> <p>f) The introduction of the SWAN Secure File Transfer (SFT), reduces the need to create DVD & CD due to the size and</p>	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	3 - Moderate	Low Risk	6	Donovan, Lesly	Taylor, Garry	27.02.2020	28.08.2020

ID	Position of Risk (Risk Register)		Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review	
537	Acute Services - ACUTE SERVICES DIVISION RISK REGISTER	02.05.2006	Failure of Local Area Network causing loss of access to IT systems	There is a risk of localised or widespread extensive and persistent IT network failure caused by failure of any of Local Area Networks within NHS Fife. Thus resulting in clinicians / admin staff 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	25/2/2020 A Network health assessment will take place in 2020 as part of the preparations for O365. This will include considerations for resilience and areas of weakness.	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		25.02.2020	01.03.2021

Note that this risk is underpinned by the following risks:220,225, 226,230,537,538,540,1410,1569.

Item 11.5

NHS Fife

Meeting: Clinical Governance Committee

Meeting date: 07 September 2020

Title: Update on NHS Fife Board Assurance Framework (BAF)

eHealth

Responsible Executive: Dr Chris McKenna – Medical Director

Report Author: Lesly Donovan – eHealth & IMT

1 Purpose

This is presented for:

- Discussion

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The BAF is intended to provide 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 key role in scrutinising the risk and where necessary, the chair should seek further information. The Committee is required 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?

This report provides the Committee with an update on NHS Fife BAF in relation to eHealth as at 24th August 2020

2.2 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?

2.3 Assessment

The Committee can be assured that systems and processes are in place to monitor eHealth performance and continue to work on the risks as and when resource/funding becomes available.

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.

There are no new high risk linked to the BAF.

Internal Audit are planning on undertaking an assurance mapping exercise and the BAF chosen as a pilot is the eHealth BAF. This activity has been delayed due to COVID but will hopefully pick up over the coming months.

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

2.3.1 Quality/ Patient Care

No negative impact on quality of care (and services).

2.3.2 Workforce

The response to COVID 19 and the high level of pace for Digital Enablement to support the organisation at this time has had a negative impact on key staff's health and wellbeing and overall resourcing, this is being managed.

2.3.3 Financial

eHealth continue to work within agreed budget with focus on high risk/priorities.

2.3.4 Risk Assessment/Management

Please see attached risks and BAF.

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

External stakeholders are engaged where appropriate:

2.3.8 Route to the Meeting

No previous meetings.

2.4 Recommendation

- Discussion – Examine and consider the implications of a matter.

3 List of appendices

The following appendices are included with this report:

- BAF eHealth
- BAF eHealth linked operational risks

Report Contact

Author Lesly Donovan

Author's eHealth & IMT

Email Lesly.donovan@nhs.net

Meeting:	NHS Fife Clinical Governance Committee
Meeting date:	7th September 2020
Title:	Organisational Duty of Candour Annual Report
Responsible Executive:	Dr Chris McKenna
Report Author:	Helen Woodburn, Head of Quality and Clinical Governance

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

In accordance with legislation this is the NHS Fife Organisational Duty of Candour (DoC) Annual Report for the period 1 April 2019 -31 March 2020, detailing the numbers of events known to have activated the organisational duty of candour, the procedure to be followed, and outcomes associated with such events.

2.2 Background

The organisational duty of candour provisions of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 (The Act) and The Duty of Candour Procedure (Scotland) Regulations 2018 set out the procedure that organisations providing health services, care services and social work services in Scotland are required by law to follow when there has been an unintended or unexpected incident that results in death or harm (or additional treatment is required to prevent injury that would result in death or harm).

2.3 Assessment

NHS Fife summary for the period 1 April 2019 -31 March 2020 28 events reported to have activated organisational duty of candour. The details of the outcome attributed to each event are detailed in the report.

Overall NHS Fife complied with the procedure well. This means the people affected were informed, apologies were given, an account of the event was provided very quickly at the time of the event, and a full review was undertaken. Please refer to report for full content.

2.3.1 Quality/ Patient Care

The overall purpose of DoC is to ensure organisations are open, honest and supportive when an unexpected or unintended event occurs. The reviews identify changes and improvements which can be made. Overall, supporting a person-centred approach.

2.3.3 Financial

None identified

2.3.4 Risk Assessment/Management

None identified

2.3.5 Equality and Diversity, including health inequalities

No specific impact identified, and applies to all people affect.

Impact assessment is completed as part of the adverse event policy impact assessment.

2.3.6 Other impact

None identified.

2.3.7 Communication, involvement, engagement and consultation

Persons affected have been informed as per the procedure, and feedback provide to all teams involved.

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups

- Executive Directors Group 20th August 2020

2.4 Recommendation

- **Awareness** – For Members' information only.

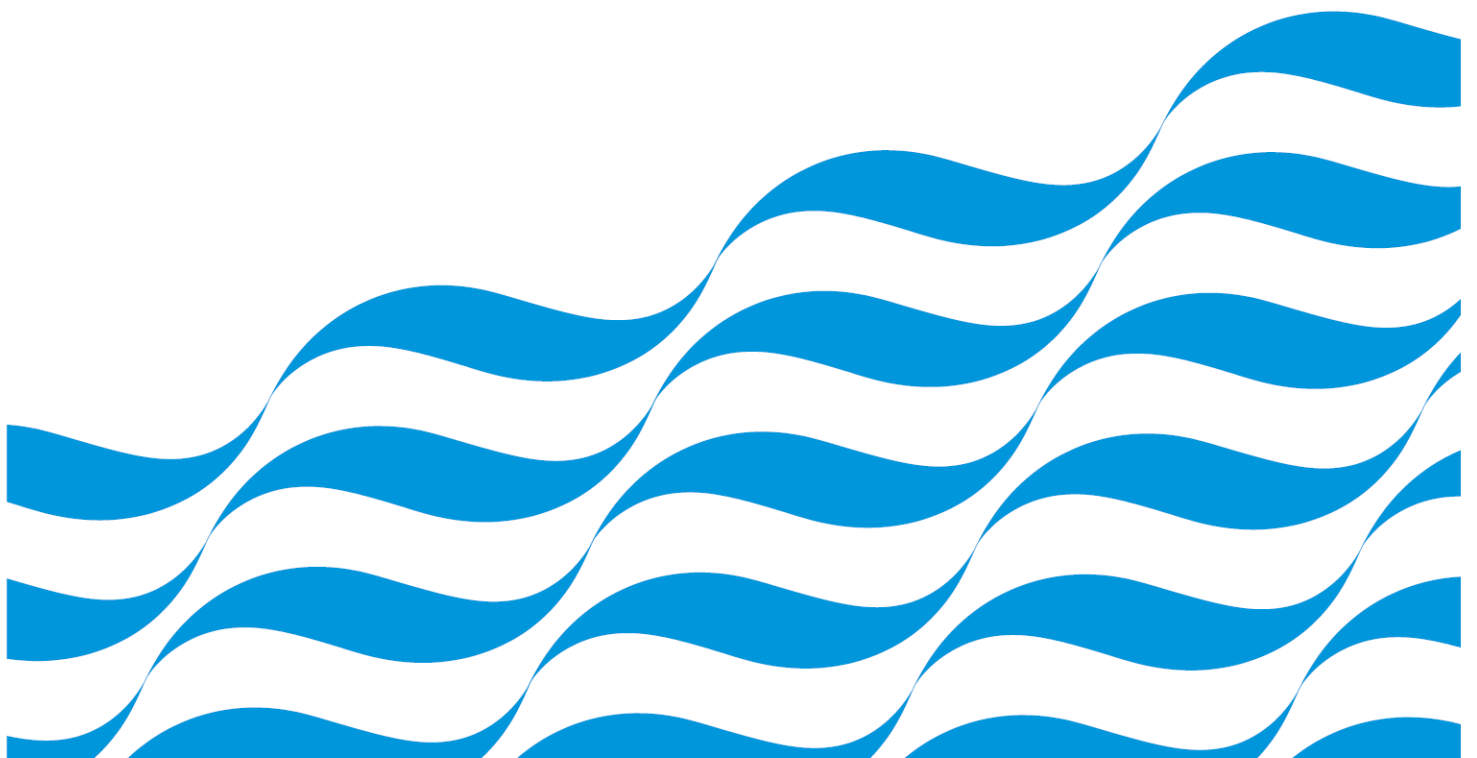
Report Contact

Helen Woodburn

Head of Quality and Clinical Governance

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Annual Organisational Duty of Candour Report 2019-20



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www.nhsfife.org

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1. Introduction and background

NHS Fife

NHS Fife serves a population of approximately 368,000 people. Our vision is to enable the people of Fife to live long and healthy lives. We strive to achieve this by transforming health and care in Fife to be the best.¹

As of 1 April 2018, all health and social care services in Scotland have an organisational Duty of Candour (DoC). The overall purpose of the duty of candour is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended event that results in death or harm as defined in the Act, and did not relate directly to the natural course of someone's illness or underlying condition. This is a legal requirement which means that when such events occur, the people affected understand what has happened, receive an apology, and that organisations learn how to improve for the future. The procedure to be followed is set out in the Duty of Candour (Scotland) Regulations 2018.

This report describes how NHS Fife has implemented the duty of candour during the period 1 April 2019 to 31 March 2020. This includes as attached in appendix 1-4 reports from the four health board managed general practices in NHS Fife.

The Organisational Duty of Candour guidance² outlines the procedure which must be a followed as soon as reasonably practicable after an organisation becomes aware that:

- an individual who has received health care has been the subject of an unintended or unexpected incident and
- in the reasonable opinion of a registered health professional not involved in the incident:
 - (a) the incident appears to have resulted in or could result in any of the outcomes below (see Table 1).
 - (b) the outcome relates directly to the incident rather than to the natural course of the person's illness or underlying condition.

This means if a patient suffers from an unintended or unexpected harm as a result of an adverse event then the following should happen:

- The patient or relative is notified and an apology is offered.
- An investigation is undertaken.
- The patient/relative is given the opportunity to raise questions they wish to be considered and answered as part of the investigation.

¹ NHS Fife Strategic Framework. 2015.

² Organisational Duty of Candour guidance. The Scottish Government. March 2018

- On completion of the investigation the findings and report are offered to be shared with the patient or relative.
- A meeting is offered.
- Throughout the review and investigation support is to be offered to the people affected which may included staff members involved.

The outcome for organisations is to learn from the investigation and make changes identified as part of the review.

2. How many adverse events happened to which the duty of candour applies?

Between 1 April 2019 and 31 March 2020, there were 28 adverse events where the duty of candour applied.

NHS Fife identified these events mostly through its adverse event management processes. The organisation supports a consistent approach to the identification, reporting and review of all adverse events. This is reflected through the local NHS Fife Adverse Events policy and is in accordance with a national framework³.

There are a number of events reported during this period, which are currently under review. It is not known at this time whether these require to be reported as activating organisational duty of candour. It is possible therefore that the number may be higher than reported in this report.

This report will only include those events with a confirmed decision.

NHS Fife has an embedded process for the decision making for activating organisational duty of candour and ensuring all necessary actions are undertaken in accordance with national guidance. On review, any event which is considered to activate duty of candour, is escalated to the Board Medical Director for ratification and confirmation of decision.

From March 2019 due to the response required by NHS Fife to the emerging Covid-19 pandemic, a pause on reviews happened, and a number of reviews have been delayed and started later than normal. This has been monitored since March 2020 with processes in place to ensure reviews are progressed and completed.

Table 1 details the outcomes which have occurred across NHS Fife after 1 April 2019 to 31 March 2020.

³ Learning from adverse events through reporting and review: A national framework for Scotland, revised July 2018, NHS Fife review all adverse events.

Table 1

Duty of Candour outcome arising from an unexpected or unintended incident	Number of times this occurred
The death of the person	<5
Permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	<5
An increase in the person’s treatment	18
The shortening of the life expectancy of the person	<5
The person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days	<5
The person requiring treatment by a registered health professional in order to prevent: <ul style="list-style-type: none"> • the death of the person, or • any injury to the person which, if left untreated, would lead to one or more of the outcomes mentioned above 	5

The most common outcome which these events have resulted in is an increase in the person’s treatment. This can range from additional antibiotics required to additional nights stay in hospital

3. To what extent did NHS Fife follow the duty of candour procedure?

Of the 28 identified cases, each one was reviewed to assess for compliance with the procedure on the following elements:

- An apology was given.
- Patient and or relative were notified and informed of the adverse event.
- A review was undertaken.
- The opportunity for the patient or relative was given to ask any questions.
- The review findings were shared.
- An offer of a meeting, which is arranged if required.

Overall NHS Fife has carried out the procedure in each case. A number of areas of strength have been identified. These are:

- notifying the person and providing details of the incident
- provision of an apology, and
- Reviewing all cases.

It should be noted that there are a number of occasions when the patient circumstances affected the timing of sharing the findings; and the patient or relative specifically requested they did not wish to receive any further information in relation to the review or event. In such instances, these cases are included as compliant.

We know that witnessing or being involved in an adverse event can be distressing for staff as well as people who receive care. Support is available for all staff through our line management structure as well as through Staff Wellbeing and Safety.

4. Information about our policies and procedures

Every adverse event which occurs is reported through our local reporting system as set out in our Adverse Events policy and associated processes. Through these, we can identify events that activate the duty of candour procedure.

The policy contains a section on implementing the organisational duty of candour, and a detailed section about supporting staff and persons affected by the adverse events, with examples of the types of support available.

Each adverse event is reviewed to understand what happened and the actions we can take to improve the care we provide in the future. The level of review depends on the severity of the event as well as the potential for learning. Recommendations are made as part of the review, and local management teams develop action plans to meet these recommendations.

The decision on whether an event activates the duty of candour procedure has been taken by senior clinical staff including the Board Medical Director, Board Director of Nursing, Director of Pharmacy, Associate Medical and Nurse Directors, Associate Director of Allied Health Professionals, Clinical Directors and Heads of Nursing.

To support implementation of duty of candour, staff are encouraged to complete the NHS Education Scotland on line learning module. This has been made available to staff through the intranet. In addition to the above policy to ensure our practice and services are safe, the organisation has clinical policies and procedures. These are reviewed regularly to ensure they remain up to date and reflective of current practices. Training and education are made available to all staff through mandatory programmes and developmental opportunities relating to specific areas of interest or area of work.

5. What has changed as a result?

We have made several changes following review of the duty of candour events. These are some of the changes to be highlighted:

- The current pre-operative marking procedures in theatres have been reviewed and revised to include specific reference to marking of lumps, or cysts or raised areas.
- Review of the pathway for emergency endoscopies.
- Introduction of a visual warning sticker and associated process for catheters post surgery.
- A departmental standard operating procedure has been developed for significant radiological findings to ensure these are identified and managed in a timely manner.

If you would like more information about this report, please contact

Board Medical Director Office

NHS Fife

Hayfield House

Hayfield Road

Victoria Hospital

Kirkcaldy

KY2 5AH

Telephone: 01592 648077

Appendix 1: Linburn Road Health Centre

Linburn Road Health Centre

124 Nith Street
 Dunfermline, KY11 4LT
 Tel: 01383 733490
 Fax: 01383 748758
 Email: Fife-UHB.F20502LinburnRoad@nhs.net



Duty of Candour Report

Report period: 1 April 2019 to 31 March 2020

Completed by: Sharon Duncan, Practice Manager (Job Share)

Linburn Road Health Centre provides Health Care to patients within the Dunfermline and Rosyth area. The Health Centre’s aim is to provide high quality care for every person who uses our services.

How many incidents happened to which duty of candour applies?	0
--	----------

Type of unexpected or unintended incident (not related to the natural course of someone’s illness or underlying condition)	Number of times this happened (between 1 April 2019 and 31 March 2020)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person’s treatment increased	0
The structure of a person’s body changed	0
A person’s life expectancy shortened	0
A person’s sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
Total	0

<p>To what extent did Linburn Road Health Centre follow the duty of candour procedure?</p>	<p>All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary.</p> <p>Procedures to be followed:</p> <ol style="list-style-type: none"> a. to notify the person affected (or family/relative where appropriate) b. to provide an apology c. to carry out a review into the circumstances leading to the incident d. to offer and arrange a meeting with the person affected and/or their family, where appropriate e. to provide the person affected with an account of the incident f. to provide information about further steps taken g. to make available, or provide information about, support to persons affected by the incident h. to prepare and publish an annual report on the duty of candour <p>When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.</p>
<p>Information about our Policies and Procedures</p>	<p>See NHS Fife Policies and Procedures available on http://intranet.fife.scot.nhs.uk/</p>
<p>What has changed as a result?</p>	<p>N/A</p>
<p>Other Information</p>	<p>N/A</p>

Appendix 2: Lochgelly Medical Practice

Lochgelly Medical Practice

David Street

Lochgelly, KY5 9QZ

Advanced Nurse Practitioner: Corinne Cairns

Tel: 01592 780277



Duty of Candour Report

Report period: 1 October 2019 to 31 March 2020

Completed by: Charlene Davidson, Practice Manager

Lochgelly Medical Practice provides Health Care to patients within the Lochgelly, Cardenden, Cowdenbeath, Ballingry areas. The aim of Lochgelly Medical Practice is to offer all patients with the practice an excellent health care service.

How many incidents happened to which duty of candour applies?	0
--	----------

Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition)	Number of times this happened (between 1 October 2019 and 31 March 2020)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person's treatment increased	0
The structure of a person's body changed	0
A person's life expectancy shortened	0
A person's sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
Total	0

<p>To what extent did Lochgelly Medical Practice follow the duty of candour procedure?</p>	<p>All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary.</p> <p>Procedures to be followed:</p> <ol style="list-style-type: none"> a. to notify the person affected (or family/relative where appropriate) b. to provide an apology c. to carry out a review into the circumstances leading to the incident d. to offer and arrange a meeting with the person affected and/or their family, where appropriate e. to provide the person affected with an account of the incident f. to provide information about further steps taken g. to make available, or provide information about, support to persons affected by the incident h. to prepare and publish an annual report on the duty of candour <p>When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.</p>
<p>Information about our Policies and Procedures</p>	<p>See NHS Fife Policies and Procedures available on http://intranet.fife.scot.nhs.uk/</p>
<p>What has changed as a result?</p>	<p>N/A</p>
<p>Other Information</p>	<p>N/A</p>

Appendix 3: The Links Practice

The Links Practice

Masterton Health Centre
74 Somerville Street
Burntisland
Fife, KY3 9DF
Tel: 01592 873321
Fax: 01592 871338

Dr J A Duncan

M.B.,Ch.B.,D.C.H., M.R.C.G.P.

Dr C Fleming

M.B., Ch.B., M.R.C.G.P.



This short report describes how our care service has operated the duty of candour during the time between 1 April 2019 to 31 March 2020. We hope you find this report useful.

Our Practice serves a population of 1875 patients within the Burntisland, Kinghorn, Aberdour area.

How many Incidents happened to which the duty of Candour applies?

In the last year, there have been no incidents to which the duty of candour applied.

Information about our policies and procedures.

Where something has happened that triggers the duty of candour, our staff report this to the Practice Manager who has responsibility for ensuring that the Duty of candour procedure is followed. The Practice Manager records the incident and reports as necessary the Health Board. When an incident has happened, the Manager and staff set up a learning review. This allows everyone involved to review what happened and identifies changes for the future.

If you would like more information about The Links Practice, please contact us using these details.

The Links Practice

Masterton Health Centre
74 Somerville Street
Burntisland
Fife
KY3 9JD

Tel: 01592 873321

Email: Fife-UHB.F20184LinksPractice@nhs.net

Appendix 4: Valleyfield Medical Practice

Valleyfield Medical Practice

Chapel Street, High Valleyfield

Fife, KY12 8SJ

Tel: 01383 880511

Email: Fife-UHB.F20729valleyfield@nhs.net



Duty of Candour Report

Report period: 1 April 2019 to 31 March 2020

Completed by: Michelle Parker, Practice Manager

Valleyfield Medical Practice provides Health Care to patients within the High Valleyfield, Low Valleyfield, Culross, Torryburn, Newmills, Cairneyhill and Crossford. The Health Centre's aim is to provide high quality care for every person who uses our services.

How many incidents happened to which duty of candour applies?	0
--	----------

Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition)	Number of times this happened (between 1 April 2018 and 31 March 2019)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person's treatment increased	0
The structure of a person's body changed	0
A person's life expectancy shortened	0
A person's sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
Total	0

<p>To what extent did Valleyfield Medical Practice follow the duty of candour procedure?</p>	<p>All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary.</p> <p>Procedures to be followed:</p> <ol style="list-style-type: none"> a. to notify the person affected (or family/relative where appropriate) b. to provide an apology c. to carry out a review into the circumstances leading to the incident d. to offer and arrange a meeting with the person affected and/or their family, where appropriate e. to provide the person affected with an account of the incident f. to provide information about further steps taken g. to make available, or provide information about, support to persons affected by the incident h. to prepare and publish an annual report on the duty of candour <p>When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.</p>
<p>Information about our Policies and Procedures</p>	<p>See NHS Fife Policies and Procedures available on http://intranet.fife.scot.nhs.uk/</p>
<p>What has changed as a result?</p>	<p>N/A</p>
<p>Other Information</p>	<p>N/A</p>

NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who require Easy Read versions, who speak BSL, read Braille or use Audio formats.


NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:
fife-UHB.EqualityandHumanRights@nhs.net or phone 01592 729130

NHS Fife

Hayfield House
Hayfield Road
Kirkcaldy, KY2 5AH

www.nhsfife.org

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-  [youtube.com/nhsfife](https://www.youtube.com/nhsfife)
-  [@nhsfife](https://www.instagram.com/nhsfife)

Item 11.7

CLINICAL GOVERNANCE COMMITTEE

DATES FOR FUTURE MEETINGS

Date
4 November 2020
14 January 2021
11 March 2021
6 May 2021
7 July 2021
8 September 2021
3 November 2021
13 January 2022
10 March 2022

Please note that all meetings take place via **MS Teams** / in the **Staff Club** (TBC) and start at **2pm**

A pre-meeting of Committee Members only is routinely held, beginning at **1.30pm**

* * * * *

NHS Fife

Meeting:	Clinical Governance Committee
Meeting date:	September 2020
Title:	IPCT Annual Report 2019-2020
Responsible Executive:	HAI Executive Helen Buchanan
Report Author:	Julia Cook, Infection Control Manager

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Annual Operational Plan
- Emerging issues
- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this report is to provide information to the Infection Control Committee (ICC), Clinical Governance Committee (CGC), NHS Fife Board and all other interested parties on progress against the main objectives of the *Prevention & Control of Infection Work Programme (2019-20)*. The format ensures all elements that are required by the *NHS Health Improvement Scotland (HIS) Standards (2015)* are included.

The ICC and CGC are asked to note key infection prevention and control achievements as well as challenges, the report shall provide assurance with action improvements to address any challenges identified.

2.2 Background

Healthcare associated infections (HCAs) continue to represent a threat to patient safety in NHSScotland and to safe care, wherever that is delivered. The threat of antimicrobial resistance (AMR) remains a key focus for current and future health protection strategies.

2.3 Assessment

This paper provides an update to the Committee on infection prevention and control on the surveillance of Healthcare Associated Infections (HAI) in Scotland covering the period January to December 2019. Highlighting key achievements and challenges with HAIs, Surgical Site Infection Surveillance, National and local inspection and audit programmes, antimicrobial stewardship and quality improvement projects.

- Fife continues to comply with national mandatory surveillance requirements.
- Surgical Site Infection (SSI) rates fluctuate, but for reported orthopaedic procedures, they remain at a very low level.
- Rates for Caesarean Section SSI were above the national rate in 2019. IPCT continue to work collaboratively with the clinical teams to support improvements in the care of patients undergoing Caesarean Section procedures.
- SSI rates for large bowel procedures improved from Quarter 1 2019.
- The Scottish Government's Chief Nursing Officer in October 2019 announced the new standards for the reduction of Healthcare Associated Infections (Hospital acquired and Healthcare associated) for the following: ECB, CDI and SAB.
- *Escherichia coli* bacteraemia (ECB) despite NHS Fife receiving an exception report for HCAI ECB, NHS Fife witnessed a decrease in the number of cases from 2018. Urinary tract infections including catheter associated urinary tract infections remain prevalent source of infection and focus for improvement.
- *Clostridioides difficile* infection (CDI) rates continue at a level below the national average. For 2019 NHS Fife had the joint best year (with 2018) for total number of infections in NHS Fife, pioneering work focusing on recurrent CDI was established in 2019.
- The SAB rate for NHS Fife in 2019 was the second lowest year and on target to meet the new reduction standard. IPCT continued to support quality improvements projects across the organisation through collaborative joint working to improve clinical outcomes for patients with vascular access devices and people who inject drugs
- 2019 was quiet in terms of norovirus outbreaks. All outbreaks were contained with no spread to other wards and staff demonstrated great commitment and effort.
- A number of wards and bays were temporarily closed to admissions and transfers due to Influenza and other respiratory infections. There was a similar picture in most boards across Scotland.
- One thousand four hundred and eighty-two clinical and non-clinical staff attended face-to-face Infection Prevention and Control training sessions during 2019.

- Fife remains GREEN in the National Cleaning Specification monitoring reports.

2.3.1 Quality/ Patient Care

Effective infection prevention and control are essential to the delivery of high quality patient care and to the provision of a clean and safe environment for patients, visitors and other service users.

2.3.2 Workforce

Effective infection prevention and control are essential to the provision of a clean and safe working environment, and to overall staff health and wellbeing.

2.3.3 Financial

No financial impact

2.3.4 Risk Assessment/Management

Challenges and management of any risks to local and national infection prevention and control targets discussed throughout report

2.3.5 Equality and Diversity, including health inequalities

Effective infection prevention and control include assessments of equality and diversity impact as appropriate.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

The above occurs as appropriate with key internal stakeholders.

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Infection Prevention and Control Team meeting, 19 August 2020

2.4 Recommendation

- **Awareness** – For Members' information only.

3 List of appendices

The following appendices are included with this report:

Report Contact

Julia Cook

Infection Control Manager

Email Julia.Cook@nhs.scot



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



ITEM 12.1

IPCTeam
Infection Prevention & Control

NHS Fife Prevention and Control of Infection Annual Report 2019-2020

Julia Cook Infection Control Manager

Approval Record	Date of Approval
NHS Fife Infection Control Committee	October 2020
NHS Fife Clinical Governance Committee	
Chief Executive for NHS Fife Board	

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1.0 INTRODUCTION

Infection Prevention and Control Team (IPCT)

Julia Cook, Infection Control Manager

Margaret Selbie, Acting Senior Infection Prevention and Control Nurse (Bank)

Nykoma Hamilton, Senior Infection Prevention and Control Nurse (Secondment)

Jacqueline Donachie, Infection Prevention and Control Nurse

Janice Barnes, Infection Prevention and Control Nurse

Catherine McCullough, Infection Prevention and Control Nurse

Hayley Wilson, Infection Prevention and Control Nurse

Mirka Barclay, Infection Prevention and Control Nurse

Elizabeth Dunstan, Senior Infection Prevention and Control/Surveillance Nurse (Secondment)

Lynsey Delaney, Infection Prevention and Control Surveillance Midwife

Suzanne Watson, Infection Prevention and Control Surveillance Nurse/Trainee IPCN

Lori Clark, Personal Assistant/Office Manager

Kathleen Diamond, Clerical Officer

Ken Marshall, Data Analyst (Bank)

Dr Keith Morris, Dr Priya Venkatesh, Dr Craig Ferguson, Dr David Griffith, Dr Stephen Wilson, Infection Control Doctors (ICDs)

Celebrating Success

During 2019, the Infection Prevention and Control Service have:

- * Secured new IPC Team members;
 - A Consultant Microbiologist/Infection Control Doctor to lead on the Built Environment and Water Safety
 - A whole time equivalent (WTE) Infection Prevention and Control Surveillance Nurse
 - A WTE Personal Assistant/Office Manager
- * Continued to support two of our IPCNs with post graduate study for the MSc specialist practitioner qualifications in Infection Prevention and Control.
- * Our Senior IPCN completed the 12 month NHS Fife Clinical Leadership Course and further sponsored another IPCN to undertake the programme commencing November 2019.
- * Supported 5 of the IPCT to attend the Infection Prevention Society (IPS) 2019 Annual Scottish Branch Conference in Glasgow. The day was well received with topics including Water testing in Scotland, Antimicrobial Stewardship & Public Health Microbiology.

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- * Antimicrobial Awareness Week was this year covered during a 'Grand Round' presentation in November 2019 delivered by the IPCT. Antimicrobial Pharmacist supported this presentation by providing infographics of most recent national prescribing data.
- * The IPCT continue to host 'Lunch and Learn' sessions in the IPCT department to support team professional development. External and internal speakers covering topics such as antimicrobial stewardship.
- * WHO SAVE LIVES: Clean your Hands Campaign: Global Hand Hygiene Day - 5 May 2019 - was supported by the very successful weeklong programme of events held by the IPCT across NHS Fife including visiting a number of inpatient areas during the campaign. Information boards were used together with national and local materials to raise awareness of hand hygiene in hospital foyers with great participation from both staff and the public.
- * The IPCT hosted a study day "Back to the future: back to basics" which was again a great success. In the wake of the growing burden of health care associated infections (HCAIs), the increasing severity of illness and multi-drug resistant organisms (MDROs) infections. This session focused on how healthcare workers should go **back** to the **basics of infection prevention** by simple measures like hand hygiene, effective cleaning and vaccination to protect patients (and themselves) from avoidable harm. This year the IPCT sang "Go wash your hands" a parody of the hit song "YMCA" again highlighting the importance of hand hygiene.
- * Members of the IPCT were fortunate to attend "Lesson from Ebola Outbreak" an evening ran by the RCN with inspirational lectures from healthcare workers who were involved and worked in Sierra Leone in 2014 during the largest outbreak of Ebola.
- * The IPCT supported the Health Protection Team with a table top exercise, a scenario based on MERS CoV, the learning from this well attended event shall be used to develop NHS Fife's own preparedness to not only MERS CoV but other Infectious Diseases of High Consequence (IDHC).
- * Infection Control Surveillance Team presented at NHS Fife's 'Reducing Harm' event to inform nursing staff about the harm from *e.coli* bacteraemias (ECBs) and the work of the Urinary Catheter Improvement Group (UCIG). Staff were informed on how they can reduce the risk of ECBs by preventing CAUTIs and UTIs with hydration, optimum urinary catheter insertion/ maintenance and safe removal of the catheter highlighted as key areas to address. Attending staff were advised to share information with their colleagues with a '7 minute briefing' feedback.
- * IPCT presented at a Grand Round on 'Challenges in current environment for Infection Prevention and Control'

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Nationally recognised work

The IPCT supported and continue to support work across a broad range of national stages. The team supported/are supporting:

- * **The British Society of Antimicrobial Chemotherapy (BSAC)** to develop free online resources for nurses interested in the field of Antimicrobial Stewardship. These include guidelines, free book available to download, articles and more. There has been worldwide interest in this resource with Professor Dilip Nathwani Chair of BSAC and previously Chair of Scottish Antimicrobial Prescribing Group (SAPG) keen to promote the nursing role within antimicrobial stewardship. IPCT contributed to the first AMS book aimed solely at nurses.
- * **NHS Education for Scotland (NES)** with the continuing development of NES module 'Getting it Right - Interactive Resource for the practical application of Standard Infection Control Precautions (SICPs)', a national resource to support compliance with SICPs.
- * **National Services Scotland** with the Excellence in Care (EiC) programme. The IPCT are involved with the EiC lead to develop reliable systems for Multi Drug Resistant Organism (MDRO) Clinical Risk Assessment and Screening using Quality Improvement Science. The developed tool had been trialled in AU2 and AU1 and has now been rolled out nationally.
- * **National Services Scotland and Health Protection Scotland** in the development of *A National Monitoring Framework to Support Safe and Clean Care Audit Programmes: An Organisational Approach to Prevention of Infection Auditing*. This Framework is an agreed recommended minimum approach to auditing for all NHS boards. The framework applies to all audits of prevention of infection practice across primary and secondary care settings and refers to them as 'Safe and Clean Care Audits'. It supports a strategic approach to 'Safe and Clean Care Auditing' in line with the *HIS HAI Standards 2015*. NHS Fife is the first board in Scotland to develop an audit tool for staff based on the national framework.
- * **The Arts and Humanities Council** with their *Re-Envisaging Infection Practice Ecologies in Nursing (RIPEN) antimicrobial resistance (AMR)* study. The RIPEN study explores how arts and humanities based approaches might help nurses think about positive prevention work while also re-envisaging practice in the event of a future with minimal or no effective antibiotics. RIPEN is a collaboration between five UK Higher Education Institutions and is funded by the Arts and Humanities Research Council.
- * **NHS Tayside and the University of Dundee** with a four-year research study; *ARCH: Antibiotic Research in Care Homes*. The aim of the study is to carry out a programme of in-depth multidisciplinary research around how we might safely improve/reduce antibiotic use and ultimately Antimicrobial Resistance (AMR) in care homes.

The team continued to develop the Infection Prevention and Control Service to

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- ✓ focus more on prevention than control
- ✓ sustain and build on achievements and strengths to date
- ✓ ensure that what works is implemented across the healthcare system
- ✓ support greater integration and partnership across the healthcare system
- ✓ ensure we prepare for the future and respond to emerging threats
- ✓ demonstrate our commitment to sustainable improvement
- ✓ promote a culture of zero tolerance of avoidable infections

The board recognises our collective responsibility towards Healthcare Associated Infection (HCAI) risk and continuously supports our implementation of new initiatives to control these risks. Development, implementation and review of policies alongside surveillance and education are key components of the Infection Prevention and Control Team’s proactive approach to addressing the HCAI agenda.

Prevention and control of infection is everyone’s responsibility and, as a multidisciplinary team, every member of staff is dedicated to maintaining consistently high standards to ensure patients receive clean, safe care.

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2.0 EXECUTIVE SUMMARY

- The Infection Prevention & Control Team (IPCT) continues to work towards improving surveillance, prevention and control of HCAI across Fife through collaborative joint working.
- During 2019, the IPCT was almost fully established, however the post of Infection Control Manager was unsuccessful in recruitment and the post seconded.
- Absence rates were markedly improved through 2019.
- National Hand Hygiene audit reporting discontinued in September 2013, however auditing in Fife continues and has shown sustained high levels of compliance.
- Fife continues to comply with national mandatory surveillance requirements.
- Surgical Site Infection (SSI) rates fluctuate, but for reported orthopaedic procedures, they remain at a very low level. Rates for Caesarean Section were above the national rate in 2019. Rates for large bowel procedures improved over 2019 from quarter 1.
- The Scottish Government's Chief Nursing Officer in October 2019 announced the new standards for the reduction of Healthcare Associated Infections (Hospital acquired (HAI) & Healthcare associated (HCAI)) for the following: ECB, CDI and SAB.
- *Escherichia coli* bacteraemia (ECB) surveillance continued during 2019. Despite NHS Fife receiving an exception report for HCAI ECB, NHS Fife witnessed a decrease in the number of cases from 2018.
- *Clostridioides difficile* infection (CDI) rates continue at a level below the national average. For 2019 NHS Fife had the joint best year (with 2018) for total number of infections in NHS Fife
- The SAB rate for NHS Fife in 2019 was the second lowest year and on target to meet the new reduction standard.
- 2019 was quiet in terms of norovirus outbreaks. All outbreaks were contained with no spread to other wards and staff demonstrated great commitment and effort.
- A number of wards and bays were temporarily closed to admissions and transfers due to Influenza and other respiratory infections. There was a similar picture in most boards across Scotland.
- One thousand four hundred and eighty-two clinical and non-clinical staff attended face-to-face Infection Prevention and Control training sessions during 2019.
- Fife remains GREEN in the National Cleaning Specification monitoring reports.
- The Healthcare Environment Inspectorate inspected Fife once during 2019. An unannounced inspection took place at Glenrothes Hospital, NHS Fife, from Tuesday 19 to Wednesday 20 March 2019. This inspection resulted in three requirements.
- IPCT continue to work collaboratively with the Planned Care Directorate to support improvements in the care of patients undergoing Caesarean Section procedures.

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- IPCT continued to support quality improvements projects across the organisation through collaborative joint working across all of health and social care to improve clinical outcomes for patients with vascular access devices.

Fife has made significant progress in the prevention and control of infection and the management of HCAI during 2019, and responded quickly and effectively to developments and changes in national strategy. This will form a strong base from which to move forward on the challenges of the next twelve months.

Julia Cook, Infection Control Manager on behalf of the Infection Prevention and Control Team

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3.0 PURPOSE OF REPORT

The purpose of this report is to provide information to the Infection Control Committee (ICC), Clinical Governance Committee (CGC), NHS Fife Board and all other interested parties on progress against the main objectives of the *Prevention & Control of Infection Work Programme (2019-20)*. The format ensures all elements that are required by the *NHS Health Improvement Scotland (HIS) Standards (2015)* are included.

4.0 INFECTION CONTROL STRUCTURE AND ORGANISATION

4.1 Structures

Infection Control structure is defined within the *Prevention & Control of Infection Implementation Framework 2019-21* which lays down individual responsibilities and committee accountability for delivery of Infection Prevention & Control in NHS Fife and the Health and Social Care Partnership.

In 2019-20, the IPCT reported through the NHS Fife Infection Control Committee (ICC), to the NHS Fife Clinical Governance Committee (NHSFCGC), the HSCP Clinical and Care Governance Committee and the Executive Directors Group (EDG). These groups then reported to the NHS Fife Board and Integrated Joint Board. The ICC meets bimonthly with minutes of the meeting being widely distributed.

NHS Fife has systems in place to ensure that national requirements for infection control, decontamination and cleaning as laid down in Chief Executive Letters (CEL), Chief Medical Officer for Scotland (CMO) letters, Chief Nursing Officer for Scotland (CNO) letters and other mandatory guidance are identified and addressed. These are disseminated direct to the Infection Control Manager (ICM) from the Scottish Government Health & Social Care Directorate (SGHSCD) Healthcare Associated Infection (HCAI) Policy unit or via the Chief Executive and the Executive Lead for Infection Prevention & Control.

4.2 Staffing and Resources

The IPCT was unsuccessful in the recruitment for an Infection Control Manager in October 2019, however the position was seconded within the team. The IPCT were successful in recruiting a Consultant Microbiologist to lead on the Built Environment and Water Safety, a WTE Infection Prevention and Control Surveillance Nurse, a WTE Personal Assistant/Office Manager. Absence was less of a challenge in 2019 than previous years, with absence rates fluctuated from 0.54%- 5.3% per quarter.

5.0 GOVERNANCE

5.1 Internal Audit

The IPCT received one request for review of IPC services, received from the Internal Audit team for this reporting period, *NHS Fife - Job No. B20/20 – Infection Control*, however this was later postponed by the FTF Audit and Management Services- Internal Audit Team.

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The IPCT confirmed that the three recommendations from B18-16 Infection Control review issued in April 2016 were completed.

6.0 NATIONAL STRATEGY

6.1 NHS HIS HAI Standards (2015)

The 2015 standards provide the core structure for inspection tools used by the Healthcare Environment Inspectorate (HEI) for hospital inspections.

NHS Fife received one unannounced inspection in March 2019.

Glenrothes Hospital Inspection

An unannounced inspection took place at Glenrothes Hospital, NHS Fife, from Tuesday 19 to Wednesday 20 March 2019. This inspection resulted in three requirements.

Inspection focus

- Standard 2: Education to support the prevention and control of infection.
- Standard 6: Infection prevention and control policies, procedures and guidance.
- Standard 8: Decontamination.

The following areas were inspected:

- Day hospital.
- Outpatient department (clinical rooms).
- Ward 1.
- Ward 3.

Inspection Requirements

Requirement 1.

NHS Fife must ensure that:

a) Staff are aware of NHS Fife's mandatory IPC education requirements, and b) Nursing and medical staff complete the mandatory IPC education.

Requirement 2.

NHS Fife must ensure staff comply with Health Protection Scotland's National Infection Prevention and Control Manual:

a) For the management of used linen, and

b) For the provision of a designated, lockable disposal hold where waste can be stored before removal.

Requirement 3.

NHS Fife must ensure that:

a) Patient equipment and the environment is safe and clean, minimising the risk of cross infection, and

b) The built environment is maintained to allow effective cleaning.

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The inspection noted:

- Good standard of cleanliness in most areas inspected.
- Good staff compliance and knowledge of standard infection control precautions.

Scrutiny and Assurance:

Areas highlighted for action.

Education

Staff were reported as being unclear of what mandatory infection prevention and control training they should complete. Staff were unaware of where to find this information. An extant NHS Fife Education, Training and Development Strategy is available however in light of the inspection this has now been updated and is currently under consultation. The aim is to ensure staff have clear guidance on HCAI education requirements in an easily accessible document that is easily understood and implemented.

Water Safety

During the inspection the inspection team found one shower room used as a storage room, this was addressed immediately at the time of the inspection. This is not common practice i.e. all other rooms inspected were compliant with water safety and control of Legionella. NHS Fife comply with national water safety guidance throughout NHS Fife. Water safety guidance is extensive and infrequently used water outlets is only one part of the management of water systems in their entirety in healthcare premises. The NHS Fife Water Safety Group provides assurance to the Infection Control Committee of compliance with all water safety issues.

Safe Management of the care environment and care equipment

One clinical examination room (Podiatry room) was found to be below the standard for both environmental and care equipment cleanliness; this was addressed immediately at the time of the inspection. The mould found on a skirting board in a visitor's toilet was also dealt with immediately. This finding is not reflective of the general standard of cleanliness of the patient environment or care equipment in Glenrothes Hospital. All systems and processes are being reviewed as part of the newly commissioned Environmental Safety and Cleanliness Assurance Group. Assurance and escalation measures are being strengthened and formalised.

Safe Management of Linen

In one treatment room, one clinical examination couch was made up with linen and ready for use. The inspection team were not assured bed linen was being changed between patients. All clinical examination couches should have disposable white roll in use as standard. The practice of using linen was stopped immediately at the time of the inspection and replaced with disposable white roll.

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Safe Disposal of Waste

Clinical waste was found to be stored in an unlocked sluice room. A new lockable storage area has been identified. Sharps boxes found in a staff changing room while waiting uplift is an isolated incident. This is not standard practice and was addressed immediately.

Key Learning:

All wards and departments must ensure they can demonstrate:

- Compliance with mandatory HCAI education requirements.
- Compliance with water safety management.
- Compliance with Standard Infection Control Precautions (SICPs), specifically Management of Linen, the Care Environment and Care Equipment and the Safe Disposal of Waste.

6.2 HAIRT reporting to Board

As part of the National HCAI Action Plan, all NHS Boards are required to provide a report on HAI during the public session of their bimonthly Board meetings, and to publish this on their website. A national HAI Reporting Template (HAIRT) produced by SGHSCD and revised in June 2010 has been used to update the NHS Fife Board. The report provides a spreadsheet of monthly case numbers and comparative data for CDI and SABs for individual acute hospitals, for community hospitals and for the community. It also highlights key actions and improvement work aimed at reducing these infections.

7.0 PROGRESS AGAINST INFECTION CONTROL PRIORITIES 2019-20

The Prevention and Control of Infection Work Programme 2019-20 is the NHS Fife delivery plan to comply with the national strategic objectives. The programme of work support the National Quality Strategy ambitions as below.

National Quality Strategy ambitions

Patient centred

Control and prevention of HCAI measures will be proportionate and appropriate for the person receiving healthcare and the environment that healthcare is delivered.

Safe

A clean safe environment and the control and prevention of HCAI and antimicrobial resistance will reduce the risk of the population being exposed to or acquiring an HCAI (including resistant organisms) within any setting, that healthcare is delivered.

Effective

Control and prevention of HCAI measures and programmes, including prudent use of antimicrobial agents, surveillance, new technologies, education, training and research will support effective, equitable and consistent delivery of healthcare.

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The *Prevention and Control of Infection Communications Plan 2018- 2020* separately details how the Infection Prevention and Control Team communicate on a formal and informal basis with other colleagues, departments and the public.

Achievements within the seven main delivery areas of the *HAITF Delivery Plan* were reported to the ICC at its bimonthly meetings and to CGC through the ICC minutes and papers. Progress against the seven delivery areas is summarised below.

7.1 Antimicrobial Prescribing and Resistance

7.1.1 Tackling antimicrobial resistance 2019–2024, The UK’s Five-Year National Action Plan

Public Health England have issued a guidance strategy for 2019-24 for reducing antimicrobial resistance and associated HCAI. This replaces the previous ScotMARAP and ScotMARAP-2 programmes; no localised version for Scotland has been produced on this occasion. NHS Fife Antimicrobial Management Team (AMT) oversees implementation of this strategy, including addressing educational recommendations and antimicrobial prescribing restrictions. The delivery plan is reviewed at AMT meetings and reported through minutes to the ICC.

7.1.2 Antimicrobial Prescribing Guidelines

NHS Fife has an established antimicrobial management team (AMT) which reports to the NHS Fife Managed Services Drug and Therapeutic Committee. Minutes are provided to the ICC.

The AMT has produced antimicrobial prescribing guidance since 2009 covering adult and paediatric prescribing in both primary and secondary care. Since 2014, the guidance is available as a Smartphone app and via a web viewer. Guidance is reviewed at least every 2 years but with the introduction of the app, it can now be updated instantly and this is done as required.

The aim of guidance is to restrict use of agents particularly associated with *Clostridioides difficile* and to ensure that Scottish Antimicrobial Prescribing Group (SAPG) policy on hospital antimicrobial prescribing was met. Guidance also has a role in reducing antimicrobial resistance, taking into account local resistance data collected by the labs.

A protected antimicrobial list covering all wards has been in place since March 2009 and is updated annually or when required.

The antimicrobial pharmacist maintains a database of all AMT guidelines with review dates to ensure they are reviewed every two years (or sooner if necessary), as per the most recent recommendation from SAPG.

7.1.3 Antimicrobial Prescribing Education and Training

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Education on antimicrobial prescribing is given at junior doctors' induction to raise awareness and promote use of the guidelines. Training on antimicrobial prescribing is also given at NHS Fife Mandatory Training for Consultants days. The AMT has provided training to community prescribers at protected learning time sessions and clinical forum meetings.

In addition to the education given to medical prescribers, IPCT nurses promote the NES AMS workbook for nurses during induction/core update training. Information on the importance of appropriate antimicrobial use is communicated to all staff at NHS Fife Corporate Induction and Statutory Training. The topic is also included in a presentation given to nursing staff at their induction.

7.2 Cleaning, Decontamination and Estates

7.2.1 Cleaning and Estates Monitoring

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

The *National Cleaning Services Specification* – quarterly compliance report results for 2019-20 consistently showed NHS Fife achieving GREEN status for both cleaning and for estates monitoring. Results are reported bimonthly to the ICC via the HAIRT report.

7.2.2 Decontamination

The Decontamination Group meets quarterly and receives reports on primary care decontamination in dental Local Decontamination Units (LDU), endoscope decontamination in Endoscope Decontamination Units (EDU), and central decontamination delivered through a Service Level Agreement with Tayside CSSD.

7.2.2.1 Primary Care Decontamination

In NHS Fife, general practice instruments are either single-use or are decontaminated centrally and podiatry services moved to single –use instruments in 2010, so only dental services operate LDUs.

7.2.3 Estates - Equipment Procurement

Nominated IPCNs sit on National Procurement Commodity Advisory Panels (CAPs) and on Board procurement groups as part of NHS Fife's strategy for effective and safe procurement of a wide range of patient related equipment, soft furnishings, furnishings and medical devices.

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7.3 IPC Policy Guidance and Practice

7.3.1 Infection Control Manual

The NHS Scotland National Infection Prevention and Control Manual (NIPCM) was first published on 13 January 2012, by the Chief Nursing Officer ([CNO \(2012\)1](#)), and updated on 17 May 2012 ([CNO \(2012\)1 Update](#)).

The NIPCM was [endorsed on 3 April 2017](#) by the Chief Medical Officer (CMO), Chief Pharmaceutical Officer (CPO), Chief Dental Officer (CDO) and Chief Executive Officer of Scottish Care.

The NIPCM provides guidance to all those involved in care provision and should be adopted for infection prevention and control practices and procedures. The national manual is mandatory for NHS Scotland. In all other care settings to support with health and social care integration the content of this manual is considered best practice.

The manual aims to:

- make it easy for care staff to apply effective infection prevention and control precautions
- reduce variation and optimise infection prevention and control practices throughout Scotland
- improve the application of knowledge and skills in infection prevention and control
- help reduce the risk of Healthcare Associated Infection (HAI)
- help alignment of practice, education, monitoring, quality improvement and scrutiny

The NIPCM currently contains guidance on [Standard Infection Control Precautions \(SICPs\)](#), Chapter 1 and [Transmission Based Precautions \(TBPs\)](#), Chapter 2 and [Healthcare Infection incidents, outbreaks and data exceedance](#) - Chapter 3. It is planned to further develop the content of the manual.

The *NHS Fife Infection Control Manual* is available exclusively in electronic format on the NHS Fife intranet and NHS Fife external website.

As per **CNO (2012) 01**, Chapter 1 to 3 of the *National Infection Control Manual* are incorporated into the online NHS Fife manual. Further sections of the *National Infection Control Manual* will replace NHS Fife chapters as they are published.

Implementation of policy elements is monitored through the Infection Prevention and Control Team audit programme and Senior Charge Nurses fulfil the requirements for SICPs auditing laid down in **CNO (2012) 01** and later modified by the CNO letter of 17 May 12.

Manual sections sit under the overarching Infection Control Policy with the status of Standard Operating procedures (SOPs) which are updated on a rolling programme (every two years in line with HAI Standards 2015).

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7.3.2 HCAI Education, Training and Development Strategy: Mandatory and Continuing Education

The *HCAI Education, Training and Development Strategy* was developed to ensure that all staff had access to appropriate HCAI education and training. (Line managers are required to ensure all staff have HCAI objectives in their annual personal development plans).

The IPCT have delivered face-to-face education on a variety of topics to doctors, nurses, midwives, AHPs, estates and facilities staff, outside contractors, students and the public during 2019-2020. Small-scale on-site training delivered in the ward is being used as a more accessible vehicle for staff than formal instructive teaching sessions. High profile national campaigns are supported with the IPCT staff having stands at entrances to hospitals and health centres etc. The ethos of the programme is to reach as many staff and members of the public as possible. In total, six hundred and twenty-nine staff in ASD and seven hundred forty-seven staff in the HSCP received face-to-face training over and above NHS Fife Induction and Core Training.

Face to face Education Jan 2019 – Dec 2019

Staff Group	Total Trained
ASD staff, students, estates and facilities	629
HSCP staff	747
Study Day (Stand Alone)	106
	1482
Subjects Covered	Total Trained
Hand Hygiene	174
SICPs	164
CPE & other resistant organisms & AMR	22
Winter preparedness & Outbreak Management	227
Safe and Clean Audit Training	233
Sharps	409
Students	253

HCAI education is a core component of corporate induction, nurse induction, junior doctors' induction, Consultant Mandatory Programme, and Core Update training programmes and is available as an e-learning module(s) on NHS Fife LearnPro. All NES developed e-learning programmes are available to staff on NHS Fife LearnPro and TURAS Learn.

The IPCT also scrutinises audit and surveillance results and other local data sources i.e. the Dashboard, LanQip, Serious Adverse Event Reviews (SAER) learning identified during incidents and outbreaks as well as intelligence gathered during clinical visits. All of this information is used on an ongoing basis to drive education and training interventions. In addition, intelligence shared nationally through the infection prevention and control community e.g. SICN, from Health Protection Scotland (HPS) etc. is utilised to inform local education and training interventions.

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7.3.3 Hand Hygiene

7.3.3.1 Trends

Publication of National Hand Hygiene Audit data ceased in Sept 2013 with Boards moving to reporting of data in their bimonthly HAIRT reports.

Since then, NHS Fife has maintained a consistently high average compliance. The IPCT carry out Hand Hygiene quality assurance audits as part of the *HCAI Prevention and Control of Infection Assurance Framework*.

7.4 Organisational Structures

7.4.1 Public Involvement

A member of the public sits of the NHS Fife ICC and contributes to the outcomes of the committee.

7.4.2 Communications

The IPCT has a *Prevention and Control of Infections Communications Plan*, which has been in place since June 2011 (updated accordingly). NHS Fife recognises the importance of having a comprehensive set of accurate, relevant and accessible information available for patients and the public. During the year, patient and public information leaflets on MRSA, *Clostridium difficile*, Norovirus, Laundering of Patient Clothing, and Infection Control advice for Patients & Visitors have continued to be provided to wards and clinical areas. Leaflets on peripheral vascular devices, Vancomycin Resistant *Enterococcus* (VRE), Carbapenemase Producing *Enterobacteriaceae* (CPE) and MRSA screening are provided on a targeted basis to patients affected by these issues.

In addition to hard copy leaflets distributed to wards and clinics, these have been made available online to ensure that they are available for staff to use when briefing patients and visitors. Translation services are available on request.

In response to HEI requirements, and to ensure that all patients are provided with relevant HCAI information on admission, the general Infection Prevention and Control advice for Patients & Visitors leaflet is available to all clinical areas for distribution. Banner-stand posters aimed at both staff and visitors reinforce key HCAI messages.

7.5 Staff and Leadership

7.5.1 Structures and accountabilities

In October 2015, the IPCT was reorganised to comply with the *Vale of Leven Public Enquiry Report (2014)* recommendations. The IPC team returned to single system working managed by an Infection Control Manager with responsibility for a Fife wide service.

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7.6 Quality Improvement

7.6.1 *Quality Improvement Programmes and partnership working with the Scottish Patient Safety Partnership (SPSP)*

During 2019, the IPCT worked collaboratively to support improvement work in preventing SAB via the Vascular Access Strategy Group (VASG), in supporting improvements in Urinary Catheter Care via the Urinary Catheter Improvement Group (UCIG) and in standardising the Standard Infection Control Precautions (SICPs) audit tool, methodology and reporting via the new Safe and Clean Care Audit Framework.

VASG

VASG was established:

- To strengthen governance arrangements around the use of VAD
- To ensure all patients requiring intravenous treatment will have their treatment administered through the most appropriate venous access device, based on clinical assessment.

The VASG last met in August 2019, where it was agreed the group had fulfilled its original purpose and the ongoing actions would now be subsumed within our Clinical and Operational management structures.

Policies, procedures, education, and training have all been reviewed and updated. There is now a strong foundation for practice, continuous learning and competency for staff in all departments both in acute and in our community.

The Associate Medical Director thanked those who contributed to this important piece of work, leading to significant improvements in Patient Safety.

UCIG

Fife has also established a Urinary Catheter Improvement Group (UCIG), a multi-disciplinary and multi-agency programme of work, which will support a reduction in Catheter Associated Urinary Tract Infection. This work is across all of Health, both in the Acute Services Division (ASD) and the health and social care partnership (HSCP).

The aim of this work is:

- To reduce avoidable harm.
- To improve equity and quality of urinary catheter care across the system.
- To reduce variation with standardised consistent pathways of care.
- To improve governance arrangements for all urinary catheters and ensure these are robust, accessible, consistently applied and measures (process and outcome) are reported reliably and consistently to provide assurance and data for improvement.

Progress during 2019; Key strengths of this work to date include:

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The delivery of these quality ambitions will centre around four key priority areas for action (The four “P’s”):

Promote: Promote hydration and continence as the first line treatment to enable good bladder health and prevent risk of bladder and bowel dysfunction

Prevent: Prevent the insertion of unnecessary long term urinary catheters to reduce the risk of harm and to support effective and person-centred care.

Protect: People with urinary catheters are protected from harm through application of best evidence and practice.

Prioritise: This will be a clinical and care governance priority with leadership to enable delivery of pathways of care promoting self-management and mutual partnerships with carers and care providers across health and social care.

Other initiatives include:

Implementation of the MORSE electronic Urinary Catheter Insertion and Maintenance bundles for District Nursing documentation.

Urinary catheter insertion and maintenance bundles to be developed and incorporated into Patientrack for Acute services electronic documentation.

Trial without catheters (TWOC) in the community supported by the use of bladder scanners
Pathway for complex catheterisation incorporating use of prophylactic antibiotic cover both in an acute and community setting

Review of catheter maintenance solutions to inform standardised guidance for staff

Implementation plan for the national catheter passport

Roll out plan of urinary catheter valves

Scoping and sharing learning with other boards; invited to share Fife’s journey to date with other boards.

Promotion of hydration and optimisation of continence care to all care homes/residential homes in Fife (by Continence services)

Safe and Clean Care Audit Framework

This programme of work was established to standardise the current SICPs audit tool and provide a consistent and reliable method for IPC auditing. The tool is built on the *National Monitoring Framework to Support Safe and Clean Care Audit Programmes: An Organisational Approach to Prevention of Infection Auditing*.

The *National Monitoring Framework for Safe and Clean Care Audits* has been produced as an agreed recommended minimum approach to auditing for all NHS boards. The framework applies to all audits of prevention of infection practice across primary and secondary care settings. The framework supports a strategic approach to *Safe and Clean Care Audits* in line with the *HIS HAI Standards (2015)*.

NHS Fife is the first board in Scotland to develop a tool based on the national framework. To help achieve a consistent approach to auditing, only trained auditors have electronic access to the new tool. An extensive programme of auditor training was undertaken in 2019, with 268 staff having attended the training sessions in 2019.

The audit programme went live across all divisions in NHS Fife in October 2019 with varied initial uptake. The IPCT are continuing to support clinical teams with their ongoing role out

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of the programme and with technical support, assisting first time users and to resolve any user access issues for cross division auditors.

Bespoke Dashboard reporting for the divisions to be developed in 2020 when the programme has gained sufficient data for analytics. For 2020 a focus on increasing uptake across NHS Fife with the IPCT supporting clinical teams with their role out of the new tool.

7.7 Surveillance

NHS Fife complies with the mandatory surveillance requirements laid down in **HDL (2006)38** and **CEL 11 (2009)**.

7.7.1 Surgical Site Infection (SSI)

Inpatient and readmission surveillance to day 30 post-operation is undertaken for all hip arthroplasties and large bowel surgery. Inpatient, post discharge surveillance until day 10 and readmission up to day 30 post-operation is carried out for all caesarean section procedures.

7.7.1.1 Caesarean section

16,689 C-sections were performed in Scotland during 2019 with 193 being reported to HPS. The overall SSI incidence including the PDS period to day 10 was 1.2%. NHS Fife performed 841 procedures with 27 SSI cases reported to HPS. The overall incidence including the PDS period to day 10 was 3.2%. HPS has not produced an `HAI Annual Report` for 2019 for national comparison for the year. However, Figure 1, extracted from `Discovery` electronic system shows a quarterly comparison and demonstrates that the SSI rate in NHS Fife has been consistently higher than the national rate over the past 2 years.

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Figure 1: NHS Fife C-section National Comparison SSI Quarterly Rate Q2 2017-Q4 2019



A breakdown of the 27 SSIs diagnosed by SSI type is illustrated in Figures 2 and 3

Figure 2: Percentage of SSI following Caesarean Section by SSI type, 2019 (inpatient)

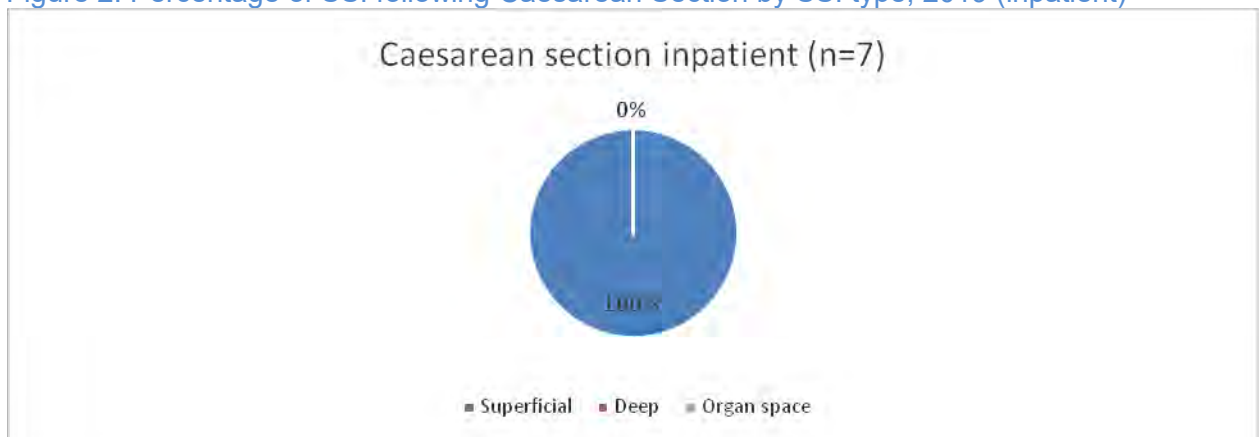
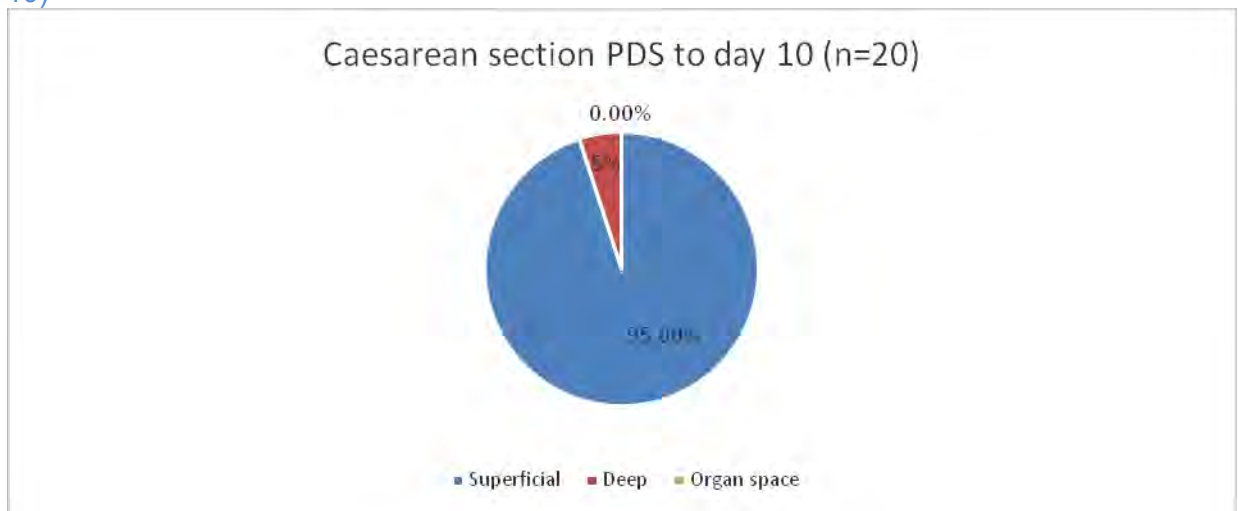


Figure 3: Percentage of SSI following Caesarean Section by SSI type, 2019 (PDS to day 10)



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NHS Fife received an Exception Report from Health Protection Scotland (HPS) for an increased incidence in surgical site infection (SSI) for C-section for Quarter 1 (January to March) 2019. The board reported twelve SSIs for Q1: 6.5% incidence per 100 procedures, which is in stark comparison to a 1.6% national incidence rate for the same quarter. NHS Fife was highlighted as an outlier in the funnel plot analysis available via the *Commentary on quarterly epidemiological data on Clostridioides difficile infection, Escherichia coli bacteraemias, Staphylococcus aureus bacteraemias and surgical site infection in Scotland Quarter 1 (2019)*.

To date, NHS Fife has now received seven exception reports, ranging from the first report in Q3 2013 and the most recent, for Q1 2019 (see Figure 4 & Table 1).

Figure 4: NHS Fife C-section SSI Quarterly Rate Q1 2013-Q1 2019 with exceptions

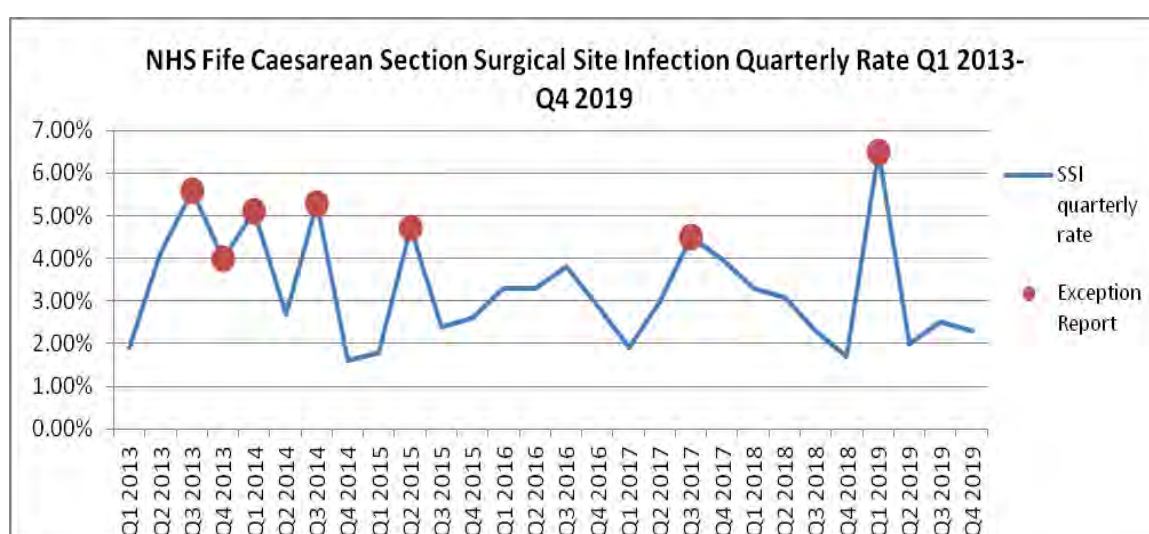


Table 1: Comparative Incidence rates for NHS Fife and Scotland Q2 2018 to Q4 2019

Reporting Period	NHS Fife Incidence rate	Scotland Incidence rate
Q2 2018	3.1%	1.5%
Q3 2018	2.3%	1.5%
Q4 2018	1.7%	1.4%
Q1 2019	6.5% Exception	1.6%
Q2 2019	2.0%	1.0%
Q3 2019	2.5%	1.2%
Q4 2019	2.3%	0.9%

Improvement work has been ongoing since the first Exception Report received by NHS Fife in 2013. Initial focus was around standardizing patient care prior to and during the operative procedure (e.g skin preparation, surgical technique, suture and dressing choice) and staff education around SSI definitions. This work is driven by the SSI Implementation Group, led by the Womens` and Childrens` Directorate. The group consists of key representatives from Maternity Services, IPCT and Theatres and meets bi-monthly to review the current Action Plan, created in response to the Exception Reports.

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All SSI cases are reviewed and risk factors for developing a post-operative infection noted. As a result, commonalities regularly observed in SSI cases become the focus of an Action Plan, with the intention of ultimately reducing SSI cases. In 2018, analysis showed that adherence to antibiotic prophylaxis administration required improvement and that anaemia post-surgery was a common factor seen in SSI cases. As a result, the antibiotic prophylaxis regimen changed in November 2018 and anaemia management was reviewed.

Following the Q1 2019 Exception Report and a close look at all 12 SSI cases submitted to Health Protection Scotland, there was suspicion that, in some cases, clinicians may have over-diagnosed Superficial SSI cases. This led to a review of the current surveillance process, including comparison of the surveillance methodology with that of other Scottish Health Boards and liaison with Health Protection Scotland. A new methodology was adopted in Fife from 01/10/20.

Due to the 2020 COVID-19 pandemic, there has been a temporary pause on SSI surveillance, until further notice from Scottish Government. However, the SSI Implementation Group will aim to continue to meet, as frequently as possible, to maintain focus.

Current challenge	Improvement Actions	Timescale review
Reduce Caesarean Section SSI rate	Local analysis of Fife's SSI data Local analysis of SSIs risk factors Analysis of HPS quarterly distribution of local data to relevant clinical teams Quarterly distribution of HPS SSI data/risk factors Quarterly feedback SSI sessions with Obstetricians and Midwives- well established in practice with Microbiology input All SSIs analysed with patient risk factors within feedback session forum to learn from cases. Support Maternity staff with any quality improvements/actions required from the SSI implementation Group Training on the Caesarean Section surveillance programme provided to all of the new doctors during their Induction	Annually
Implement new Caesarean Section SSI methodology to ensure that all relevant staff are fully aware of the new process	Regular training provided to Maternity staff regarding the new surveillance methodology in the 3 key clinical areas of SSI diagnosis, to ensure all staff are fully aware of the process Questionnaires on the new methodology completed by maternity staff to assess effectiveness and to identify areas requiring additional staff training Quarterly meeting with Maternity staff to discuss SSI cases and ensure all cases meet HPS SSI criteria	Quarterly

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7.7.1.2. Hip Arthroplasty

Hip arthroplasty procedures are carried out routinely across 14 NHS boards in Scotland, including NHS Fife.

In Scotland a total number of 8,669 procedures were recorded through the hip arthroplasty SSI surveillance programme during 2019, with a total number of 52 surgical site infections (SSI) reported to Health Protection Scotland (SSI rate 0.6%)

In Fife, 550 procedures were carried out specifically with 4 reported SSIs.

Hip arthroplasty SSI surveillance is carried out and reported up to Day 30 post procedure, for both inpatient and readmission.

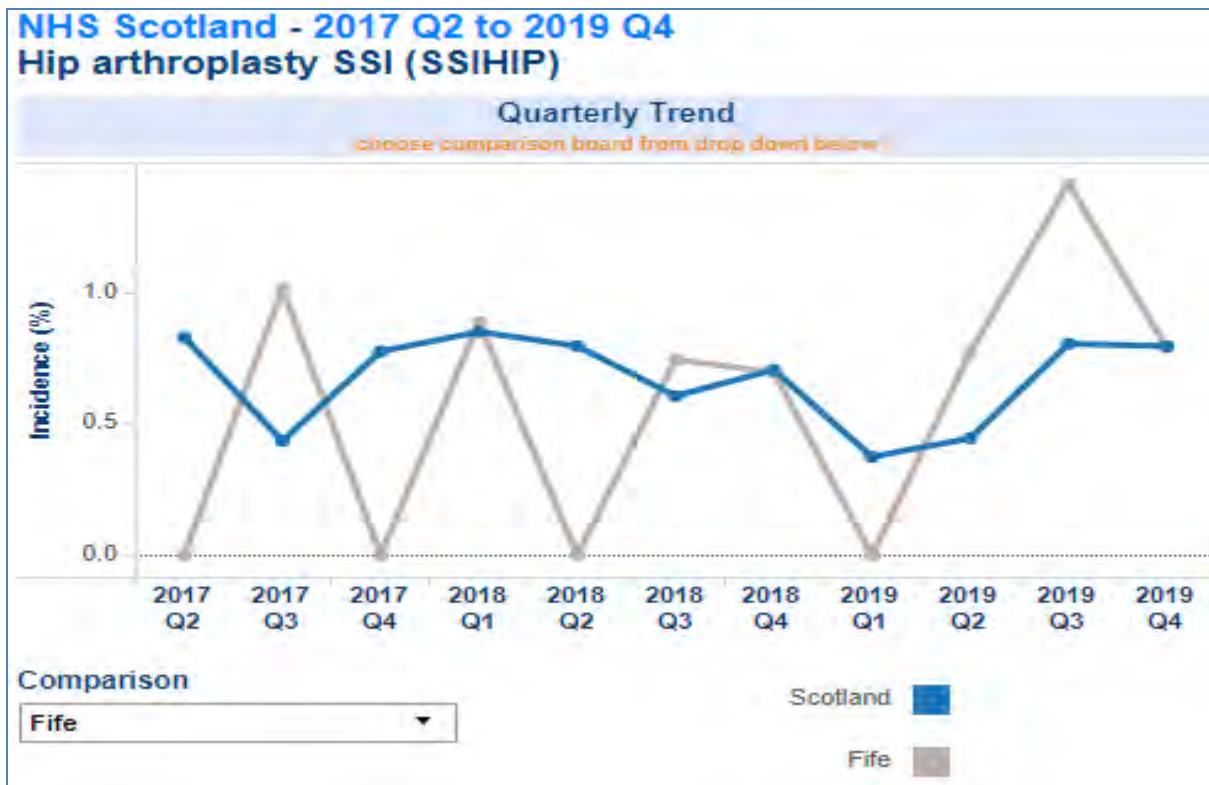
No SSIs were diagnosed during the inpatient stay.

The overall incidence of SSI (inpatient and readmission) for NHS Fife was 0.7% which compares in line with the overall national incidence of 0.6%.

Figure 5, extracted from NSS Discovery electronic system shows a quarterly comparison and demonstrates that NHS Fife has consistently remained in line with the National rate over the past 2 years.

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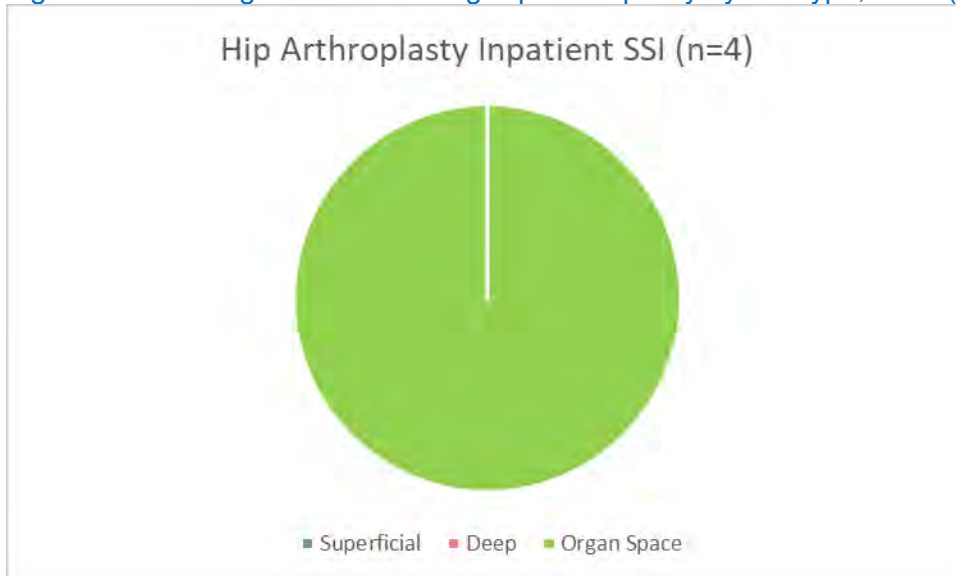
Figure 5 NHS Fife Hip Arthroplasty National Comparison SSI Quarterly Rate Q2 2017 – Q4 2019



(NSS Discovery, 2020)

A breakdown of the 4 SSIs diagnosed on readmission by type is illustrated in figure 6

Figure 6 Percentage of SSI following Hip Arthroplasty by SSI type, 2019 (Readmissions)



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Current challenge	Improvement Actions	Timescale review
Maintain low Orthopaedic SSI rate in line with national rate	Local analysis of Fife's SSI data Local analysis of SSIs risk factors Analysis of HPS quarterly distribution of local data to relevant clinical teams Quarterly distribution of HPS SSI data/risk factors Quarterly feedback SSI sessions with orthopaedic surgeons- well established in practice with Microbiology input All SSIs analysed with patient risk factors within feedback session forum to learn from cases. Support surgeons with any quality improvement suggestions	Annually

7.7.1.3. Large Bowel

Large bowel and major vascular procedures have been included in the surgical site surveillance programme since April 2017. HPS has evaluated data collected since implementation of these new procedures and data has been displayed on NSS Discovery dashboard from 2019.

3,185 large bowel surgeries were performed in Scotland in 2019, 216 of these went on to have surgical site infections (SSI).

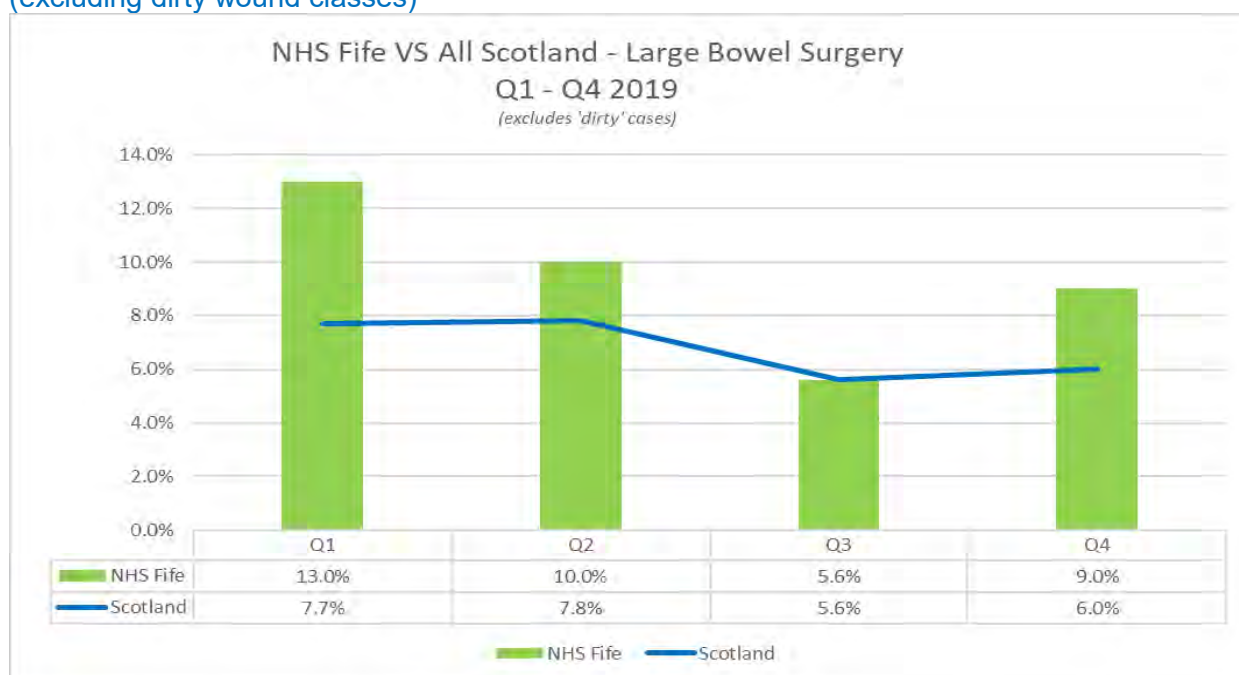
National incidence for 2019 is **6.8%** (excluding dirty wound classes).

NHS Fife carried out 298 large bowel surgeries, 28 of these went on to have a SSI.

The overall incidence (excluding dirty wound classes) was **9.4%** for 2019.

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Figure 7 NHS Fife Large Bowel National Comparison SSI Quarterly Rate Q1- Q4 2019 (excluding dirty wound classes)



National comparison was commenced in 2019, with NHS Fife remaining higher than the Scottish incidence.

The annual Large bowel SSI rate for 2019 for Scotland is 6.8% with NHS Fife higher at 9.4%.

HPS stated in 2019 that further surveillance and analysis is required to gain a true representation and National comparison, as this data subset remains in its early stages and therefore data should be analysed with caution.

In Q1 2019, NHS Fife had an SSI rate of 13.0%, above the national average of 7.7%. Enhanced analysis of all 9 SSIs in Q1 found 5 cases had had anastomotic leaks. There was a review of cases as Ethicon staplers were internationally recalled in March 2019 over concerns of associated adverse events.

Since Q1 2019 the incidence of anastomotic leak has greatly reduced. A breakdown of the 28 SSIs diagnosed by SSI type is illustrated in figures 8 and 9

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Figure 8 Percentage of SSI Following Large Bowel by SSI type, 2019 (inpatients, excluding 'dirty' wound classes)

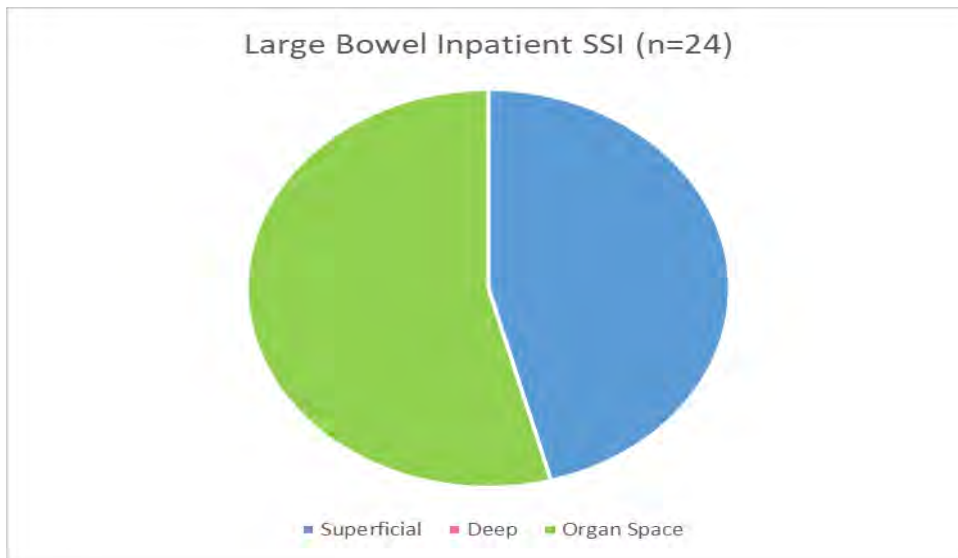
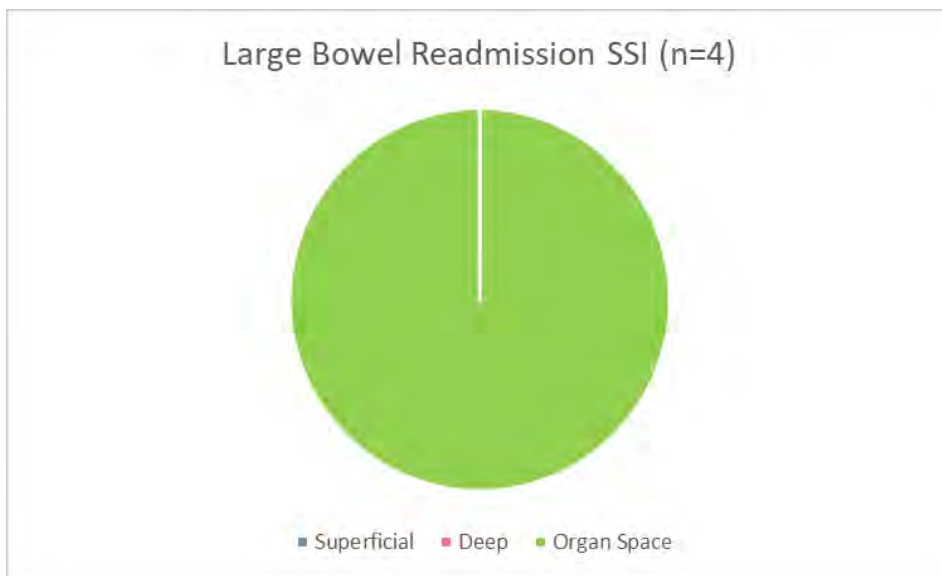


Figure 9 Percentage of SSI Following Large Bowel by SSI type, 2019 (Readmissions, excluding 'dirty' wound classes)



HPS & local Large bowel SSI data findings are discussed at the bi-monthly Infection Control Committee.

The IPC surveillance team have commenced establishing a stronger communication with the General surgeons to establish a quarterly feedback forum to discuss their SSIs and risk factors.

In May 2019- a modified SSI collection form was designed by HPS for NHS Fife general surgeons to complete- to improve from completion compliance.

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Current challenge	Improvement Actions	Timescale review
Reduce Large bowel SSI rate	<p>Local analysis of Fife's SSI data</p> <p>Local analysis of SSIs risk factors</p> <p>Local analysis of SSI anastomotic leaks</p> <p>Analysis of HPS quarterly data (allowing for HPS disclosure that some earlier data still in formative stage)</p> <p>Quarterly distribution of local data to relevant clinical teams</p> <p>Quarterly distribution of HPS SSI data/risk factors</p> <p>Engage surgeons in analysing SSIs and patient risk factors within feedback session forum.</p> <p>Support surgeons with quality improvement suggestions</p>	Annually
Establishing strong rapport with General surgeons to complete SSI forms for maximum mandatory data return	<p>Establish quarterly feedback sessions from surveillance team to general surgeons of SSI data/risk factors, with Microbiology input.</p> <p>Following feedback from surgeons re length/time pressure of SSI form completion- new modified SSI form supplied to Fife surgeons</p> <p>Auditing of SSI form completion</p> <p>SSI form audit results distributed to theatres/surgeons</p> <p>Theatres/theatre manager liaised with to support SSI form completion & raise awareness of surveillance programme</p>	Quarterly

7.7.1.4.a Standards on Reduction of Healthcare Associated Infections:

The New standards have been announced by the Scottish Government's Chief Nursing Officer in October 2019 for the reduction of Healthcare Associated Infections (Hospital acquired (HAI) & Healthcare associated (HCAI)) for the following:

For *E. coli* bacteraemia (ECB)

- New LDP standards are to reduce incidence of healthcare associated ECB by **25%** from 2019 to 2022, utilising 2018/19 as baseline data
- And a 2nd reduction standard of **50%** by 2023/24 (from 2018/19 baseline):

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 TBDs	44.0 per 100,000 TBDs	33.0 per 100,000 TBDs
ECB by Number of HCAI cases	160	120

1) 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 2023/4
ECB by rate 100,000 TBDs	44.0 per 100,000 TBDs	22.0 100,000 TBDs
ECB by Number of HCAI cases	160	80

For *Clostridioides difficile* infection (CDI)

- New LDP standards are to reduce incidence of healthcare associated CDI by **10%** from 2019 to 2022, utilising 2018/19 as baseline data:

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

For *Staphylococcus aureus* bacteraemia (SABs)

- New LDP standards are to reduce incidence of healthcare associated SAB by **10%** from 2019 to 2022, utilising 2018/19 as baseline data:

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 BDs	20.9 per 100,000 TBDs	18.8 100,000 TBDs
SAB by Number of HCAI cases	76	68

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7.7.1.2 Escherichia coli Bacteraemia (ECB)

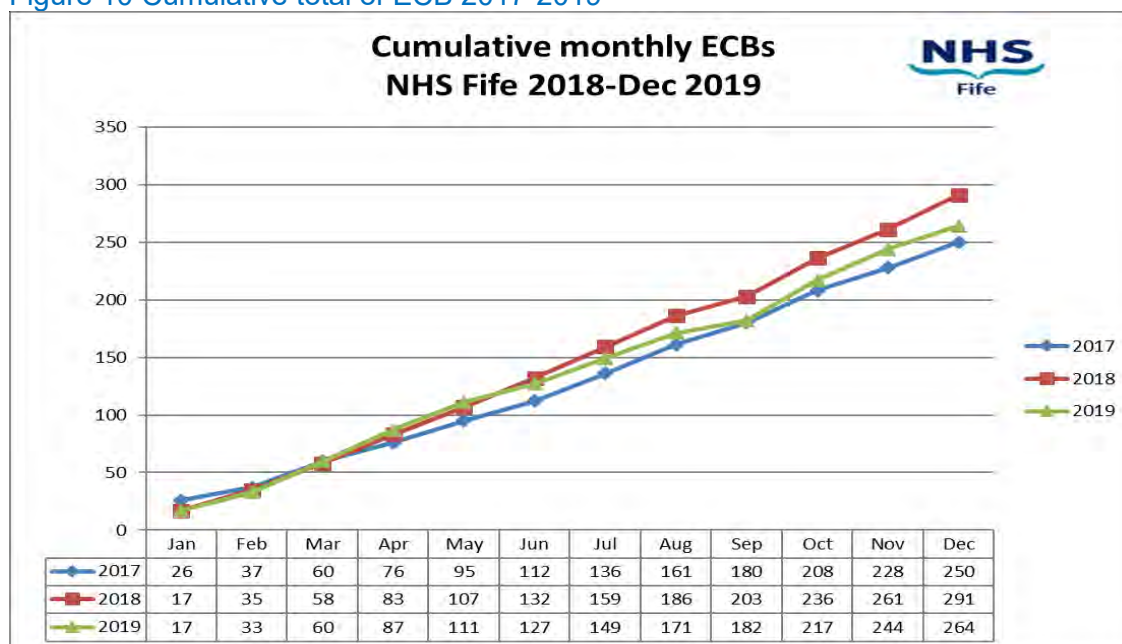
Escherichia coli (E. coli) bacteria are frequently found in the intestines of humans and animals. There are many different types of E. coli, and while some live in the intestine quite harmlessly, others may cause a variety of diseases. The bacterium is found in faeces and can survive in the environment. E. coli bacteria can cause a range of infections including urinary tract infection, cystitis (infection of the bladder), and intestinal infection. E. coli bacteraemia (blood stream infection) may be caused by primary infections spreading to the blood.

E.coli is currently the most common cause of bacteraemia in Scotland. NHS Fife was one of the earliest board commenced voluntary ECB surveillance in 2015, becoming mandatory in 2016, to understand the origin and source of its ECBs.

NHS Fife ECBs

Yearly trends (comparing year-ending December 2018 with year-ending December 2019) show that there was no increase or decrease in NHS boards or Scotland overall. For NHS Fife, 2019 saw fewer ECBs (n-264) in total than in 2018 (n-291) [see Figure 10

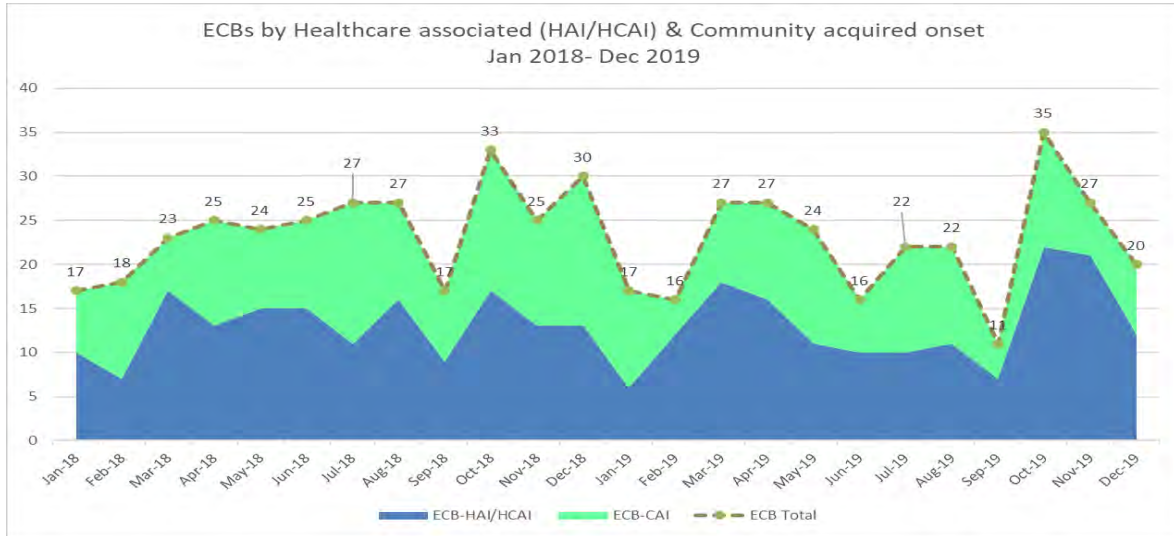
Figure 10 Cumulative total of ECB 2017-2019



ECBs by Healthcare association (HAI/HCAI)

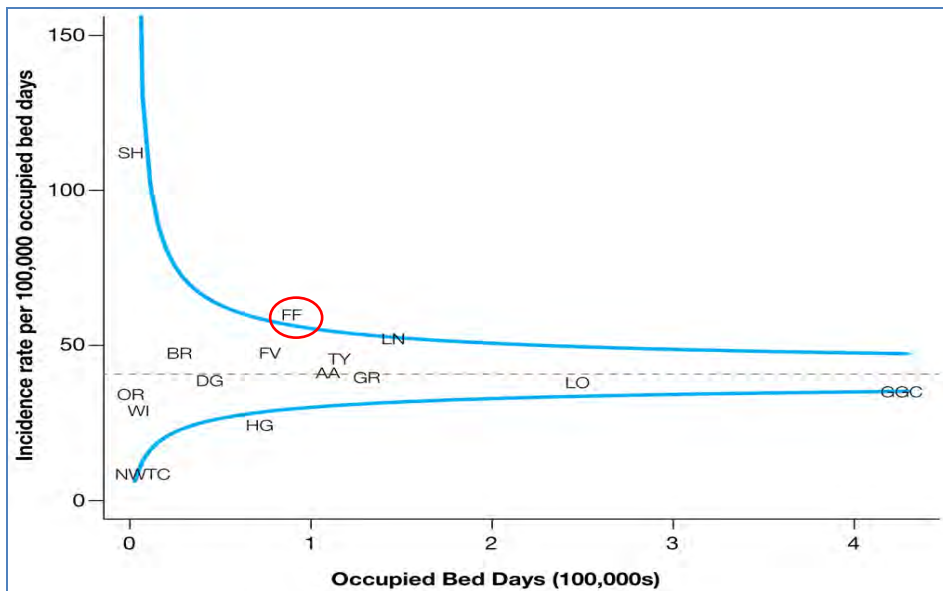
Despite an overall decreased ECB rate in 2019, there was an increase in healthcare associated ECBs for Scotland and for NHS Fife in 2019 See Figure 11.

Figure 11 ECBs split by Healthcare associated & Community acquired onset NHS Fife



In Q4 (Oct-Dec 2019) NHS Fife received an exception report for its Healthcare associated ECBs, for being above the 95% confidence interval upper limit in funnel plot analysis. [Figure 12]

Figure 12 Funnel plot of ECB incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS boards in Scotland in Q4 2019.¹



An SBAR and action plan were submitted to HPS on 28/04/2020 to address and reduce Fife's HCAI ECBs.

Lower Urinary tract Infections (UTIs) and Catheter associated UTIs (CAUTIs) remain the prevalent source of ECBs and are therefore the two areas to address to reduce the ECB rate.

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The IPCT has worked closely with the Urinary Catheter Improvement group, and the earlier traumatic catheter group, from 2017 to optimise care and reduce CAUTI rates with a wide range of improvement initiatives.

Whilst NHS Fife's healthcare associated (excludes HAIs) CAUTI ECBs remains above the Scottish rate in 2019 at 28% (Scotland 22.8%) this was still an improvement from 2018 of 36.6% for Fife (Scotland 22.1%) (Data from NSS Discovery)

Hospital acquired CAUTI ECBs remains higher than the Scottish rate in 2019 at 24.5% (Scotland 16.1%). This is a slight increase from 2018 of 24.2% for Fife (14.5% for Scotland total)

Current challenge	Improvement Actions	Timescale review
Achieve HPS reduction of Healthcare associated ECBs by 25% by April 2022 & 50% by April 2024	Optimise communication with key clinical teams Monthly reporting & graphs of ECB data across Acute services & HSCP to increase learning around CAUTIs, UTIs & other sources	Annually
Address the high incidence of ECBs due related to urinary catheter (CAUTIs) as source	Ongoing support and communication within the Urinary Catheter Improvement Group (UCIG) Monthly reports & graphs to UCIG Monthly graphs of Days between ECB CAUTIs Monthly graphs of Days between ECB CAUTIs with associated trauma DATIX all trauma associated ECB CAUTIs to increase learning- for learning's to be fed back to UCIG	Annually

7.7.3. *Clostridioides difficile* Infection (CDI)

Clostridioides difficile is a bacterium found in people's intestines. Healthy people may have in gut flora, where it causes no symptoms. However, it may cause disease when the normal bacteria in the gut are disadvantaged, usually by antibiotics. When *C. difficile* is able to multiply this allows its toxins to reach levels where it attacks the intestines and causes mild to severe diarrhoea. *C. difficile* can lead to more serious infections of the intestines with severe inflammation of the bowel.

In Scotland in 2019, there were 1,059 cases of CDI in patients aged ≥15 years (1,313 in 2018)

NHS Fife CDIs

In NHS Fife, there were 47 cases in 2019. The same number as recorded in 2018, NHS Fife's lowest recorded incidence.

Of these 47 cases 34 were classed as healthcare associated/unknown.

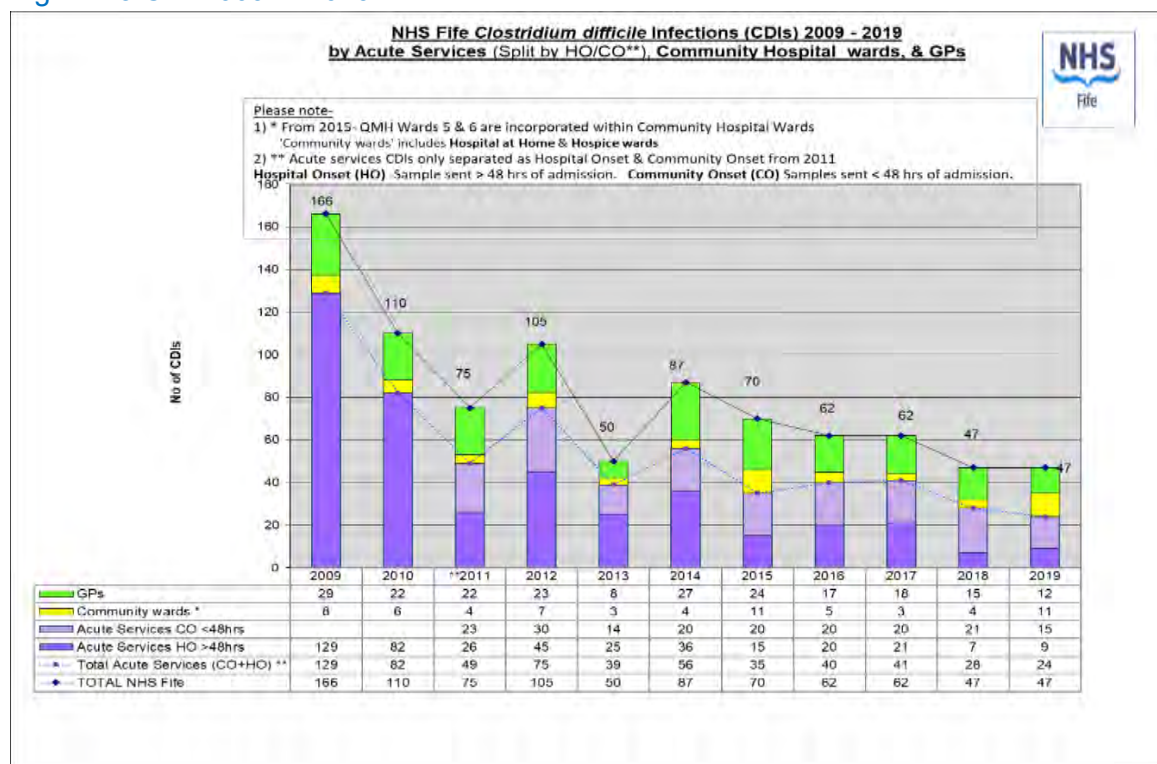
In 2019 NHS Fife's HCAI Infection Rate (per 100,000 TOBD) was **8.8**, well below Scotland's HCAI Infection Rate (per 100,000 TOBD) of **13.3**.

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NHS Fife and Fife Health & Social Care Partnership have witnessed a decreasing trend in the number of CDI cases over a period of ten years (see Figure 13). Since 2009, significant progress has been made to improve the clinical outcomes for our patients and service users. Ground breaking work on antimicrobial stewardship together with a strong focus on infection prevention and control across all care delivery systems has resulted in:

- 72% overall reduction in cases
- 81% reduction in the Acute Services Division (ASD)
- 38% reduction in community wards and GP surgeries

Figure 13 CDI 2009 to 2019



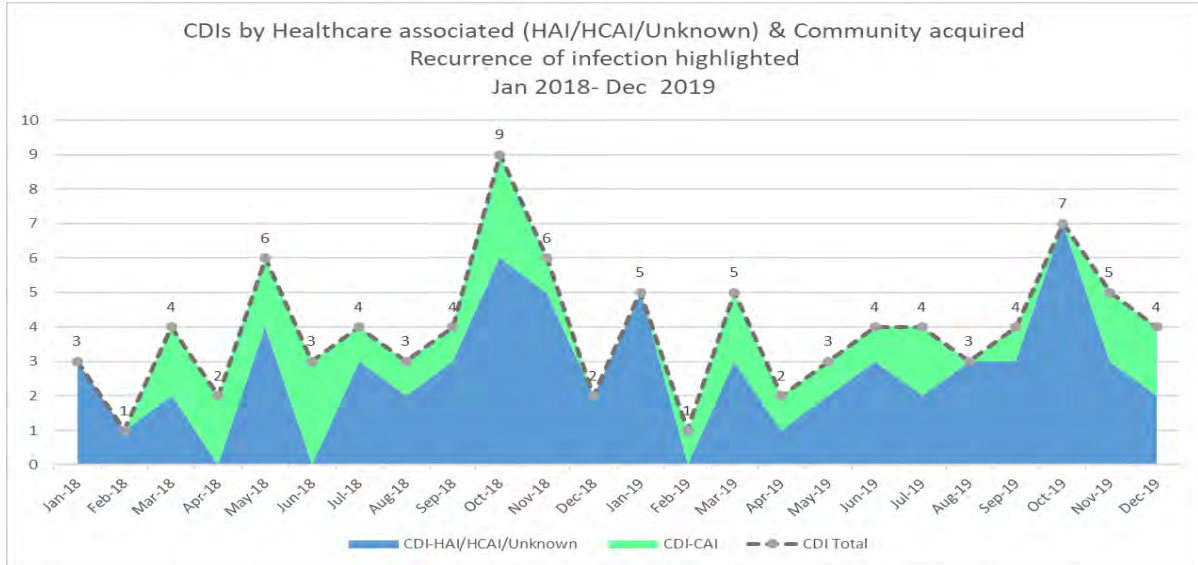
CDIs by Healthcare association (HAI/HCAI/Unknown)

Whilst NHS Fife's total CDI incidence is low and below the national rate, the healthcare associated CDIs still need to be reduced further to achieve the 10% reduction target, by April 2022.

Figure 14 shows the CDIs by HCAI/CAI from 2018 to 2019 and demonstrates how the HCAI still require further reduction.

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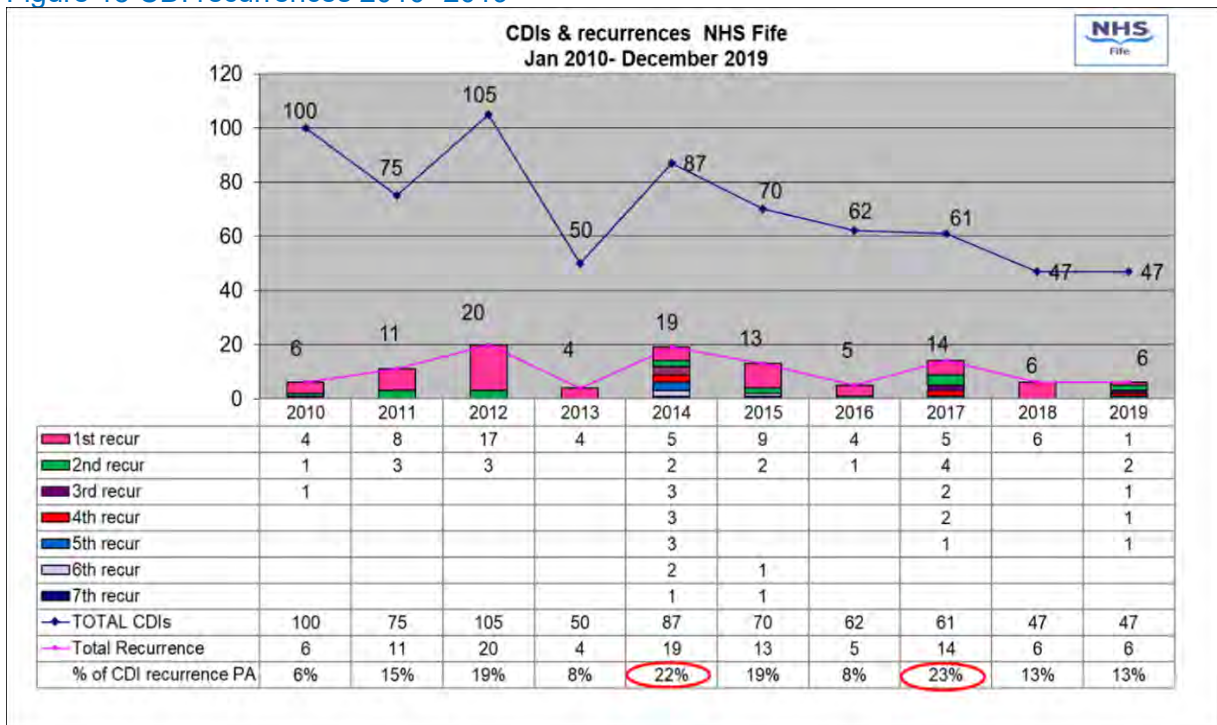
Figure 14



Recurrence of CDI is the greatest risk factor for HCAI CDIs and remains a challenge for NHS Fife, with recurrent CDI infections making up 13% (see figure 15) of the total number of CDI in Fife for 2019.

Innovative work by NHS Fife focusing on patients with recurrent infection started in 2019. From October 2019 the use of extended pulsed Fidaxomicin (EPFX) regime and pioneering use of commercial FMT (Faecal microbiota transplantation) is assessed for each case to aim to prevent recurrent disease in high risk patients.

Figure 15 CDI recurrences 2010 -2019



Current challenge	Improvement Actions	Timescale review
Achieve HPS reduction of Healthcare associated CDIs by 10% by April 2022	ICN ward visits to reinforce SICPs & contact precautions Provide education to promote optimum CDI management & daily Medical management form completion Optimise communication with key clinical teams Monthly reporting & graphs of CDI data across Acute services & HSCP to increase learning around CDIs & recurrence & underlying risk factors for infection-primary/recurrence	Annually
Reduce recurrence of CDI	Pioneering work focusing on recurrence of infection including the following: Extended pulsed Fidaxomicin (EPPFX) Commercial faecal microbiota transplantation (FMT)	Annually

7.7.4 *Staphylococcus aureus* Bacteraemia (SAB)

Staphylococcus aureus is a bacterium that commonly exists on human skin and mucosa without causing any problems. It can also cause disease, particularly if there is an opportunity for the bacteria to enter the body, for example through broken skin or a medical procedure. If the bacteria enter the body, illnesses, which range from mild to life-threatening may then develop. These include skin and wound infections, infected eczema, abscesses or joint infections, infections of the heart valves, pneumonia and blood stream infection (bacteraemia).

Standards on Reduction of Healthcare Associated Infections:

The SAB rate for NHS Fife has fluctuated during 2018 -2019 and in March 2019 the previous LDP Standard was not achieved.

Hospital acquired, Healthcare associated and Community Acquired SABs

For HPS reporting and reduction targets, Hospital acquired (HAI) and Healthcare associated infections (HCAI) are combined together and termed as Healthcare associated infections.

The reduction targets are to reduce these Healthcare associated SABs. Community acquired SABs occur out with the hospital/healthcare setting, with no key medical intervention in 30 days prior. These infections are not included in the reduction targets.

In Scotland, during 2019, there were 1,499 cases of SABs reported, of which 65.9% (988) were Healthcare associated (HAI/HCAI combined).

NHS Fife SABs

In Fife, there were 85 SABs in total in 2019.

This was a 24.7% decrease in the number of SABs from 2018 and the second lowest annual total on record. (Only 2014 was lower with 83 SABs).

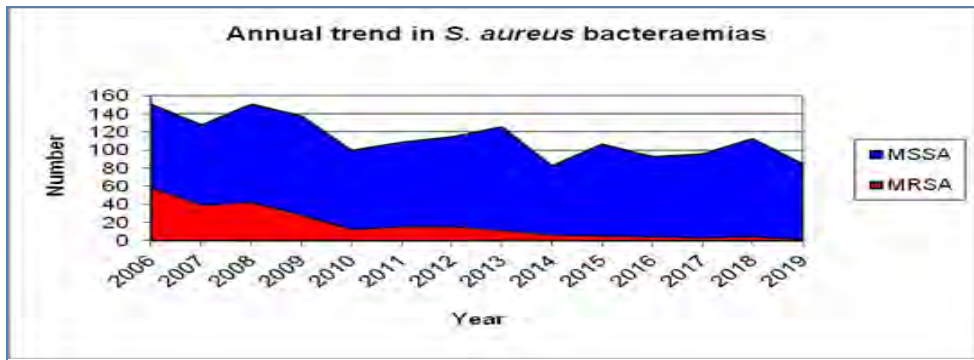
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There were just 2 MRSA bacteraemias in 2019, the lowest number on record. This is the third consecutive year where the proportion of invasive MRSA has been less than 5%.

NHS Fife has achieved the local improvement target set by the ICC for MRSA bacteraemia to be less than 5% of total SABs. See Figure 16

MRSA SABs will no longer be reported upon in national reporting, from 2019.

Figure 16- Annual trend in s.aureus bacteraemia by MSSA/MRSA



SABs by Healthcare association (HAI/HCAI)

The proportion of Hospital acquired SABs in 2019 also decreased, from 2018.

In 2019, 34.1% (n-29) of SABs were hospital acquired and 23.5% (n-20) were Healthcare associated.

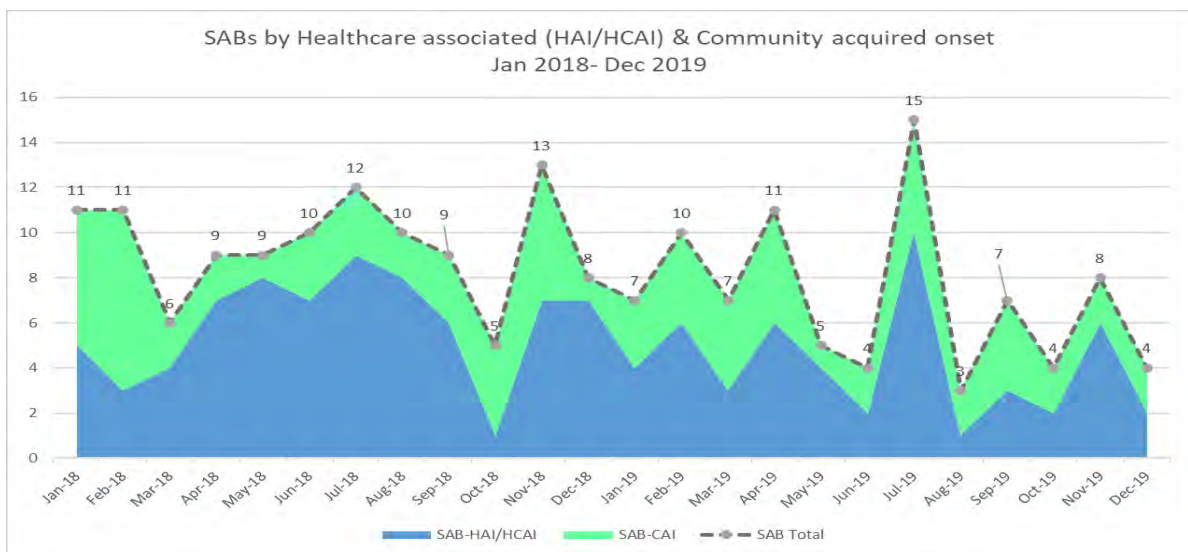
In total for 2019, NHS Fife’s combined Healthcare associated (HAI/HCAI) SABs was **57.6%** (n-49/85). This was below Scotland total rate of 65.9%

The decrease is evidence that the quality improvement programmes put in to reduce hospital acquired SAB are working.

Figure 17 shows all SABs in 2018- 2019 split by Healthcare (HAI/HCAI) & Community acquired onset and show a reduction of HAI/HCAI SABs from 2018 to 2019.

NHS Fife is currently on track to achieving the 10% reduction target for HCAI SABs by April 2022

Figure 17 SABs by HCAI/CAI onset



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SABs by entry point

The total number of all hospital acquired vascular access devices (VAD) bloodstream infections in 2019 has fallen to 13 in 2019, from 17 in 2018.

However, because the hospital onset denominator has reduced in 2019 the proportion due to a VAD bacteraemia has increased. The proportion of (VADs) resulting in a hospital acquired SAB in 2019 has risen to 44.8% (n-13/29) from 35.4% (n-17/48) in 2018

Therefore NHS Fife has failed to achieved the local improvement target set by the ICC of ≤35% of hospital acquired SAB due to VAD.

Of note, the number of SSTI plus medical device related SAB have decreased.

NHS Fife has achieved the local improvement target set by ICC for reducing PVC SABs.

Six SAB were associated with PVC were recorded in 2019, down from 8 in 2018.

People who inject drugs (PWID) SABs

Skin and soft tissue infections (SSTI) along with PWID sites were the primary cause of non-hospital acquired (Community & Healthcare associated combined) SABs in 2019

The proportion of non-hospital SAB due to Illicit IV drug abuse rose to **25%** in 2019 from 7.46% in 2018. There were 14 PWID SABs in total in 2019 (from 5 in 2018) with a peak in July (n-4).

IPCT have liaised with Addiction Services to support them in addressing these SABs, with meetings with key stakeholders. Leaflets for staff and patients have been issued and a SOP for accessing antibiotics for patients identified with SSTI by Addiction services is being developed.

Figures 18 shows entry points of SABs in 2019 by Hospital onset & highlights the high proportion due to VADs.

Figure 18 Hospital acquired SAB entry point 2019

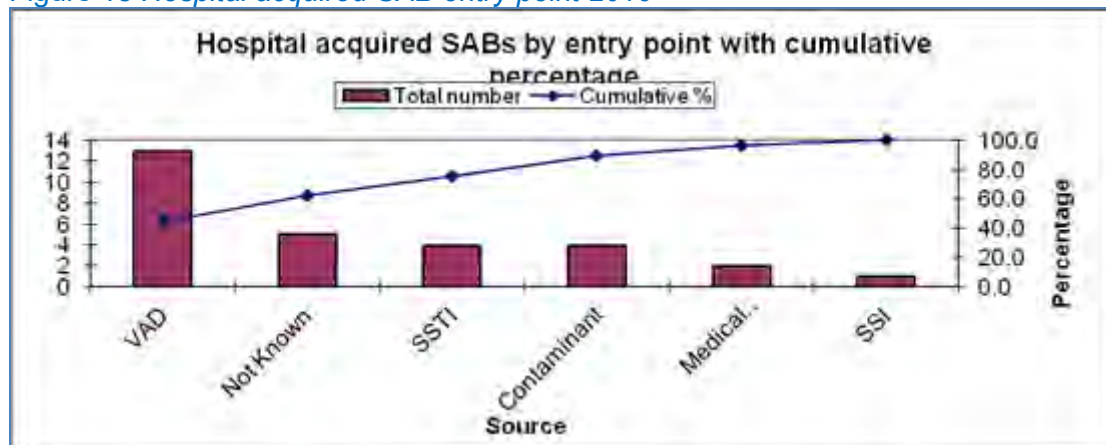
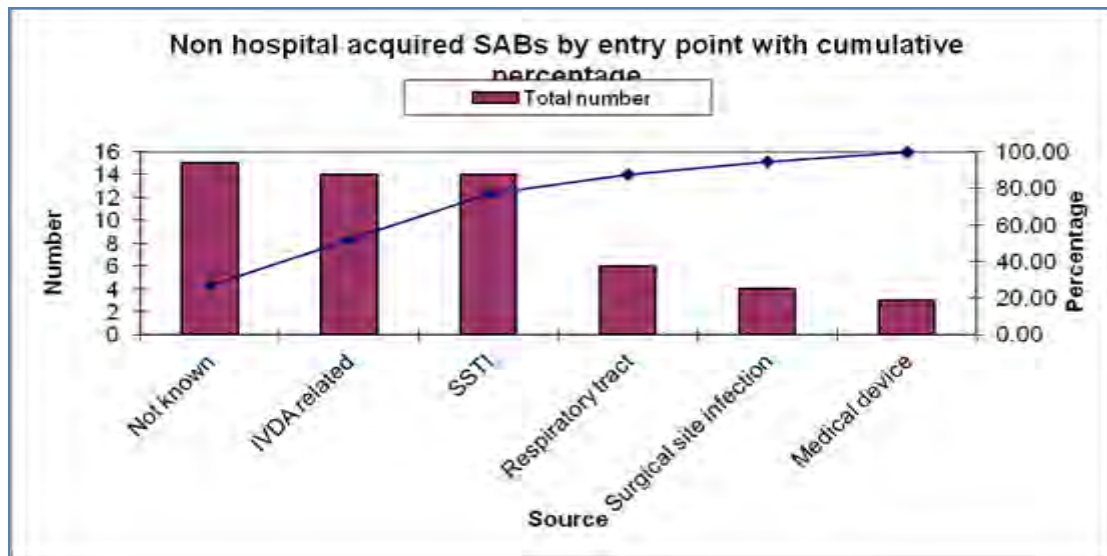


Figure 19 demonstrates the 2019 Non hospital (Community and Healthcare associated SABs combined) with the high incidence of PWID (IVDU) related SABs, followed by skin and soft tissues infections (SSTI)

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Figure 19 Non Hospital acquired SABs by entry point 2019



Current challenge	Improvement Actions	Timescale review
Achieve HPS reduction of Healthcare associated SABS by 10% by April 2022	Optimise communication with key clinical teams Monthly reporting & graphs of SAB data across Acute services & HSCP to increase learning around SABS & sources	Annually
Reduce the incidence of SABS due to PVCs	Monthly reports & graphs to relevant clinical teams with sources & onset data of all SABS Monthly graphs of Days between PVC SABS DATIX all PVC SABS Weekly ePVC compliance reports	Annually
Reduce the incidence of SABS due to all Vascular access devices	Monthly reports & graphs to relevant clinical teams with sources & onset data of all SABS Monthly graphs of Days between CVC SABS Monthly graphs of Days between VAD SABS Support local QI programmes for key areas with monthly graphs	Annually
Reduce Community acquired PWID SABS	Liaise with & support Addiction services in addressing their client groups needs -Leaflets -SOP for antibiotics SSTI Monthly days since last PWID SAB graphs sent to Addiction services to support their QI work	Annually

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7.7.5 2019 Surveillance Summary:

- Surgical Site Infection (SSI) rates fluctuate, but for reported orthopaedic procedures, they remain at a very low level. The overall incidence of SSI (inpatient and readmission) for NHS Fife for hip arthroplasty was 0.7% which compares in line with the overall national incidence of 0.6%.
- Rates for Caesarean Section were above the national rate in 2019 with an exception report issued in Q1 2019 (6.5% incidence per 100 procedures), rates for Quarters 2, 3 and 4 were improved (2% – 2.5% incidence per 100 procedures) and new surveillance methodology implemented including case reviews with the clinical teams.
- The annual Large bowel SSI rate for 2019 for Scotland is 6.8% with NHS Fife higher at 9.4%. HPS stated in 2019 that further surveillance and analysis is required to gain a true representation and National comparison, as this data subset remains in its early stages and therefore data should be analysed with caution
- The Scottish Government's Chief Nursing Officer in October 2019 announced the new standards for the reduction of Healthcare Associated Infections (Hospital acquired (HAI) & Healthcare associated (HCAI)) for the following: ECB, CDI and SAB.
- *Escherichia coli* bacteraemia (ECB), despite NHS Fife receiving an exception report for HCAI ECB in Q4 2019 (for being above the 95% confidence interval upper limit in funnel plot analysis) NHS Fife witnessed a decrease in the total number of cases in 2019 compared to 2018. Lower Urinary tract Infections (UTIs) and Catheter associated UTIs (CAUTIs) remain the prevalent source of ECBs and are therefore the two areas to address to reduce the ECB rate
- *Clostridioides difficile* infection (CDI) rates continue at a low level, achieving rates below the national average: NHS Fife HCAI Infection Rate (per 100,000 TOBD) was **8.8**, well below Scotland's HCAI Infection Rate (per 100,000 TOBD) of **13.3**. In 2019 NHS Fife achieved the joint best year (with 2018) for total number of infections in NHS Fife (n= 47). Pioneering work to reduce incidence of recurrent infection introduced in 2019.
- The total number of SAB rate for NHS Fife in 2019, was the second lowest year since 2014 (85 SABs in total in 2019, this was a 24.7% decrease in the number of SABs from 2018) and on target to meet the new reduction standards.
- There were just 2 MRSA bacteraemias identified in 2019, the lowest number on record and the third consecutive year where the proportion of invasive MRSA has been less than 5%.
NHS Fife has achieved the local improvement target set by the ICC for MRSA bacteraemia to be less than 5% of total SABs.
MRSA SABs will no longer be reported upon in national reporting, from 2019.
- 2019 was quiet in terms of norovirus outbreaks. All outbreaks were contained with no spread to other wards and staff demonstrated great commitment and effort.
- A number of wards and bays were temporarily closed to admissions and transfers due to Influenza and other respiratory infections. There was a similar picture in most boards across Scotland.

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- **7.7.6 National MRSA and CPE screening programme**

The MRSA Screening Key Performance Indicator (KPI) for 2019-2020 remains set as ‘90% of all acute admissions must have CRA within 48hrs of admission’.

Table 2: MRSA CRA Compliance to end 2019

MRSA					
MRSA Critical risk assessment (CRA) screening KPI compliance summary:					
Quarter	Q1 2019 Jan-Mar	Q2 2019 April- June	Q3 2019 Jul-Sept	Q4 2019 Oct-Dec	
Fife	88%	93%	93%	93%	
Scotland	83%	89%	88%	88%	

Table 3: CPE CRA Compliance 2019

CPE (Carbapenemase Producing Enterobacteriaceae)					
For 2019, CRA has also included screening for CPE					
Quarter	Q1 2019 Jan-Mar	Q2 2019 April- June	Q3 2019 Jul-Sept	Q4 2019 Oct-Dec	
Fife	73%	75%	83%	80%	
Scotland	81%	86%	86%	85%	
CPE CRA screening KPI compliance Summary- Commenced for 2019					

Compliance with MRSA CRA completion fluctuates however is predominantly within the 90% compliance target in 2019 (Table 5). However, compliance with CPE CRA continues to be a challenge (Table 6). The IPC are working closely with Excellence in Care to develop a national tool for Multi-Drug Resistant Organisms surveillance, which will be used locally. This tool will support a consistent pathway for the clinical risk assessment of patients and patient placement.

7.7.7 Outbreaks and Incidents

7.7.7.1 Norovirus

The year of 2019 saw no change in the number of ward and bay closures due to Norovirus in comparison with the year before (2018): there were two ward closures. The outbreak was contained with no spread to other wards and staff demonstrated great commitment and effort in achieving this. There was prompt recognition and reporting by the ward staff with excellent collaborative working between all staff groups.

7.7.7.2 Other Outbreaks

The IPCT also provided support to clinical teams to investigate and implement control measures during periods of increased incidence of respiratory illness. For the year of 2019 there were ten wards/bays closed due to Influenza and a combination of other respiratory illnesses such as Coronavirus, Rhinovirus and Respiratory Syncytial Virus (RSV) (see Table 7).

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Table 4: Respiratory Illness Ward/Bay Closures 2019

Year	Month	Bay/ward	Causative organism	Days Closed	No of pts affected	No of staff affected
2019	January	Bay	Influenza	2	3	0
2019	January/ February	Bay	RSV/ Coronavirus	7	4	0
2019	February	Bay	Coronavirus	4	6	0
2019	February	ward	Influenza A	10	11	6
2019	February	Bay	RSV, Influenza A	1	5	0
2019	April	Bay	Parainfluenza 3 Rhinovirus	3	6	1
2019	April	Bay/ward	Influenza A	6	6	1
2019	October	Bay	Rhinovirus	5	3	1
2019	November	Dorm	RSV/Adenovirus Rhinovirus	6	4	0
2019	December	ward	Influenza A	3	2	0

7.7.8 Infection Control Audits

The IPC audit programme provides assurance to the organisation that the required HAI standards are being met board wide. The focus is on intelligence led auditing which will assist in validating the ward level audit programme and ensure a consistent approach is taken.

A two-year rolling programme was initially commenced in August 2016 and again in 2018; which encompasses all divisions and a wide range of clinical areas. The IPC nurses prioritise areas where issues with compliance have been identified through either observation or other assurance processes provided by other services within the board.

Monitoring and reporting of Estates issues is conducted by the domestic teams as part of NHS Scotland National Cleaning Standards monitoring and Quality Assurance team undertake additional audits.

Auditing of Standard Infection Control Precautions is the responsibility of Senior Charge Nurses (SCNs) as part of the Leading Better Care Programme (LBC). In addition to this, the IPC launched the new *Safe and Clean Care Audit* framework in September 2019 with mixed initial uptake. A renewed focus on the programme is currently underway with support from senior leaders across NHS Fife.

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Vale of Leven Hospital Enquiry Report: November 2014

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Meeting:	ASD Clinical Governance Committee
Meeting date:	July/August 2020
Title:	ASD CGC Update Summer 2020 (19/8/20)
Responsible Executive:	Dr R Cargill/Mrs L Campbell
Report Author:	RC/LC/LG/EM

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Emerging issue (COVID 19 mobilisation)

This aligns to the following NHSScotland quality ambition(s):

- Safe

2 Report summary

2.1 Situation

ASD CGC meetings since 22nd January 2020 have been cancelled and will resume via MS Teams from 16th September 2020.

2.2 Background

Whilst meetings of the committee were suspended, significant ongoing clinical governance activity was maintained and can be used to provide assurance to the board that monitoring of quality and safety within the division has been maintained.

2.3 Assessment

See attached minutes and update for July/August 2020.

Divisional oversight

- Crude mortality rates within ASD are reviewed weekly and exception reporting to the executive medical director do not demonstrate a significant excess of deaths during Covid-19 mobilisation period
- AMD and ADoN complete monthly review of divisional Clinical Governance reports. This includes patient falls, tissue viability, observation rates, ePVC compliance, management of complaints and incidents

- Continuous real time review of major and extreme incidents by senior leadership team with formal analysis of all COVID-19 related incidents communicated to executive team weekly

Directorate activity

Planned Care

Process improvement during this period has been directed to standardise CG processes within PCD. A common framework has been set up to strengthen consistency through clearly defined process for the Directorate.

General surgery has created a Directorate committee focussed on CG activity / monitoring at directorate level during the Covid – 19 Period:

- Adverse events have continued to be monitored and reviewed. Investigations have been followed through in line with normal processes.
- Investigation processes in relation to LAER's / SAER's have been progressed locally where possible
- Complaints, both stage 1 and stage 2 are being responded to, however 20 day target day for 2nd stage complaints have in the main not been met.
- Routine Monitoring has continued in the clinical areas including e.g. SPSP; ePVC, SICPs, Review of Falls, medication and pressure related incidents.
- CNM's assurance / environmental using the framework tool template with team leaders/SCN's
- Some SOP developments and reviews continue as required i.e. theatre, DSU QMH
- Interdepartmental clinical governance meetings have commenced, with the inaugural general surgery CG meeting having occurred 21/8/20. The meeting was well attended by all disciplines involved including surgeons, ANPs, CNMs, SCNs and HoN. Urology meeting is scheduled within the next few weeks. The departmental meetings will follow the same structure of discussing adverse events, complaints and SPSO feedback and actions, audit, policies and protocols.
- The directorate has managed to improve the timeliness of responses to stage 1 and stage 2 complaints, although has not yet reached pre-COVID performance levels.
- The directorate has re-focussed attention on the completion of outstanding SAERs with Executive Oversight meetings having been reconvened over Teams.
- Adverse events reported via Datix have been managed through normal processes.

Emergency Care

- HoN /CNM clinical governance review meeting were reinstated last month.
- All outstanding complaints which were on hold due to COVID have been responded to and closed ECD are now moving forward to meet the 20 day target for stage 2 Complaints.
- HoN/CD have completed a review of all clinical governance processes within ECD to ensure there is robust monitoring and review process by SCN/CNM. This information will then be shared with the ECD senior management team for sharing at the ASD Clinical Governance meetings and ECD performance oversight meeting.
- SAER process has been recommenced and ECD are working to finalise outstanding SAERs which were on hold due to COVID.
-

WCCS

Maternity services

- 31 July, resumed national routine antenatal schedule of care (QIS Pathways for Care)

Minimum standard of 8 – 10 face to face appointments (Use of Technology & remote monitoring supplements routine schedule of care, subject to individual risk assessment, to facilitate care close to home with access to the multidisciplinary team for additional care).

- 13 July women able to identify one supportive person to accompany them to antenatal appointments and scans,
- 31 July, antenatal and postnatal group sessions resumed, virtually or face to
- (Provided that person is not ill or showing any symptoms of coronavirus as per national guidance).
- 31 July resumed national routine postnatal schedule of care (QIS Pathways for Care).
- Post-natal care following bereavement is in place, bereavement rooms in place (where this was changed).
- 13 July women can identify one designated visitor to visit them whilst in hospital, on the postnatal (or antenatal) ward. This is in addition to one birth partner, as per national guidance

Neonatal Services

As an essential service, neonatal care continued with modifications described within guidance issued by the Perinatal network.

- 13 July, one visitor in addition to parents is permitted to visit a baby in neonatal care, (Provided that person does not have symptoms of coronavirus. as per national guidance).
- Resumed Bliss Baby Charter accreditation process.
- Resume face to face training where paused. Where a two metre distance cannot be maintained, face masks must be worn in the training
- MCQIC staff planning remobilisation.
- 31 July, all national clinical audit, confidential enquiries data submission to resume (where paused).

2.4 Recommendation

- **Awareness** – For Members' information only.

2 List of appendices

The following appendices are included with this report:

ASD CGC minutes 220120

Report Contact

Dr R Cargill
Associate Medical Director

Lynn Campbell
Associate Director of Nursing

ITEM 13.1

A NOTE OF THE ACUTE SERVICES DIVISION CLINICAL GOVERNANCE COMMITTEE HELD ON WEDNESDAY 22ND JANUARY 2020 AT 2.00PM WITHIN TRAINING ROOM 1, DINING ROOM, VICTORIA HOSPITAL

Present

Mrs Norma Beveridge
Mrs Lynn Campbell
Dr Robert Cargill
Ms Gemma Couser
Dr John Donnelly
Ms Aileen Lawrie
Mrs Nicola Robertson
Ms Claire Steele
Miss Arlene Saunderson
Ms Marie Paterson
Mrs Miriam Watts

Designation

Head of Nursing – Emergency Care
Associate Director of Nursing – Acute Services Division
Associate Medical Director – ASD (CHAIR)
General Manager - WCCS
Clinical Director – Planned Care Directorate
Head of Midwifery
Head of Nursing – Planned Care Directorate
Pharmacy Manager (rep Mr S Garden)
Head of Nursing, Planned Care
Head of Nursing - Acute
General Manager – Emergency Care Directorate

Apologies

Dr Annette Alfonzo
Mr Scott Garden
Mrs Donna Galloway
Dr Tahir Mahmood
Mrs Elizabeth Muir

Designation

Clinical Director – Emergency Care Directorate
Director of Pharmacy
Laboratory Manager - Women, Children & Clinical Support
Clinical Director – Women, Children & Clinical Services
Clinical Effectiveness Co-ordinator

In Attendance:

Mrs Margaret Dodds
Miss Lynn Godsell

Senior Nurse – Quality & Risk – Emergency Care Directorate
PA to the Associate Medical Director & Associate Director of Nursing (minutes)

Dr Marcia McDougall
Dr Robert Thompson

Consultant in Anaesthesia & Intensive Care (for Item 5)
Consultant in Anaesthesia & Intensive Care (for Item 5)

ACTION

1 Welcome and Introductions

Mrs Campbell and Dr Cargill highlighted the importance of Governance within the Directorates to allow the wider Acute Services Division to fulfil its Governance responsibilities. The expectation was that this should be a team effort within each Directorate. Mrs Campbell advised that it was each members' responsibility to provide the necessary reports and information in time to allow review by Committee members.

Dr Cargill welcomed those present to the meeting and the necessary introductions were made.

2 Apologies for Absence

Apologies for absence were noted from the above named members.

3 Unconfirmed Minute of ASDCGC Meeting held on 26TH November 2019

Dr Cargill referred to the notes of the meeting from November and asked members

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for any issues. Ms Steele asked that the spelling of her surname be amended.

LG

With this amendment, the minutes would be accepted as an accurate record.

4 Matters Arising

Action List

Action 91 – PAA Spinal Governance Procedure – Dr Donnelly advised this is complete and will be reviewed in a year and then when statutory regulations require a review. Dr Donnelly said it has still to be uploaded to the Intranet.

JD

Regard as complete in relation to the Committee’s interest.

Action 244 – Cleft Care Report - Dr Donnelly said there was some confusion as to what this report was as the Clinical Lead did not produce such a report. Dr Donnelly to embed OMFS reports into Directorate workplan.

JD

Action 268 – Boarding Policy – Regard as complete.

Action 286 – Cardiac Arrest Data – Miss Godsell disseminated information to Clinical Directors & Heads of Nursing 16/1/2020. Date still to be clarified for an Inter Specialty Event.

LG

Action 288 – EOL Audit is an annual report. Update workplan accordingly.

LG

Action 289 – Neonatal Incidents – Agenda Item. Regard as complete.

Action 291 – Update re Botox Injections – Ms Couser advised that we do not have a dedicated service to provide this and a business case will likely be required. Ms Couser advised it may come back to the Committee in the future if necessary. Regard as complete.

Action 294 – Testis Cancer - Dr Donnelly to follow up with Clinical Lead.

JD

Action 295 – Breast Cancer – Dr Donnelly advised that Breast have just appointed a Clinical Lead. Dr Donnelly to liaise and feedback.

JD

Action 298 – Cardiac Arrest Data – Feedback done. Regard as complete.

Action 299 – SBAR NEWS/FEWS – Dr Cargill said no new actions and NHSF CGOG were content with our holding decision.

Action 300 – EOL Audit – Mrs Campbell advised that discussions will take place off line. Regard as complete.

Action 301 – SBAR Prostate – Dr Donnelly advised there had been changes made to the pathway. Regard as complete.

Action 302 – Cleft Care Report – covered under Action 244. Regard as complete.

Action 303 – Commentary on Cancer Reports – Covered under Actions 294 & 295. Regard as complete.

Action 304 – SAER Learn Summaries – Mrs Robertson advised that Ward 33 are testing the processes and recording of PVC insertion. An audit will be brought

PCD

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back in due course. Regard as complete.

Action 305 – SAER LEARN Summaries – Catheter Passport Update – Miss Saunderson advised that it has been a slow process in obtaining the Catheter Passports through Procurement but we are nearly at the point of receiving these. The Short Life Working Group (SLWG) can now drive this forward. Miss Saunderson added that Practice & Professional Development have included this in their training packs too. Regard as complete.

Action 306 – Cancer QPI's – Noted by the Directorates. Regard as complete.

Action 307 – CWT Report – Workplan updated. Regard as complete.

5 Hospital/Board or Population Level Reports

Scheduled Governance Items :

- **Acute Hospital Mortality Report**

Dr Cargill advised that the routine monitoring of weekly crude mortality rates which tracks the safety of the hospital has continued throughout 2019. Dr Cargill added that the data shows a seasonal variation across the acute week to week, however the variability is not due to anything exceptional and this year's winter peak is lower than that of 2019. Ms Steele asked how Fife compares with other Boards. Dr Cargill said he was unsure as he had not asked other Boards for their data but stated that the increase in mortality started later last year.

The update was noted.

- **Scottish Structured Response (SSR)**

Ms Paterson presented the SSR audit paper which had been written by Elizabeth Muir. This audit looked at the compliance of the SSR sticker which is part of the Acute Services Division procedure for recording of patients Clinical Observations using Fife Early Warning Score (FEWS). The SSR was developed by the Scottish Patient Safety Programme (SPSP) for reliable detection of the deteriorating patient with a FEWS of 3 or more using the electronic system Patientrack to alert clinical staff of patients who have triggered a high FEWS and have been an inpatient for more than 24 hours.

It was noted that a questionnaire was designed by the Clinical Effectiveness Team to capture compliance with the SSR process using the following criteria:

- Patients who trigger FEWS of 3 and above
- All wards in the Acute Services Division were audited with the exception of SHDU, MHDU, ICU and A&E.

The results of the audit highlighted that:

- 109 patients triggered a FEWS of 3 or above. 23% of these had a SSR sticker in the case notes.
- Of the patients who did not have a sticker in the notes – 74% had a management plan documented in the notes.
- The audit findings demonstrate a decline in SSR compliance.
- Completion of Part A (FEWS 3) was completed well in this audit cycle
- Completion of Part B (FEWS of >4 (or 3 for more than 1 hour) was significantly poorer than previous audits.

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Ms Paterson said that improvement work was required to improve the compliance. The improvement work would include:

- Sharing this report,
- Re-circulate the SSR stickers,
- FEWS escalation poster to be re-sent.
- Highlight in the template at the Safety Huddle regarding the escalation part?
- Re-visit the sticker being built into Patientrack (eHealth confirmed the SSR was built onto Patientrack in 2015 but not rolled out then so not much access)
- Re-visit the sticker as this has been updated

Mrs Robertson highlighted that there were some errors within the audit report. Ms Paterson said that she had advised Mrs Woodburn of this. Mrs Robertson added that Boards at the Nurses stations had been updated and the Doctor and the ANP can see the information which is being rolled out at zero cost.

Ms Lawrie said that Maternity are not linked to that system and Maternity would audit via Clinical risk and the patient notes but was unsure of the numbers. Ms Lawrie added that maternity patients with a score over 3 – PEWS (Paediatric Early Warning Score) has no link up to the system. Ms Lawrie said that links with interfaces with care and IT systems are proving to be more risky. It was noted that four different Early Warning Scores (EWS) all have different mechanisms.

The report was noted.

- **Tissue & Organ Donation (Apr – Sept 2018)**

Dr Thompson attended to present the Tissue & Organ Donation report to the Committee.

Dr Thompson advised that NHS Blood and Transplant mandate themselves to send out the report in both detailed and summary format.

The summary report for NHS Fife noted the following points:

- NHS Fife referred 15 patients to Organ Donation Services Team, 13 met the referral criteria and were included in the UK potential Donor Audit.
- A Specialist Nurse was present for 4 organ discussions with families of eligible donors and not present on one occasion.
- 4 deceased donors proceeded to be donors for organs the following day. Dr Thomson said this was quite low for us and as we are a District General Hospital and do not admit Neuro-Intensive patients the numbers fluctuate. Dr Thompson said it should be around 6 – 10 donors.
- There have been 8 donors since April 2019.

Dr Thompson said that there were 3 areas which could be improved with donation performance. These are:

- Referring more patients
- More utilisation of a Specialist Nurse for end of life care conversations with families (although there has been improvement over the last 5 years)
- Becoming more comfortable with breaking bad news

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Mrs Beveridge asked if the end of life conversations could be done another way rather than the Specialist Nurse? Dr Thompson said that it used to be the Transplant Co-ordinator then became donation Specialist Nurses but they were not introduced as an Oncology Nurse as sometimes the patients do not know they have cancer.

The Tissue & Organ Donation Committee does not currently have a chair for the quarterly meetings, which is a requirement set by NHS NHS Blood and Transplant as they provide funding to NHS Fife. Dr Thompson said that a non clinical person may be better for the role. Dr Cargill agreed to discuss with the Executive Team.

RC

The report was noted.

Annual Reports:

- **Fluid Report & Poster**

Dr McDougall attended to speak to the Fluid Report.

Dr McDougall highlighted the following points from the report.

The Quality Indicators from the NICE Fluid Guidelines 2013 state:

1. All hospitals have a fluid lead.
2. Adults on IV fluids are treated by individuals who have been trained and assessed for knowledge and competence in fluid management.
3. Adults on IV fluids have a 24 hour management plan for fluids given and reviewed by a senior clinician including prescription, assessment and monitoring.
4. Consequences of fluid mismanagement are reported as critical incidents and learning is applied.

Dr McDougall said that she is the Fluid Lead for NHS Fife and works closely with Emily Ridley, Fluid Nurse. Dr McDougall said those who do the IV fluids module will be tested on their knowledge but this is not currently compulsory.

Dr McDougall said that they do a lot of education on the wards and fluid tutorials to the FY1, Junior Doctors and Anaesthetists. An e-learning module on Intravenous Fluids for Adults was also developed on Learnpro to provide another educational resource; this is available to medical and nursing staff. A Learnpro module for health care support workers is almost finished.

Emily Ridley carried out an audit of the Intravenous Fluid Prescription Chart over three separate days in August 2019 at the Victoria Hospital. It was noted that there was varying engagement from the wards:

Surgical wards were over 90%

Medical & Orthopaedic wards were slightly less. It was difficult to get nurses off wards.

The audit captured the types of intravenous fluid administration sets that were available in the wards and if they were being administered and monitored correctly. The audit showed that a total of 78 infusions were in progress in general wards. Out of the 78 infusions, 38 were intravenous fluid only. These were the prescriptions reviewed to identify if the fluids prescribed followed NHS Fife Guidance for Intravenous Fluid and Electrolyte Prescription. Emily Ridley is standardising pumps and monitoring charts for infusion across the hospital as the audit

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highlighted that a variety of types of IV administration sets were found in use.

Dr McDougall informed the Committee of future plans which included:

- Exploration of small volume infusions: residual drugs, standard giving sets, bolusing of antibiotics, use of glucose instead of saline.
- Ongoing audits in acute wards – move to SCN led auditing and QI
- Publication of biochemistry study conducted in 2017-2018.
- Ongoing national leadership including advising the NPAD/CIVAS programme on behalf of the national IV fluid programme (NPAD is planning to have a national IV drug preparation service for antibiotics and other drugs.)

Dr McDougall highlighted to the Committee that Emily Ridley won best poster at the National Intravenous Access Society for our fluid work in June 2019.

Mrs Campbell asked about a rolling audit plan and if the current programme of audits included targeted quality work in Ward 31? Dr McDougall advised that when Emily does a ward audit she will go in and spend a reasonable amount of time in the ward. An SBAR will be completed each time. Mrs Robertson said that a lot of time Emily visits it after an SAER or similar. Miss Saunderson said that the wards need to take ownership.

Miss Saunderson asked about the Fluid Balance charts and was advised that Patientrack testing took place in Ward 23 and it was not very user friendly. Dr McDougall said that £7k of endowment monies was spent to upgrade the system but that was 2 years ago.

Dr. McDougall is lead for the National Intravenous Fluid Programme which began in February 2018, and coordinated by the Scottish Government. Dr McDougall, Emily Ridley and Alan Timmins have been key to the spread of the fluid guidelines around Scotland. Monthly WebEx's with the government team and quarterly national meetings with representatives from all health boards are used to spread knowledge and good practice, and data on fluid use across Scotland are being collected to monitor the progress of the different boards in standardising fluid use.

There was a brief discussion about IV bags losing up to 20% and the costs associated with this. Ms Steele said that this had not been approved and the shelf life needs to be an infusion not a bolus. It was anticipated this would not be a quick fix.

Dr Cargill thanked Dr McDougall for the comprehensive report and added that this would be a recurring annual report.

- **Duty of Candour Report**

Dr Cargill informed the Committee that this report contains information around the incidents which triggered Duty of Candour within the organisation. The incidents related to Medication Incidents, Healthcare Associated Infection, Tissue Viability, Patient Falls and other Clinical Events. It was noted that the incidents were reviewed and re-categorised to a lesser grade which did not trigger Duty of Candour. Dr Cargill said it will be a learning process as it evolves.

Mrs Beveridge asked if our numbers were comparative with other Boards? Dr Cargill advised that we had up to 10 fold more incidents than other Boards and this

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was what triggered the look back exercise.

Mrs Couser said that an investigation took place around a particular case in Maternity, with the learning and reflection being shared. The Duty of Candour of letters seems to be delayed by quite some time after the event before being sent. Dr Cargill said that this is now law and what we have to adhere to as an organisation.

Miss Saunderson added that Planned Care Directorate has a checklist and any communications require to be well documented.

The report was noted.

- **Medical Appraisal & Revalidation Report**

Dr Cargill advised that this was the National report for Medical Appraisal & Revalidation for the period 2018 – 2019. Dr Cargill said the report confirms that the national experience mirrors the local experience. Revalidation was introduced as a legal requirement across the UK from December 2012 and the Responsible Officer for a Board can make one of three recommendations regarding a doctor to the GMC:

- Positive recommendation
- Deferral
- Non-engagement

Dr Cargill said there are a number of doctors requiring deferral, which is a neutral act and can arise for a number of reasons including ill health, leave or when a doctor has a prolonged period of leave and has been unable to engage in an appraisal in the required timeframe. The number of deferrals for NHS Fife is comparative with the national figures. Dr Cargill said that the local team have efficient processes in place so that our staff are monitored very closely.

The report was noted.

- **Health Promotion – For Noting**

Dr Cargill referred to the Health Promotion report and asked members to be aware of where it impacts on their particular services and that Health Promotion will ask for help in specific issues if required.

The report was noted.

6 Planned Care Directorate

6.1 Directorate Governance – Specialty National Reports

- **SBAR Breast Cancer**

This quality assurance aims to give Boards confidence of the quality of data collected against nationally agreed standards.

The SBAR for Breast Cancer noted the following points for NHS Fife:

- 16 of the 17 data items in the sample dataset were recorded with complete accuracy.

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- The overall accuracy recording for NHS Fife was 99.3% which exceeds the recommended minimum of 90%.
- There were no specific actions identified for NHS Fife.

The summary was noted.

- **SBAR Renal Cancer**

This quality assurance aims to give Boards confidence of the quality of data collected against nationally agreed standards.

This report covers data collected between January to December 2017

The SBAR for Renal Cancer noted the following points for NHS Fife:

- 16 or 17 data items were recorded with complete accuracy
- The overall accuracy of recording of renal data items in NHS Fife was 99.6% which exceeds the recommended minimum standard of 90%.
- There were no specific actions identified for NHS Fife.

The summary was noted.

- **SCAN Oesophago-Gastric Cancer**

Dr Donnelly referred to the Oesophago-Gastric Cancer report and advised that Peter Driscoll is the local lead for NHS Fife.

It was noted that NHS Fife did not meet the QPI's in some areas with the shortfall of achieving these being minimal. Dr Donnelly said our figures were comparative with other Boards. Dr Donnelly said the outlier was the Clinical Trials QPI with only 2 of 95 patients consenting to participate in a clinical trial.

The following points were noted from the QPI summary:

- Delay from referral to diagnosis – there are plans to increase the nursing numbers.
- Improve on Nutritional assessment (undergo screening before first treatment). The same issue was raised with Head & Neck Cancer. Ensure MUST (Malnutrition Universal Screening Tool) are recorded. Dr Donnelly said they are now up to 95%.

JD/PCD

Dr Donnelly said this report/data will be added to the workplan.

The update was noted.

- **Cleft Care Report – c/f to Jan 2020**

This was discussed under Action List – Action 244.

- **Commentary on Cancer reports – c/f to January 2020**

Not submitted – c/f to March 2020.

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6.2 Directorate Level Outcomes Data:

- **Clinical Audit**

Dr Donnelly advised there was nothing to report to the Committee. Dr Donnelly suggested that a departmental spreadsheet be created with a rolling timetable for the Clinical Leads.

JD/PCD

- **SAER LEARN Summaries**

The LEARN Summary was in relation to the following event:

- During a planned routine theatre procedure for adenotonsillectomy, the operating surgeon accidentally touched the outside of the affected person (child's right cheek) with monopolar diathermy causing a small burn.

Miss Saunderson said that this reinforces the importance of careful Diathermy handling during operating procedures.

6.3 Directorate Risk Management Report

The following highlights were noted from the Directorate report.

Incidents

There were 247 incidents reported from 1 November 2019 to 31 December 2019. 6 of these were reported as major. The Directorate gave assurance that these were being managed locally.

The top 5 key themes of all incidents are:

Patient Falls
Other Clinical Events
Medication Incident
Tissue Viability
Access/Appointment/Admission etc

Patient Falls

There were 46 falls reported across the Directorate during the reporting period. 60% of these were classed as 'no harm'.

SSI – Large Bowel

The Directorate participated at the feedback discussion session in Acute Services in November 2019. At the meeting, it was recognised that there was ambiguity of HPS definitions of inclusion to the above surveillance program. The Directorate are aware that they were not doing well (39% compliance), it was agreed to highlight at appropriate forums and work closely with the Surveillance team. It was noted that there was evidence of good practice with some surgeons but not others.

The Directorate will provide an update in the next report.

Medication Incidents

There were 36 medication related incidents.

81 % - no harm outcome

8% - minor harm outcome

11% - moderate harm outcome.

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These have all been managed appropriately.

Risk Register

The Risk register is reviewed at regular intervals. It was noted that the General Manager and the Chief Operating Officer met to go through the Directorate's risk register. This was a useful discussion and that will be included in future Clinical Governance meetings going forward.

Complaints

The Directorate closed 23 Stage 2 complaints and 48 Stage 1 complaints for the period.

SPSO

There were two SPSO cases with actions being upheld in both cases.

Dr Donnelly said that we need to ensure consistency when responding to the SPSO regarding complaints.

Dr Donnelly added he felt uncomfortable with the complaint which included patient referral to another Board for an eye operation. The Consultant presented data and guidelines and the SPSO have closed the complaint. Mrs Campbell said that although we respond to complaints in a timely manner, by the time it is published it is much later. Dr Donnelly advised of his intention to appeal the determination as new information has come to light.

SPSP Patient Safety Essentials

Miss Saunderson said that the request from Internal Audit regarding the 10 Patient Safety essentials was now complete. Miss Saunderson said that the essential actions were embedded into daily practice and are "business as usual". Miss Saunderson added that all ePVC are recorded in Theatres and reported accordingly.

It was suggested that ongoing monitoring within the Directorates occurs to address any issues and ensure there are efficient systems and processes in place.

6.4 Specialty/departmental audit & assurance data (incl guidance)

- **Update on Catheter Passport Trial**

This item was covered under Action List – Action 305.

- **Clinical Quality Indicators**

Nothing to report.

6.5 New Interventional Procedures

There were no new Interventional Procedures.

6.6 SPSO Recommendations

This was covered within the Directorate report.

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7 Women, Children & Clinical Services Directorate

7.1 Directorate Governance – Specialty National Reports

- **National Neonatal Audit Project**

Ms Lawrie advised the Committee that the National Neonatal Audit Project report provides an overview of how neonatal (and some obstetric) practice within NHS Fife compares with other neonatal units across Scotland and the rest of the UK. Ms Lawrie added that the data is derived from admissions to the neonatal unit in 2018.

Ms Lawrie said that there were more positives than challenges for NHS Fife.

Data suggests that NHS Fife compares favourably in most areas including:

- Antenatal steroids
- Magnesium sulphate (sulphate)
- Temperature on admission (recording within 1 hour of admission)
- Consultation with parents within 24 hours
- Retinopathy of prematurity (ROP) screening
- Bronchopulmonary dysplasia (BPD)
- Necrotising enterocolitis (NEC)
- Mother's milk at discharge

Local performance is not so good for:

- Parental presence on ward rounds
- Temperature on admission (where over 25% were too warm). Follow up work with adopter sites is being done (part of the Best Start transitional Care) within maternity areas regarding this target.
- Clinical follow-up at 2 years of age

The report noted that local data is entered into Badgernet as part of the day-to-day management of the babies in the neonatal unit. Data completeness for NNAP and other audit projects is checked by Dr S Ainsworth and Charge Nurse L Kuz cross-referencing other clinical data such as results, maternity notes, and ophthalmology screening sheets. Data completeness in 2018 was reported to be 89.6%. NHS Fife will require to continue to input data into Badgernet and the recent implementation of the maternity system in Obstetrics will help with data ascertainment for those standards with are "obstetric" in nature.

Mrs Couser said it was a very positive report for NHS Fife and would be included in the annual workplan.

WCCS

7.2 Directorate Level outcomes data:

- **Clinical Audit**
- **Everlight Report**

Ms Couser advised that Everlight are used by NHS Fife for both out of hours vetting and reporting mainly of acute emergency CT scans but also on occasion routine outsourcing of specialty examinations.

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The Everlight reports show activity and Quality Assurance/reporting discrepancies. Ms Couser encouraged clinicians to speak to the department if they encounter any anomalies with any of the reports.

Ms Couser said the report was for noting and there was no action required.

Dr Cargill asked what percentage of reporting Everlight were doing for Radiology? Ms Couser was not sure and agreed to liaise with Ms Burdock about the detail of the report.

Ms Steele asked who reviewed these reports? Ms Couser was unsure what the process was.

The Everlight update was noted.

- **SAER LEARN Summaries**

There were two LEARN summaries for the Directorate.

These related to:

- An antepartum stillbirth with poor documentation resulting in the inability to evidence good and appropriate care was given.
- A patient presenting to the Emergency department with seizures. There was misunderstanding around the pathways of care and appropriate escalation.

7.3 Directorate Risk Management Report/s

- **Clinical Support & Access**

Ms Couser spoke to the Directorate report and advised that there were no major issues to highlight from the report.

The following points were noted:

There were 104 incidents reported between 1st October 2019 and 30th November 2019. There were no major incidents and 2 moderate incidents. The moderate incidents were logged by Laboratories and are connected.

The top five themes of all incidents are namely:

- Radiation Incidents
- Patient Information
- Specimen Management
- Blood Transfusion
- Major Haemorrhage activations

There was 1 patient fall recorded in Therapies and Rehab.

There were no Medication Incidents.

There were 2 minor personal accidents recorded – one in the Orthotic department and one in Radiology.

There were 4 new Laboratory risks added to the Risk Register during October 2019.

GC

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The Directorate risk register is robustly reviewed to ensure all risk are managed appropriately.

There was no Patient Feedback collected during the reporting period.

There was one Stage 1 complaint received about poor communication regarding a procedure. The complaint was upheld. The Directorate received six compliments.

Ms Couser said that the Directorate has been struggling to produce a cohesive report but the first Directorate Clinical Governance meeting is arranged for February.

Ms Lawrie referred to the Internal Audit requirement for the Patient Safety Essentials. Ms Lawrie said that the 10 essentials were the same as other Directorates with a few exceptions:

- FEWS/NEWS - National MEWS (Maternity Early Warning Score) FEWS and PEWS (Paediatrics Early Warning Score) used in all areas and documentation of same held in patient record. It was noted that PEWS is rarely used and paper records are utilised more widely.
- ICU Daily Goals/Ventilator Associated Pneumonia - Ventilator use is only undertaken within NNU.
- Peripheral Venous Cannula – Maternity compliance is recorded via the Badgernet electronic patient record system whereas Gynaecology follow the adult reporting system which is monthly via Infection Control.

Mrs Campbell said that it was evident that the Patient safety essentials were covered within Maternity.

The report was noted.

- **Maternity Report – bf from July 2019**

Ms Lawrie referred to the Maternity report.

The Committee were asked to note the following progress with priorities:

- Redesign of the induction of labour pathway
- Redesign of the Caesarean section pathway
- Redesign of the medical workforce
- Establish Women & Children's services within a new Directorate with augmented leadership.
- Implement Best Start local recommendations
- Develop Badgernet interface with other IT systems

Mrs Lawrie asked members to note the Maternity Report for 2018.

Ms Couser highlighted that there is a service development plan for Obstetrics.

The report was noted.

7.4 Specialty/departmental audit, assurance data (incl guidance)

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- **SBAR – Cervical Cancer**

The following points were noted from the Cervical Cancer report:

Scotland

- A random sample based on 40% (115) of all records was selected.
- The overall accuracy of the sampled cervical dataset was 96.6% which exceeds the ISD recommended minimum standard of 90%.
- The accuracy of recording of individual data items within the Cervical Cancer. QPI sample ranged from 54.8% to 99.1% across all NHS Boards.
- 10 of the 29 data items assessed were recorded with 100% accuracy.
- A major issue was identified in relation to final FIGO stage due to the current definitions not reflecting current practice. The definition will be amended as agreed with all networks.

Action for Boards

- Audit staff to obtain full access to ARIA to ensure all radiotherapy information is made available and supports consistency of recording.

NHS Fife

- A random sample of 10 records were assessed.
- The overall accuracy of recording of cervical cancer data items for NHS Fife was 97.6%. There were no specific actions identified for NHS Fife.

- **SBAR – Cancer Waiting Times**

The Cancer waiting times are important to patients and are a measure of how the NHS is responding to demand for services. An action plan formed the basis for the current standards for cancer waiting times where 95% of all eligible patients should wait no longer than 31 or 62 days. A 5% tolerance level was applied to these targets. The standards are based on the ten main cancer types.

It was noted that:

- The 31 day target continues to be achievable and this was achieved 10 months out of 12.
- The 62 day target continues to be challenging, however a slight improvement was recorded in November 2019.
- A lot of work has been done in Urology around waiting times and we are now seeing a reduction in numbers.
- Work is being done around capacity for Oncology.
- There have been staffing issues in Breast and Lymphoma due to vacancies – these are in the process of being filled.
- Renal Surgery delays due to sole operator – a further operator is in training.
- Staffing issues in Histopathology has resulted in delays to reporting turnaround times.
- There were delays to PET due to contrast issues out with Fife resulting in delays to pathways.
- Waits to specialist radiotherapy out with Fife has impacted on the lung pathway.
- Pathways Issues reported – routine staging and investigations contribute to breaches - these are delayed due to communications, tracking and administration.

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Ms Couser said that the pathways were being supported and asked the Committee to note the report.

- **Clinical Quality Indicators**

Nothing 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 – b/f from November 2019**

There was no submission from the Directorate.

- **Renal Medicine – b/f from November 2019**

There was no submission from the Directorate.

- **SBAR/Update re Acute Tissue Viability Rates – b/f from November 2019**

This item to be carried forward to March 2020.

LG

8.2 Directorate Level Outcomes Data

There were no submissions for the Directorate.

8.3 Directorate Risk Management Report

Mrs Beveridge reported that she had had a productive meeting with Elizabeth Muir regarding planning the workplan for the coming year.

Incidents

There were 641 incidents reported during November and December 2020. There were 39 incidents with major harm but an overall decrease in harm and in particular, major harm.

The major incidents related to:

On admission pressure damage, Cardiac Arrests, Delay in treatment, Patient Falls, Physical Assault and hospital acquired Pressure Ulcers.

The top 5 incident categories are consistent.

Patient Falls

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There have been 154 falls with 16 falls resulting in some degree of harm. The new falls toolkit was rolled out in September and a repeat audit looking at compliance with falls bundles is planned for February 2020.

Mrs Beveridge said that numbers of falls within Wards 32 and 42 both remain high.

Tissue Viability

There were 143 Tissue Viability incidents reported over the quarter of which 30 were hospital acquired. There were 5 graded as major (grade 3 damage or above).

Mrs Beveridge advised that ITU is still being closely monitored and shows no improvement, there continues to be device related damage. Mrs Beveridge added that some bespoke work is required with ITU.

Ward 23 continues to show an increase. Mrs Beveridge said that a Quality Improvement project is being done with Julie Gibson.

Ward 43 has shown an increase and on review most patients are end of life care but a programme of education and training has been implemented by the Advanced Palliative Care Project Nurse

Ward 32 have a sustained high level of pressure damage. The ward will be undertaking a Quality Improvement project supported by improvement advisors.

Medication Incidents

There were 71 reported medication incidents. The main errors related to: Administration/missed doses, prescribing & supply.

SABs

There have been no SABs reported in November or December.

Risk Register

There have been no new risks added this quarter.

- **SAER LEARN Summaries (included within Directorate Report)**

The SAER Learn summaries for the Directorate related to:

1. Missed CT Scan for a stroke patient
2. Patient attended AU1 for chest pain and was assessed and treated for community acquired Pneumonia and subsequently discharged with a plan to follow up. The patient died suddenly 2 days later and the cause of death was Pulmonary Embolism. This SAER will be presented at a future Inter Specialty Clinical Governance Event.
3. Patient developed a Peripheral Venous Cannula (PVC) associated Staphylococcus Aureus Bacteraemia (SAB) during his inpatient stay.
4. Elderly patient fell from a ladder and was admitted to the Emergency Department. Patient remained in the department for more than 12 hours before being transferred to the Surgical High Dependency Unit.
5. Patient admitted to the Day Intervention Unit at VHK for elective insertion of a Hickman line. The insertion was uncomplicated but patient later showed signs of sepsis. Blood cultures identified a Staphylococcus Aureus Bacteraemia which delayed the Blood Stem Cell Transplant.
6. Dialysis machines at St Andrews Community Hospital alarmed "water deficiency" resulting in patients currently receiving haemodialysis having to have

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their treatment terminated and transferred to VHK to safely receive their treatment.

The LEARN summaries were noted.

Complaints

Mrs Beveridge reported a significant rise in the number of complaints in December in both Stage 1 and Stage 2. Many of the complaints related to poor medical treatment and co-ordination of clinical treatment due to pressures in the system.

SPSO

There are three SPSO cases which remain ongoing but no new cases during the reporting period.

Ward 44 PVC QI Project

As a result of an increase in PVC related SAB in Ward 44, the team set up a Quality Improvement project supported by the Infection & Prevention Control Team to drive improvement. This project is showing gradual progress.

SPSP Patient Safety Essentials

Mrs Beveridge said that the request from Internal Audit regarding the 10 Patient Safety essentials was now complete. Mrs Beveridge said that the essential actions were embedded into daily practice and are “business as usual” with processes for all elements within the Directorate.

Mrs Beveridge had checked regarding the Surgical pause and confirmed that all minor procedures use this process.

Mrs Beveridge added that any issues from audits should be picked up.

8.4 Specialty/departmental audit, assurance data and clinical guidance

- **SBAR Melanoma Cancer**

This item will be carried forward to March 2020.

- **Clinical Audit**

There was no submission from the Directorate.

- **Clinical Quality Indicators**

There were no Clinical Quality Indicators to report.

8.5 New Interventional Procedures

There were no new Interventional Procedures submitted.

8.6 SPSO recommendations

There were 3 SPSO cases which remain ongoing however, no new cases within the reporting period.

LG

9 Divisional Risk Register – Active Risks

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Active risks were covered within the Directorate reports.

10 Items for information only:

10.1 NHS Fife Activity Tracker

The Activity Tracker was noted.

10.2 SIGN Guidance

The SIGN Guidance was noted.

10.3 ASD CGC Workplan 2019/2020

The workplan was noted.

10.4 ASD CGC Workplan 2020/2021

The workplan was noted.

10.5 Infection Control Committee (2nd October 2019 & 4th December 2019)

The Infection Control Committee minutes were noted.

10.6 HAIRT Report

The HAIRT report was noted.

10.7 NHS Fife CP&PAG Minute of 28th October 2019 & 9th December 2019

The NHS Fife CPP&PA were noted.

10.8 Resuscitation Committee Minutes of 24th October 2019

The Resuscitation Committee minutes were noted.

10.9 AMT Minute of 30th October 2019

The AMT minute was noted.

10.10 SRTC Minute of 10th October 2019 & 10th December 2019

The SRTC Minutes were noted.

10.11 Hospital Transfusion Committee Minutes of 8th November 2019

The Hospital Transfusion Committee minutes were noted.

11 Dates & Venues of future Committee & Oversight meetings (updated)

The updated dates for future meetings were noted.

12 AOCB

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Inter-Specialty Event

Miss Saunderson asked about the Inter-Specialty Event and noted that the Planned Care Directorate had been allocated the October event. Miss Saunderson was concerned that any learning from Adverse Events may be overlooked if there is a delay in being able to present.

Dr Cargill advised that although each Directorate had been allocated a specific event, if there was important learning to be shared, then Directorates could liaise with each other and share such learning at an earlier event.

13 Date of Next Meeting/s:

ASD CG OVERSIGHT MEETING – (WCCS DIRECTORATE ONLY)

Tuesday 18th February 2020 at 2.00pm within Training Room 1, Dining Room, VHK

ASD CG COMMITTEE MEETING –

Wednesday 18th March 2020 at 2.00pm within Training Room 2, Dining Room, VHK

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Item 13.2

**UNCONFIRMED MINUTES OF THE AREA CLINICAL FORUM
HELD ON THURSDAY 6 AUGUST AT 2.00 p.m. VIA TEAMS**

Present:

Mrs J Owens (Chairperson)	Associate Director of Nursing
Ms D Galloway	Chair – Healthcare Scientists
Ms J Hornal	Chair – Area Pharmaceutical Committee
Ms A Hughes	Chair - Area Dental Committee
Mrs A Lawrie	ENMAC Representative
Mrs A Mackay	Chair - AHPCAF

In Attendance:

Ms S Fraser	Acting Director of Planning and Performance for Item 4
Christine Law	Minute Taker

Declaration of members Interests

There were no declarations of interest from those present.

1 APOLOGIES FOR ABSENCE

Apologies were received from C McKenna, S Bailey, P Madill, S Garden

2 CHAIRPERSON'S WELCOME AND OPENING REMARKS

Mrs Owens reported that the National ACF Group has met once, via Teams, and discussed future workplan

3 MINUTE OF PREVIOUS MEETING HELD ON 12 DECEMBER 2019

The minute of meeting held on 12 December 2019 was agreed as a correct record.

4 REMOBILISATION PLAN – PRESENTATION

Ms Fraser, Associate Director of Planning and Performance gave a presentation and update on the Remobilisation Plan which will be circulated with the Minute of the meeting.

Ms Fraser stated the Remobilisation Plan is a joint plan between NHS Fife and HSCP and is a whole system approach. The Plan is to be shared with all Governance Committees and various forums across Fife including APF, LPF, Private Session of NHS Fife Board and a Development Session of the IJB.

The Mobilisation Plan was drafted in March and at the end of April

Boards were asked to submit a Remobilisation Plan to the Scottish Government. Boards were then asked on 3 July to submit a Remobilisation Plan to the end of March 2021 by 31 July.

The plan sets out how Boards will remobilise services and recover taking cognisance of reduced capacity due to social distancing. It also recognises the increased use of virtual appointments with the use of Near Me and Teams.

Boards have had to prioritise access to systems and service at the same time managing expectations of staff, patients and service users.

Feedback on the Plan is still awaited from the Scottish Government.

Ms Fraser reported on the establishment of the Remobilisation Steering Group (ROG) co-chaired by the Medical Director and Nurse Director and attended by all Directors but not the Chief Executive.

Plans for restart of services are submitted to the ROG which then feeds into EDG and Clinical Governance Committee.

Ms Fraser also reported that at the start of the Pandemic a Gold, Silver and Bronze Command structure was put in place as part of Emergency Planning. She reported that Gold Command has now been stood down but may need to be reinstated if there is an increase of cases in the region.

Ms Fraser was thanked for taking part and offered to come back to update if required.

5 HEALTHCARE STAFFING ACT UPDATE

Ms Owens stated Healthcare Staffing Act had been the topic of discussion at the ACF Development Session in February. She stated that the Act now includes all professions. She also stated that due to the Pandemic, Legislation has been deferred for a year.

Andrew Moore, Lead for Excellence in Care is now leading Healthcare Staffing Act Legislation.

Discussion took place on the impact of reduced numbers of patients being seen affecting the number of staff required but also recognised the increased cleaning regimes would have an effect when running the workforce tools.

Ms Owens reported a PT Band 6 will be employed on a seconded basis, within Practice Development to support Valerie Reid, Senior Nurse (HSP).

Ms Mackay reported there are trials being carried out in various parts of Scotland with the Professional Judgement Tool.

It was reported the Judgement Tool is being trialled in ICAS in Fife.

Mrs Lawrie stated the Maternity Tools will be run in September but the results will not be any different from what has already been reported.

Ms Owens stated she would circulate any updates from the Healthcare Staffing Programme Group to ACF.

6 UPDATES FROM PROFESSIONAL CHAIRS

6.1 Allied Health Professions Clinical Advisory Forum

Ms Mackay reported that discussion at AHPCAF was focussed on mobilisation and remobilisation.

She stated the post of AHP Associate Director is still vacant and Amanda Wong is Interim AHP Associate Director at the present time but she understood the advert has been signed off.

There are concerns about how the Service can manage the number of under graduate student placements.

Issues for awareness include concerns about the move to electronic patient records and the governance around use of Staff Link. There are concerns that information is appearing on Staff Link before managers are aware and have the chance to speak to staff e.g. information around shielding.

Areas of good practice include utilisation of remote/virtual working, working towards remobilisation and redesign of services.

6.2 Area Dental Committee

Ms Hughes reported the last meeting of ADC took place on 3 March. The DPA was due to retire at the end of November 2019 but remained in post and was an integral part of the dental response to the Pandemic in Fife. This post will be advertised.

During Covid a number of dental nurses were redeployed across various parts of the system including pharmacy.

Concerns still remain around sharps injuries as there is no clear guidance on what Practices should do following a sharps injury with regards to OSAS and where staff should attend for blood tests.

6.3 GP Sub-Committee

No update available.

6.4 Area Medical Committee

No update available.

6.5 Area Optical Committee

No update available.

6.6 Area Pharmaceutical Committee

Ms Hornal stated meetings were put on hold during the Pandemic but a meeting will take place at the end of August via Teams.

Guidance for the New NHS Pharmacy First Service which replaces the existing Minor Ailment Scheme was circulated with the agenda.

6.7 Healthcare Science

Ms Galloway stated no meeting has taken place due to the Pandemic but contact has remained via email and telephone.

Work is currently focussed on Remobilisation, identifying what changes have worked well and what should remain in place.

Ongoing discussion around phlebotomy hubs.

Labs have been first and centre in terms of testing.

6.8 Clinical Psychology

No update available.

6.9 Nursing and Midwifery

Ms Lawrie stated ENMAC has been put on hold.

She stated that within Nursing and Midwifery, there is no remobilisation as there was no mobilisation during the Pandemic.

She reported on the reduced visiting and introduction of red and green pathways.

She stated that she was aware that all Policies and Procedures would be available on Staff Link and not the intranet from late August / early September.

7 **HOME WORKING**

Ms Owens stated that she has been working mainly from home during the Pandemic. It was recognised that for a number of staff, this will remain the case for some time to come. Risk assessments should be carried out for this group of staff so that arrangements can be made to provide any necessary equipment required to carry out their duties

safely

8

DATE OF NEXT MEETING

The next meeting will take place on 8 October 2020 at 2.00 p.m. and will be a Development Session.



ITEM 13.3

UNCONFIRMED MINUTE OF THE CLINICAL & CARE GOVERNANCE COMMITTEE FRIDAY 7TH AUGUST 2020, 1000hrs CONFERENCE ROOM 1, GROUND FLOOR, FIFE HOUSE

- Present:** Councillor Tim Brett (Chair)
Christina Cooper, NHS Board Member
Martin Black, NHS Board Member
Councillor David J Ross
Councillor Jan Wincott
- Attending:** Nicky Connor, Director of Health & Social Care
Dr Helen Hellewell, Associate Medical Director
Lynn Barker, Interim Associate Director of Nursing
Cathy Gilvear, Quality Clinical & Care Governance Lead
Paul Madill, Consultant in Public Health
Claire Dobson, Divisional General Manager (West)
Kathy Henwood, Chief Social Work Officer
Scott Garden, Director of Pharmacy
David Heaney, Divisional General Manager (East)
Simon Fevre, Staff Side Representative
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Helen Woodburn, Head of Quality & Clinical Governance
- Apologies for Absence:** Wilma Brown, Employee Director
Dr Chris McKenna, Medical Director
Jim Crichton, Interim Divisional General Manager (Fifewide)
- In Attendance:** Lee Cowie, Clinical Services Manager
Jennifer Cushnie, PA to Dr Hellewell (Minutes)

No.	HEADING	ACTION
1.0	CHAIRPERSON'S WELCOME & OPENING REMARKS The Chair welcomed everyone to the meeting and wished to convey thanks to Christina Cooper for standing in as Chair, at the February meeting, due to his ill health. Cllr Brett added, the Service he received from NHS was 1 st class, the Fife Cardiac Rehabilitation nurses provided an excellent service.	
2.0	DECLARATION OF MEMBERS' INTEREST There were no declarations of interest.	
3.0	APOLOGIES FOR ABSENCE Apologies were noted as above.	
4.0	MINUTES OF PREVIOUS MEETING The Committee discussed the minute of the C&CGC meeting of 21.02.20. The following point was raised: [Page 6, paragraph 3] Correction: "26 easy read document" should read "26 page,	JC

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	<p>easy read document”.</p> <p>With this correction, the Minutes of 21.02.20 were accepted as a true and accurate record.</p> <p>Decision The Committee Agreed to approve the Minute of 21.02.20.</p>	ACTION
5.0	MATTERS ARISING – OUTSTANDING ACTIONS FROM ACTION LIST	
	<p>Cllr Brett asked HH if any action had been taken to alleviate concerns from Dental Practitioners regarding high temperatures in dental surgeries during summer months, due to equipment. HH reported, there has been considerable work around this, particularly with the use of PPE now being necessary. Assurance of this will be brought back to the meeting in a report detailing the measures which have been put in place.</p> <p>The National Report regarding Coding was to be brought to the April meeting. HH and Cllr Brett will discuss this off-line to agree whether this report will be presented at C&CGC at a later date.</p> <p>Review of the Alcohol and Drugs Partnership – Cllr Brett has discussed this topic with CH and will review periodically. MB asked if there is a date agreed. CH was not present at this time, therefore, will be asked the question once she has joined the meeting.</p> <p>Delayed Discharge – will be covered later in meeting. Cllr Brett stated he was conscious there have been radical changes in relation to delayed discharge. This will be discussed later in the Agenda.</p> <p>Cllr Brett commented he would like to meet with HH and CG to review the Action Log and asked if there are any items members would like to raise. It was agreed, when an item is completed and closed, it should be removed from the Log.</p>	<p>HH</p> <p>Cllr Brett /HH</p> <p>Cllr Brett /CH</p> <p>Cllr Brett /HH/CG/JC</p>
6.	COVID 19	
6.1	Remobilisation Plan	
	<p>HH introduced the Remobilisation Plan stating she would begin and asked for other colleagues, in addition to LB, join discussions to give a whole flavour of particular areas around remobilisation. She did not plan to revisit the structure but to give an overview of the journey since previous discussions.</p> <p>HH described how NHS and FC have been working together to bring more Services back in a safe and secure manner. Throughput of people being seen is less than pre-Covid with initial contact being through telephone or video contact to ensure safety of individuals. Working hard to ensure people are seen in the correct place, first time, to enable a shorter journey. A considerable number of Services are back, remobilised or planning to be in the near future. There are some areas which are still constrained by Government Guidance and some where Services cannot be remobilised at present. However, following Government Guidance, will be ready to do so.</p> <p>General Practice has remobilised to a good degree, predominantly telephone / NearMe used, however, face-face consultations taking place where appropriate to do so. Aware it can be very challenging for some individuals to see Health Professionals</p>	

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through telephone or video links. Cervical screening and plans for “Flu vaccinations taking place.

CD outlined the enormous remobilisation work which has taken place within the various Community Health Service teams. She commended staff for how they have embraced new ways of working, particularly around the use of technology and there is a drive to continue with this. She told of significant plans around Urgent Care and Palliative Care which are currently being finalised. CD praised staff for how they have worked hard through Covid and are now remobilising Services within significant constraints.

DH told how Social Work Services / Social Care were operated through a Control Group in response to the Covid emergency. More recently, focus has shifted to align with IMT Remobilisation Programme through FC’s SLT. Social Work Services have continued to operate, in some form, throughout the crisis. Only the ‘A’ Services and Planned Respite Services have ceased. DH described two Groups who are looking at plans to remobilise SW Area Team Services, as per National Guidance and the other team is considering how we re-start Internal and External Services, working in line with SG Care Inspectorate and Public Health Guidance. Updated Public Health Guidance is expected later in the month to enable these Services to re-open. Actions plans are in place, whilst always remaining mindful of how Guidance is evolving and constantly communicating this with Staff, Service Users, Carers and external providers.

LB gave a brief update on Urgent Care - Chief Executives across Scotland have been in discussions regarding how Urgent Care will remobilise coming out of Covid and into the forthcoming winter. There is a meeting in Fife next week (10.08) of all Key Stakeholders which CD and LB will attend, with Chief Executive, Carol Potter to enhance what is being put in place at the moment. LB told of ongoing discussions around the National Directive coming from the Chief Executives.

NC suggested this was an item which should return to the Agenda of the C&CGC, as we continue to remobilise. This was agreed.

Cllr Brett invited questions from the Committee:

Cllr Ross asked if telephone calls/video calls have affected the length of waiting times for GP consultations. HH responded the calls to GP decreased at the very start of the pandemic as people did not contact General Practice as frequently. HH pointed out calls would have gone to 111 and Covid Assessment Centre / Triage Hub which GPs were also staffing along with ANPs. The GP call workload has now split into two. Decrease in calls to General Practice and increased in the Covid Assessment/Triage Pathway/Hub and then the Hub decreased as Covid became more under control and number of call to General Practice increased to more than we would expect for this time of year, traditionally calls dip in Summer, calls have now stabilised on the high side. The 2nd part of the questions – it is now easier to speak to a GP, through telephone or NearMe, however, it is still difficult and perhaps takes longer, to secure face-face consultations for a patient.

MB thanked everyone for their presentations and the incredible amount of work which has been undertaken. MB queried the increased use of technology and the intention to continue to work using these new methods. He asked if budgets currently set should be reviewed to take this into account. NC responded that the development of ‘digital’ in a broad sense is within current plans. The SLT are meeting with the East Region Innovation Board which is about leading digital innovation. HSCP are at the beginning of a journey where people have embraced the technology which is available to us and we are looking to see what else is out there. Once these plans are fully formed they will be brought back to this Committee.

ACTION

CG

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	<p>SG told of the Integrated Capacity and Patient Flow Group which has formed with representation from the Partnership and Acute Services. Trying to embrace some of the things which have worked well during Covid and in response to Covid, caring for patients in their own home as much as possible, preventing unnecessary admission to hospital, improving the flow through the system when patients are in hospital. Nine priority areas have been identified, some of which are up and running, some are pre-Covid ideas, some post-Covid. These are in place to support Services, provide scrutiny, momentum and project support around each of the areas. Redesign of clinical pathways, remote consultation and remote monitoring is a key priority. Looking at transformation in a wider sense, a lot of these aspects will come into this.</p> <p>SG advised, Pharmacy Services Policy Directives which have come are, Pharmacy-First, launched last week, making Pharmacy the first port of call for the Scottish population and availability Prescription-Only Medicines, will help with managing flow and GP sustainability too. Progress made re access to clinical information for Community Pharmacy colleagues which helps a more rounded consultation and what Community Pharmacy can manage. Prof-Prof phone lines have also been very useful. SG stated, there are many more things beside, however, these points are key to remobilisation.</p> <p>He added, Community Pharmacy is looking at Pharmacotherapy within General Practice and how we can maximise the serial dispensing component and medication care and review. Using the correct Healthcare Professionals, to do the correct tasks, Medication Review and Serial Dispensing, within Community Pharmacy, supported by General Practice teams, will free up GP time.</p> <p>Cllr Brett thanked SG and suggested he would like to see a report/presentation from the Capacity and Patient Flow Group, in due course.</p> <p>PM wanted to endorse the innovation and imaginative working across teams, which has taken place. The use of digital technology has been interesting, some of the unintended consequences from this at the next stage will be very important. To try to build back better and to use the crisis to drive an improvement in patient-centeredness, addressing inequalities and moving resources upstream. Important to identify as many synergies as possible to make the most of what we have learned to shift health inequalities and to engage better with the population groups who have traditionally struggled to access the very good Services offered.</p> <p>Cllr Brett asked HH if she is confident Fife will cope with the new, increased "Flu Vaccine Programme? HH felt confident the extensive and integrated 'Flu Planning Group which has been established, will have the ability to cope with whatever is decided around 'Flu vaccines. Currently clarity is awaited regarding age groups.</p> <p>Cllr Brett asked DH if we have not been able to offer Day Care, he assumes we are still keeping in touch with patients. Will we go back to how it used to be? DH advised teams have been keeping in touch by telephone and on-line. Planning this carefully to ensure Guidelines re social distancing is being followed. Another concern is transport for those individuals without their own. He felt we will not find Day Centres operating as before for the next 6 months or so, however, patients will receive support in other forms. DH pointed out, Day Care was changing pre-Covid and will continue to move forward.</p>	<p>ACTION</p> <p>SG</p>
6.2	Care Homes (Progress Report) / CNO Letter	
	LB referred to the report and CNO letter. Previously she had given an update on the work around Care Homes. This report indicates 75 out of 76 Homes have been	

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	<p>inspected through a collaborative working model from Health and SW colleagues, which was warmly received in many of the Care Homes throughout Fife. Some areas of improvement have been identified where education and support can be provided. 75 out of 76 Homes have been inspected and consideration has been given to what our next steps will be. This will take us up to 30th November, the date indicated on the Paper from Scottish Government. Questions were invited.</p> <p>Cllr Brett asked regarding the one Care Home where access was not possible – should we be worried? It was stated, FMcK has a good relationship with the Home, ongoing engagement is taking place. FMcK stated it is a very small Home which is anxious around allowing access. HSCP have been in communications with the Care Inspectorate and are considering setting up something different with this Home, perhaps digitally. The Care Inspectorate is aware of this situation.</p> <p>MB asked if recommendations made to the Care Homes must be implemented by law, given some will have financial implications which Homes may not be in a position to afford? It was stated, all of the recommendations suggested have been positively received, some will not incur cost as HSCP staff educate /provide resources free of charge.</p> <p>Cllr Ross asked if a Care Home contacts HSCP with concerns, how quickly can we react? LB advised, we can engage very quickly, ie a call made at 0900hrs, can be responded to and be in attendance by the afternoon, depending upon the urgency of the call.</p> <p>LB further advised, we have now fulfilled our role in Fife of carrying out assurance visits (with exception of the one Home), we are continuing to engage with Care Homes through the National work, whereby they are required to report, on a daily basis, into a database. Multi-agency huddles take place every day, these will continue until November. Through the Oversight Care Home Group, which now meet fortnightly, we are very strong in the belief we would like to continue to support these good relationships.</p> <p>Cllr Brett queried coverage in the Press around Care Homes having to report to the Care Inspectorate, red / amber warnings? FMcK advised, when a Care Home contacts the Care Inspectorate, they also contact her Service. Currently, weekly meetings are taking place with the Care Inspectorate Officer for Fife. FMcK told of an Intelligence Group being established, which will offer support to Care Homes. We are very keen to build on positive relationships and encourage joined-up working.</p>	ACTION
6.3	COVID 19 Risk Register	
	<p>FMcK presented the Risk Register which was created for the Covid-19 outbreak. Developed in conjunction with Silver and Bronze Groups along with the many different Groups which feed into Silver and ultimately, feeding into Gold. The information in the Risk Register highlights the areas which we continue to monitor on a regular basis. There is also an additional page which covers Pharmacy, this comes from their Bronze Group.</p> <p>We are now looking at the remobilisation of Services and how we look at the risks, which will impact us as we move forward. Also included is the full Risk Register as it links to the C&CG also. Any questions were invited.</p> <p>This has been comprehensively reviewed at regular Bronze and Silver meetings. Confident all risks have been considered, monitoring taking place on an ongoing basis.</p> <p>Cllr Brett found the document very helpful. He queried the risk around staff health and</p>	FMcK

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	<p>wellbeing and the uptake of support and services on offer. FMcK was unsure of numbers but would forward these to the Committee.</p> <p>Cllr Brett asked if Fife are seeing people who have been left with lasting physical affects from Covid-19. HH stated National research and guidance around long term rehabilitation of individuals is being monitored and we are seeking to how we would replicate this in Fife. We have had quite small numbers, currently we are using our considerable and good rehabilitation services to meet this need. In future, we will consider having a dedicated service. HH confirmed it does take considerably longer to rehabilitate from Covid-19 as opposed to other viral illnesses.</p> <p>CC asked if there is risk to the sustainability of third and independent sector and commission services from the impact of Covid. FMcK advised throughout the period of Covid, we have continued to fund the third sector. They have been doing different things, staff being engaged in work for the 'Caring for People Group' or continuing to meet with their Service Users but distancing. Currently looking at how we are going to work going forward.</p> <p>FMcK mentioned, with bigger Services, ie Day and Respite Services, we have not been using these and the staff have been furloughed. Because of this, they have received funding to support the organisation and their staff during this period. We will be working with them as they re-open.</p>	ACTION
6.4	Post COVID Inspection Visits	
	<p>LB described the unannounced visit to Glenrothes Hospital which took place on 7th/8th July, and referred to the attached SBAR. This was the first hospital to be visited by Health Improvement Scotland, 'post-Covid' using a new methodology, Care of Older people and Infection Control. Proved to be a positive inspection, words such as 'spotless' and 'great caring interactions between staff and patients' used. The Inspectorate spent 2 full days in the hospital.</p> <p>Some improvements noted around documentation and care planning, which was taken on board and immediate action taken. Worth noting - the feedback received is initial feedback and the final report may include other information. Questions were invited.</p> <p>Cllr Brett queried who the 'external auditors' referred to in the report are. LB confirmed Liz Connelly, as ex-Direct Nursing Manager/Senior Nurse, was the external auditor. Cllr Brett, asked if there are any points for improvement from the visit, which we can roll out to our other Community Hospitals? LB advised, when it was announced Health Improvement Scotland were to reinstating inspections, she created a Group across the Partnership, involving all disciplines, looking to ensure hospitals were ready to be scrutinised, also engaged with Acute.</p> <p>Cllr Wincott questioned the equipment which was faulty, why had this not been picked up prior to the inspection? She asked if this has now been repaired. LB confirmed the equipment was repaired and agreed it was disappointing not to have been highlighted prior to the visit. Full report will be circulated to the Committee.</p>	LB
7.0	GOVERNANCE	
7.1	Clinical Quality Report	
	<p>Cllr Brett asked colleagues to focus on the Executive Summary. HH advised, due to the Covid pandemic, there has been no opportunity to prepare the Deep Dive into Mental Health. This report will now be presented at the October C&CGC meeting. As</p>	

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acknowledged in the Executive Summary, the Covid pandemic has necessitated a pause in various areas of Clinical Governance, however, HH wanted to give assurance to the Committee the data has continued to be collected. Quality Improvement has been unable to progress at the same pace. Work has now re-started and SBARs have continued to come forward in a timely fashion, which have been reacted to immediately.

ACTION

Hospital mortality rate is no longer reported separately for QMH, but as a whole for NHS Fife. Improvement work has been paused during this time, although data is available within the statistics. Falls improvement work was paused, however, data has continued to be collected, similarly for pressure ulcers. The quality improvements already in place has continued to prove fruitful. Quality improvement work has now restarted. An update around Medicines will be brought to the next meeting. There has been a new standard for the HC associated infections, therefore very important this work is continued and new targets are met.

Within Mental Health – a more detailed report regarding this will be brought, however, within the body of the report is ‘improving observation practice’, this noted islands of excellence, a move to work hard to roll out the good practice which is happening within some of the Mental Health Services. It is hoped this will reduce the instances of concerning events, particularly with response to the ligature incidents, there has been change in the way the data is reported and this will explain the increase in these. Now they are all reported as single events, rather than if there had been several events with the same patient, previously reported as a cluster, therefore giving a false suggestion there has been an increase in these events. HH has been working with Marie Boilson and Ken Quinn, detailed discussion will take place at the next meeting.

Cllr Brett asked if there has also been an increase in physical violence, in the intensive care unit, is this a particular concern? HH has discussed this with Marie Boilson and the ward environment has been identified as an issue, Marie will present the details of work carried out at the next C&CGC meeting in October.

MB asked if there has been mental health support for staff deployed to other areas and put under greater pressure during the Covid crisis. HH assured there had been a great deal of support offered to doctors, nurses and AHPs. LB elaborated on this, outlining the support given to all staff from many sources.

Cllr Ross queried the way in which falls are treated during the pandemic. LB replied, she did not feel this had changed, obviously PPE has been worn, however, did not feel, or know of how, this has changed. CG added regular sweeps of data take place, checking for themes which are Covid specific. The increase in use of technology is enabling QI work to support face-face, also reducing footfall.

Cllr Brett asked if there has been less admittance to Community Hospitals – CD confirmed the number of beds per bay reduced, therefore, the number of patients slowed down during the pandemic. Occupancy is now increasing as the Services remobilise.

Cllr Brett stated he enjoys reading the Care Opinions. He asked if these are a selection, or *all* of the replied received. HH confirmed these are a selection as many more are received. Included in the Report is a cross-section of Care Opinions to give a true flavour of feedback.

LB/HH

Cllr Brett asked for the total number of Care Options received to be included in the Report going forward.

HH/MB

Mental Health will be brought back to the October meeting.

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7.2	Winter Plan Review / Winter Planning 2020 – 2021	ACTION
	<p>CD gave a verbal update re Winter Planning and began by stating preparations have not been what they have been in previous years. The Review and Event Meeting will take place via Teams on 18.08. Lessons learned and the winter ahead, along with winter learning and Covid learning will be the main focus. The winter ahead, as usual, will be significantly challenging. The challenges anticipated are managing seasonal 'flu, the normal pressures, adverse weather and staff wellness/fatigue. Will be building upon our learning of technology, Teams and NearMe also looking at use of spaces. Some key priority areas identified:</p> <ul style="list-style-type: none"> • point of care testing – testing people for seasonal 'flu and Covid at point of entry into hospital settings • how medical admissions unit works • scheduling of unscheduled care – ensure people have an appointment before attending • unscheduled care using NearMe • use and work with Care Homes • whole system pathway modelling – looking at a tool which will help us to predict what will happen next, this was explained in some detail. • <p>CD can give a further update after meeting on 18.08. Questions were invited</p> <p>Cllr Ross asked where we are at the moment with Care Home capacity within Fife, is it expected to be sufficient to meet winter demands? FMcK stated there is currently capacity, however, often vacancies are not in the Homes they are required. Currently there are 180 vacancies across Fife.</p> <p>MB asked if staff have the capacity to deliver a Winter Plan, taking into account the pressure the workforce has endured through Covid. CD stated, winter staffing and staffing in general is always a challenge, we work hard to retain and recruit staff. In the capacity tool mentioned, we will be in a position to understand our staffing needs in detail and where deployment can be used. In terms of 'flu vaccine delivery, there is work underway to ensure we have an integrated 'flu plan and are able to delivery this. Some of the arrangements NC mentioned regarding supporting staff resilience, is in place for staff who have redeployed to work in other areas.</p> <p>Cllr Brett mentioned delayed discharges where patient needs a legal guardian, causes significant delays, found a workaround, if able to do this in the crisis, can we continue to do so? CD advised the workaround is legislation called 13ZE, which enables movement of individuals to a Care Home setting if agreed by the individual and caring team looking after them, this has continued. A good piece of integration and action.</p> <p>SF picked up on MB's point regarding care of staff's resilience. With the schools return and the impact of children with temperatures self isolating, concerned staff may need to self isolate if there is a spike. The support given to staff over the past 4-5 months has been very good with health and health/wellbeing hubs, psychological and chaplaincy support, our ability to continue with this in the longer term is significantly compromised if we cannot find funds to support this, as we remobilise it does leave a gap at the back of this as the capacity is not there. SF strongly feels this support should be available, over the winter period at least.</p> <p>NC commented it is a very important point SF raises. As we remobilise, the staff maintaining these supports become less and the need, arguably, becomes more. The current funding available within HSCP is required to deliver, therefore, psychological</p>	

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	<p>services will be scrutinised around performance and delivery of service. Initial steps have been taken with HR and Finance to flag the situation and further talks are planned with the Executive Directors Group to explore further. Ideally, NC would like to enable this work to continue, however, funding is required to enable this work to take place and be supported.</p>	ACTION
7.3	CAMHS	
	<p>LC presented the CAMHS report, outlining the impact of the Covid pandemic upon delivery of CAMH services. The prioritisation of key services for those most at risk has negatively impacted on wider resource availability and responsiveness to non-urgent referrals thus effecting Referral to Treatment Time (RTT) and the longest wait list. Fife CAMHS has continued to work alongside Partners across children's services and has implemented a number of initiatives to maintain effective service delivery. Focus has been maintained on ensuring there is a specialist intervention at Universal and Additional support levels to manage the flow of referrals whereby CAMHS is accessed as a specialist clinical resource rather than a first point of contact. LC explained the statistics and graphs within the report.</p> <p>CLlr Brett stated it was thought there would be an increase in referrals over the lockdown period with young people being at home, however, this increase may be seen in the coming weeks and months. LC agreed, the referrals actually dropped during lockdown and then returned to normal rates, however, families are now starting to feel the strain of managing the care packages around complex children's needs without the support of GP, Paediatrics and in particular schools, which help support networks enhancing the delivery of CAHMS services. Families have managed for a while within the family unit, however, this is now cracking.</p> <p>CC expressed thanks for the report and continuing services in these difficult times. Digital solutions have been a brilliant resource, and it was asked if there is any problems accessing equipment for stakeholders to engage, what is the impact of referrals, do we have this intelligence, independent advocacy, terminology 'abortion services' is this used within reporting also capacity - is a small team with high case-loads, is there a plan in the future for additional staff.</p> <p>LC advised his Team were early implementers of NearMe, have been up and running very quickly from the start with 1st class service from eHealth. All staff were issued with ipads as part of Morse, already appropriately kitted prior to Covid. Some issues came through for families, not in terms of not having the resources, as most people have access to a smart-phone, but for families where poverty is more of an issue, there may just be one smart-phone in a family. Sometimes, young people did not get their right to confidentiality, or feel confident in speaking freely as people can be standing just out of the picture, therefore, we are keen to get back to face-face. For those who do not have resources, linking in with schools, although we prefer not to go into schools, they can enable young people to use resources there.</p> <p>CC queried feedback from referrals – LC stated feedback is not received unfortunately. However, there is often dialogue around referrals, rather than just a form. This enables us to ensure the young person will receive the service/help which is most appropriate for them.</p> <p>LC commented, independent advocacy is more around someone being admitted to hospital. YPU, Edinburgh facilitate advocacy as soon an admission occurs.</p> <p>NC commended she felt the Paper was extremely comprehensive and conveyed pride in the CAMHS Team, helping children and young people through innovative and creative work. She stated CAMHS will be discussed at the Performance & Finance</p>	
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	<p>Committee and she will be in touch with LC.</p> <p>Cllr Brett thanked LC and his colleagues for all the work they are carrying out which the C&CGC follow with great interest, reports coming to every 2nd meeting.</p>	ACTION
7.4	Joining Up Care / Urgent Care Review	
	<p>CD began by commenting in terms of Joining Up Care, the most significant area to update on is Urgent Care. She was happy to bring back at a future date community health, wellbeing hubs and community hospitals, the Covid experience has shaped thoughts on how these need to look in the future. It has been a very challenging time but also exciting time to see how our Services will look in the future. Urgent Care Service has been slow over the period and if we had not transformed the Service from the IJB decision last June, we would not have been in a position to respond as we have during Covid.</p> <p>Covid has accelerated some of the plans in place, eg Despatch Hub model and a Clinical Hub with response 24/7. These are now in place, currently at Glenrothes Hospital, moving to Victoria to be co-located with the Urgent Care Centre there. St Andrews community hospital was initially part of our Covid response, open to midnight, now open to 2200hrs. QMH, pleased to say Urgent Care Service is back in place overnight, working with colleagues in Minor Injuries Unit, these teams are to be integrated in the near future. Urgent Care Service has risen to every challenge come across, have been one of the first areas in Scotland to test and develop pathways around Community Testing and worked up a number of Prof-Prof pathways, linking in Palliative Care and H@H, ensuring people receive care in the right place.</p> <p>Cllr Brett questioned staffing issues. CD responded, there have been no particular staffing issues as everyone has risen to the challenge of Covid, particularly through HH and Primary Care, excellent uptake of shift work for out of hours periods. A written report will be available at the next meeting in October, technology has been a major factor in Urgent Care, which the workforce has embraced.</p> <p>Cllr Brett thanked CD for the work everyone has put into this.</p>	
7.5	Clinical and Care Governance Annual Statement of Assurance / Review of Workplan	
	<p>Cllr Brett stated he signed off the Clinical and Care Governance Annual Statement of Assurance and asked NC to confirm this document is for noting.</p> <p>NC advised the document is part of the governance and local assurance which goes to the IJB. It forms part of our ethos and is the routine statement that we fill these requirements.</p> <p>MB queried whether there should be a mention of the 102 Report in the 'Conclusion' of the C&CG Annual Statement of Assurance. NC commented each Committee is required to present an Annual Statement of Assurance. MB felt we should acknowledge the risk has been undertaken in this Committee. It was asked if Clinical & Care Governance issues were highlighted? In a 'normal' year this document would come to the Committee before signing off. MB has not seen Audit & Risk or Finance & Performance minutes, he cannot be sure if it has been recorded.</p> <p>NC took an action to ensure this is acknowledged in the other Committees.</p>	NC

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	C&CGC Annual Statement of Assurance was noted.	
7.6	Complaints Update	ACTION
	<p>FMcK outlined the Complaints Update Report which detailed Jan-Jun 2020. She commented the complaints were prioritised as per guidance from Scottish Government and Ombusman, extra time was permitted. Any complaint which was Covid specific or impacted upon Service provision and the impact too high, were dealt with immediately. There has been a dip in response time, which has been reflected across the whole country. SPSO complaints have been detailed, as requested at the February meeting.</p> <p>Cllr Ross asked to check the 11% figure for stage 2 complaints, is this because these tend to be more complex or due to Covid. FMcK stated, because of Covid, although they do tend to be more complex. Risk assessments also must be performed to ensure a response is not detrimental. Cllr Ross asked if the response rate is increasing, FMcK confirmed, this is true and is being closely monitored.</p> <p>Cllr Brett commented for 113 complaints, the theme is 'social care complaints' are there other themes for healthcare complaints or are the healthcare complaints not included? FMcK stated there is work ongoing to bring healthcare themes into the report. LG explained these reports include social care themes as this report comes from Lagan, a FC system. Prior to the start of Covid, work was taking place with NHS Fife to bring in the healthcare themes. Cllr Brett stated it was good to see the compliments included.</p>	
8.0	ANNUAL / PLANNED REPORTS / UPDATES	
8.1	CCGC & Pharmaceutical Care Services Annual Report 2019/20	
	<p>SG confirmed this Report is delayed as consultation work and other elements which inform this report, would have taken place with the public around Feb / Mar time, clearly, attention was elsewhere. Planning to start the consultation process in Q3 and will bring this back to the meeting. The primary function of the report is to describe the unmet needs for Pharmaceutical Services within the Health Board population. Particularly because of Covid and the changing face of Primary Care and Community Pharmacy, time must be spent on this.</p> <p>SG pointed out, Fife are one of the few Health Boards in Scotland to produce this report, however, CP feel it is a key tool in dealing with provision of Contracts and dealing with Contract Applications relating to Community Pharmacy.</p>	
9.0	EXECUTIVE LEAD REPORTS AND MINUTES FROM LINKED COMMITTEES	
	<p>9.1 East Division Clinical & Care Governance Committee Minute from 04.03.20. DH highlighted resuscitation compliance - a lot of progress has been made. Activity Co-ordinator posts – will this be of interest in future? Stroke Rehabilitation work, we have not heard from previously, we may be interested in a presentation, dementia survey – was this done with Covid, interested to see results. DH will bring these updates back to the Committee for future interest.</p> <p>9.2 West Division Clinical & Care Governance Committee No new update. Cllr Brett – queries around Community District Nursing retirements issues and worries, we do not hear much about DN services. CD commented this is not a new challenge, working through in terms of DN undertaking Charge Nurse courses and Master-level programmes. Cllr Brett</p>	DH

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	<p>will speak to HH/LB. Ref to closure of H@H. CD explained this can happen at times of high demand.</p> <p>9.3 Fife-Wide Clinical & Care Governance Committee NC confirmed Jim Crichton will present in future. NC had nothing to escalate. Cllr Brett would like hear more of Learning Disability Services, will discuss with HH/LB.</p> <p>NC suggested it would be helpful to craft space at a meeting to give thought to up and coming themes and how we prioritise some of these. From a governance perspective, there has been annual service reviews carried out on Learning Disability Services, similarly for District Community Nursing, giving assurance this was being looked at. To best use time, perhaps a development session here to highlight, mindful of agenda length. Happy to be part of a discussion, how we might tap this agenda going forward. Cllr Brett agreed.</p> <p>9.4 Fife Area Drugs & Therapeutics Committee Unconfirmed Minute from 11 December 2019 Restarted in June, put in a temp medicines governance approval process reflective of the pandemic command structure, now remobilising the committee. Introduction of treatments around Remdesivir for Covid-19, new territory for all, early implementation benefitting patients.</p> <p>9.5 Integrated Professional Advisory Group Unconfirmed Minute from 08 January 2020 No new update from January. CD and HH in discussions, looking to build on the really good work which has taken place. Cllr Brett particularly interested in section on Palliative Care, the work going on may come to the Committee at a future date.</p> <p>9.6 Minute of Infection Control Committee Unconfirmed Minute from 04 December 2019 LB commented no further updates which have not been previously covered.</p>	<p>Cllr B</p> <p>ACTION</p> <p>Cllr B</p>
10.0	FOR NOTING	
	No items for noting.	
11.0	ITEMS FOR ESCALATION	
	Cllr Brett wanted to highlight all the work which has been going on in the last 20 weeks, unable to pick out any Services as all have been affected. HH agreed. She highlighted NC's thoughts regarding support for staff, CAHMS and whether it should be this committee's job to highlight this from a Caring and Clinical Governance point of view, acknowledgement of the challenges of getting this right. NC agreed.	
12.0	AOCB	
	MB – timescales - review of Alcohol and Drugs Partnership, when will this be complete? CH – there is work going ahead at the moment, however, has picked up priority areas in terms of Covid. Meeting monthly as an ADP, propose for next meeting, have a plan with timescales of the areas we are looking at and how this will come together in terms of a further report. Agreed.	CH
	The meeting then moved into Private Session.	
13.0	DATE OF NEXT MEETING	

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Friday 2 nd October 2020, 1000hrs. MS Teams	
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Item 13.4

**Unconfirmed Meeting Note of NHS Fife Clinical Governance Oversight Group
On Thursday, 16th July 2020 at 14.00 via MS Teams**

Present

Lynn Barker (LB)	Associate Director of Nursing, Health and Social Care Partnership (HSCP)
Lynn Campbell (LC)	Associate Director of Nursing, Acute Services Division (ASD)
Pauline Cumming (PC)	Risk Manager, NHS Fife
Cathy Gilvear (CG)	Quality, Clinical & Care Governance Lead, HSCP
Dr Chris McKenna (CM)	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)
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Apologies:

Dr Sue Blair (SB)	Consultant in Occupational Health, NHS Fife
Helen Buchanan (HB)	Board Director of Nursing, NHS Fife
Dr Robert Cargill (RC)	Associate Medical Director, Acute Services Division (ASD)
Dr Helen Hellewell (HH)	Associate Medical Director, HSCP
Scott Garden (SG)	Director of Pharmacy, NHS Fife
Donna Hughes (DH)	Patient Relations Manager, NHS Fife
Aileen Lawrie (AL)	Head of Midwifery/Nursing Women and Children's Directorate

Item		Action
1	Apologies	
	Apologies for absence were noted from the above named members.	
2	Minutes of previous meeting held on Thursday, 23rd January 2020 at 11.00 in the Meeting Room 2, Level 2, Hayfield House, Kirkcaldy.	
	CM referred to the note of the meeting from 23 rd January 2020 and asked members to check for factual accuracy. The meeting note had a typo in section 5.1; once amended the note can be deemed as an accurate reflection of the meeting.	
3	Action List	
	NHS Fife Integrated Performance & Quality Report (IPQR) CM confirmed that following discussions, it has been agreed to keep the content of the IPQR as it stands currently. This action can be closed.	

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	<p>Mental Welfare Commission Communication regarding announced visits. LB advised the group that they were preparing a process to ensure that actions on the reports following a visit were closed. Carried forward to next meeting on 28/09/2020.</p> <p>Deteriorating Patient Group LC advised the group that the Deteriorating Patient Group had not met for some time, well before Covid -19 and there was a need to re-establish the group. LC queried the governance of the group. CM stated the re-established group should be a Fife wide group. CM suggested the governance for the Deteriorating Patient Group and Cardiac Arrest review should sit with the Clinical Governance Oversight Group as opposed to NHS Fife Resuscitation Committee.</p> <p>CM added a review of how Cardiac Arrests are graded on Datix is also required. They may occur as unexpected deterioration and are not necessarily an adverse event.</p> <p>LC will discuss with Dr Cargill and bring an update to the next meeting on 28/09/2020</p> <p>NHS Fife Community Falls Steering Group</p> <p>LB highlighted that Scottish Ambulance Service representatives have worked with the Community Falls Group to develop a pathway. The pathway supports paramedics to consider if someone's symptoms require conveyance to hospital and where they do not, a simple frailty screen is undertaken. The detail of the fall, with their consent will be shared with ICASS to enable correlation with other data to determine if pro-active follow up is required. The paramedic may at the same time refer to another service for follow-up. The patient is offered a self assessment document, the Up and About booklet and a leaflet explaining and providing contact details for ICASS.</p> <p>The pathway has supported a continued reduction in the percentage of patients over the age of 65 who are conveyed to hospital having been attended in relation to a fall.</p> <p>The impact of the joint work and pathway means that Fife has a relatively low conveyance rate compared to other similar areas. In the last year the Fife average was 7% below the national average.</p> <p>This action can be closed.</p>	<p>LB</p> <p>LB/RC</p> <p>GB</p>
4	QUALITY	
4.1	<p>Quality of Care Approach</p> <p>HW updated the group further to a meeting held with Healthcare Improvement Scotland (HIS) regarding the Quality of Care Approach (QoCA) which was set out a number of years ago and has been developed over time. HIS undertook</p>	

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a number of test exercises and feedback from these informed the approach going forward. An independent review was also undertaken. HIS are mindful that the way that healthcare is delivered has changed, such as integration of health and social care. HIS has been refining their methodology and tools for the QoCA. Further work is planned to update the Quality Framework, although this has been delayed due to Covid -19. A communications and engagement plan is being developed to help communicate this work to NHS boards.

Going forward, HIS plans to undertake more targeted, intelligence led reviews, rather than whole system/organisational level reviews. The self-evaluation will focus on relevant domains and quality indicators, informed by an initial assessment of data and intelligence, making it more proportionate and less onerous. The intention is for HIS to provide more support around self-evaluation in order that this is used to capture appropriate and relevant information. HIS will also look at the most relevant publicly available information and core data to support the reviews.

The Quality Framework is based on the 2013 European Foundation for Quality Management (EFQM) model. A new 2020 model has been published and HIS have begun to review the Quality Framework against this new EFQM model. This will reduce the number of domains from nine to seven.

The meeting of the short life working group was held on 25 February 2020 however following the update from HIS the actions are now currently on hold.

HW also informed the group that hospital inspections recommenced from 6 July 2020 and will mainly feature unannounced inspections of community hospitals, led by intelligence. These will feature a combination of healthcare environment and OPAH (falls, nutrition and pressure ulcer care). The inspections will feature as much virtual activity as possible, with inspectors on site for just 1-2 days depending on the site. Inspectors will aim to meet with staff virtually the day after inspection to help relieve the burden on the NHS board. An inspection report will be published at the 12 week stage followed by the usual action plan process.

LB advised the group HIS had made a visit to Glenrothes Hospital, Wards 1 and 2. They looked at infection prevention and control which received good feedback. They also focused on nutrition which is an area the teams will need to work on. HIS were on site for 6 ½ hours which was quite intense for the teams.

CM asked if we will be feeding back that 6 ½ hours seems excessive in the current climate. LB confirmed that HIS were looking for feedback via a survey and would be in touch so we have an opportunity to give staff views.

NHS Fife Integrated Performance & Quality Report (IPQR)

HW explained to the group that for the past 3 months, due to the current situation, the IPQR has focused on the data and there has not been executive comment however this will be included in the next report.

4.2

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4.3	<p>CM added overall the report was good with the exclusion of complaints. Due to Covid - 19 the complaints team were unable to respond in the usual timescales however this is now improving.</p> <p>H&SCP Clinical Quality Report</p> <p>CM noted the report was from February and asked the group for comments- none received.</p>	
5	GOVERNANCE ITEMS	
5.1	<p>NHS Fife Activity Tracker</p> <p>EM explained both 2019/2020 and 2020/2021 trackers have been attached for information.</p> <p>EM highlighted in the 2019/2020 tracker, pages 14 and 15 include reports which are now in the public domain.</p> <p>EM updated the group from the 2020/2021 tracker, there are 2 reports; on one unannounced visit and one announced visit from the Mental Welfare Commission.</p> <p>NHS Fife Clinical Policy & Procedure update</p> <p>EM advised the group that further to our last meeting, there has been 1 new procedure which was for Negative Pressure Wound Therapy and 1 new policy which was the Management of Blood and Blood Products during a period of Shortage due to Covid19.</p> <p>EM added that currently 96.2 % of all clinical policies and procedures are current and in date. There are 3 policies beyond their review date, however it is expected the review will be completed ready for the next meeting of the Clinical Policy & Procedure Group in August.</p> <p>EM explained that at the last meeting of the group held on 22 June 2020, it was agreed to extend a total of 15 policies and procedures due to Covid - 19. For assurance prior to the extension being agreed, each reviewer provided an SBAR to confirm that all policies and procedures were still all fit for purpose and the extensions given were only for a few months..</p> <p>Clinical Governance Strategy</p> <p>HW explained the strategy was due for review in April 2020. HW is currently updating the strategy and is working with CG around the detail required regarding integration in the partnership.</p> <p>Internal audit raised a query of who would oversee the strategy and HW</p>	
5.2		
5.3		

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<p>5.4</p> <p>5.5</p> <p>5.6</p>	<p>believes the governance of the strategy sits nicely within this group.</p> <p>Clinical Governance Strategy to be brought to the next Clinical Governance Oversight Group meeting on 09/09/2020.</p> <p>Draft Work plan 2020/2021</p> <p>HW advised the group that there may be some additions depending on the Clinical Governance Strategy. With regards to the Quality of Care approach, HW suggested this remains on the work plan in case there are any updates.</p> <p>Clinical Governance Oversight Group Terms of Reference</p> <p>HW explained the Clinical Governance Oversight Group Terms of Reference are due to be reviewed annually. CM added the ToR were thoroughly reviewed last year and was not expecting any amendments; he invited comments from the group.</p> <p>CM noted the earlier comment by LC of the inclusion of Ben Hannan, Chief Pharmacist to the meeting.</p> <p>GS to discuss with Scott Garden and Ben Hannan the ToR for the Clinical Governance Oversight Group and the appropriate representation from Pharmacy.</p> <p>Report & Linked Groups Update</p> <p>EM explained this document is a summary of all reports and minutes which were expected to report to the group and confirmation if the groups met during Covid - 19 and confirmed meetings going forward.</p>	<p>HW</p> <p>ALL</p> <p>GS</p>
<p>6</p>	<p>MINUTES FROM LINKED GROUPS</p>	
<p>6.1</p>	<p>NHS Fife Adverse Events and Duty of Candour Group- 27/02/2020</p> <p>The minutes and cover sheet of NHS Fife Adverse Events Duty of Candour Group were noted by the group.</p> <p>PC summarised a key point raised at the last meeting was around the Internal Audit of actions from adverse event reviews. . In particular the governance and local oversight of these actions. CM commented on the importance of SMART actions and ensuring these are completed.</p> <p>CG added it is important we build capacity in having staff trained in carrying out good quality reviews; this will be discussed further at the next Adverse Events Group meeting on 18/08/2020.</p>	

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6.2	<p>NHS Fife Clinical Policy & Procedure Coordination and Authorisation Group- 22/06/2020</p> <p>EM highlighted to the group that policies and procedures are moving over from NHS Intranet to StaffLinks. The Communications team will be issuing a statement regarding this shortly.</p> <p>The minutes of NHS Fife Clinical Policy & Procedure Coordination and Authorisation Group were noted by the group.</p>	
6.3	<p>NHS Fife Point of Care Testing Committee 03/06/2020</p> <p>EM advised the group that Tracey Sutherland had been appointed into the new role of POCT Coordinator. The online survey of POCT equipment received a reasonable response. It had been planned to resend the survey in March but this was postponed due to COVID - 19. The survey will be resent mid - July with the hope of receiving additional responses, and capturing changes in location of some services.</p> <p>The minutes were noted by the group.</p>	
6.4	<p>NHS Fife Resuscitation Committee 02/06/2020</p> <p>EM confirmed the group are now meeting on a monthly basis. The previous meeting focused on issues in regards to DNA CPR and cardiac arrest. The policy and procedures for cardiac arrest for both the ASD and H&SCP have been reviewed and updated to address the current COVID -19 situation.</p> <p>The minutes were noted by the group.</p>	
6.5	<p>NHS Fife Tissue Viability Working Group 02/06/2020</p> <p>LB advised the group that the pressure ulcer collaborative has been paused in respect of Covid -19, however this is now being reignited and the wards that will be participating have been chosen. The Heads of Nursing for the Partnership and Acute will be working alongside respective Clinical Governance colleagues to take this piece of work forward.</p> <p>NHS Fife H&SCP Podiatrists have been nominated for a National “Advancing Healthcare Award.”</p> <p>The Tissue Viability Steering Group will be completing a document around reflections and learning during Covid-19 in relation to TV work/care and this will be shared with this group.</p> <p>The minutes were noted by the group.</p>	
7	<p>AOCB</p>	

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	The group confirmed there was no further business to discuss.	
8	Date of Next Meeting: Monday 28 th September 2020 at 15.00 on Microsoft Teams	

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ITEM 13.5

**MINUTE OF THE EHEALTH BOARD HELD ON WEDNESDAY 15TH JULY 2020, 0900
VIA MS TEAMS**

Present:

Chair - Dr Chris McKenna	Medical Director
Lesly Donovan	General Manager, eHealth & IMT
John Chalmers	Clinical Lead, eHealth
Claire Dobson	Divisional Manager, West Division
Philip Duthie	General Practitioner
Andy Mackay	Deputy Chief Operating Officer
Margo McGurk	Director of Finance
Janette Owens	Associate Director of Nursing
Scott Garden	Chief Pharmacist
Amanda Wong	Interim Associate Director, AHPs
Jillian Torrens	Senior Manager, Mental Health & Learning Disabilities Service
Miriam Watts	General Manager, Emergency Care

In Attendance:

Margaret Guthrie	Information Governance and Security Manager
Claire Neal	(Minute) PA to General Manager, eHealth & IMT
Marie Richmond	Head of Strategy and Programmes
Andy Brown	Principal Auditor
Allan Young	eHealth, Head of ICT Operations
Kerry Laing	Communications Officer

Apologies:

Torfinn Thorbjornsen	Information Services Manager
Josie Murray	Consultant in Public Health
Lynn Barker	Associate Director of Nursing
Nicky Connor	Director of Health & Social Care
Eileen Duncan	Directorate Solutions Manager H&SC
Helen Hellewell	Associate Medical Director

1	CHAIRPERSON'S WELCOME AND OPENING REMARKS	
	Dr C McKenna opened the meeting by welcoming everyone via MS teams and a round of introductions were made.	
2	APOLOGIES FOR ABSENCE	
	The apologies are listed above and were noted by eHealth Board.	
3	MINUTE / ACTION LIST FROM PREVIOUS MEETING – 21/01/20	
	The minutes from the meeting held on 21 st January were reviewed and accepted as a true reflection by the eHealth Board. The action list was reviewed and updated.	
4	MATTERS ARISING	
	4.1 NIS Audit L Donovan provided a brief update and confirmed NHS Fife's Audit was completed prior to the postponement due COVID 19. Feedback was received and any actions will be updated to Board. National Audits are restarting	

	although these will be carried as desk exercises rather than face to face.	
	<p>4.2 Communications</p> <p>K Laing delivered a presentation providing a brief background to eHealth’s new branding and design, changing from eHealth to Digital & Information to coincide with the Digital & Information Strategy.</p> <p>Jason Kay has also created a new logo which contains a wave and this is to reflect Firth of Forth and the Tay. This design will be used across all communications within NHS Fife. The idea behind the logo is that all departments can have their own colours, therefore creating their own identify and standout e.g. Patient Relations are green, eHealth, Purple and Corporate documents shall be blue.</p> <p>Dr C McKenna advised this proposal is still to go to EDG for approval but happy with overall idea and design. Dr C McKenna will communicate with Kirsty MacGregor to carry this forward.</p> <p>All agreed and no objections.</p>	CMc
5.	OPERATIONS	
	<p>5.1 Operations Highlight Report</p> <p>A Young introduced the Highlight report and reported the below:</p> <ul style="list-style-type: none"> • June SLA’s figures remained on target despite being the busiest ever in call volumes these exceeded in excess of 5000. No particular reasoning for spike in call volume but this could be attributable with staff members relying more on digital tools. • Threats & Vulnerabilities Dashboard, this is a National arrangement. All NHS Boards now use this Dashboard. A Young explained the lower the Exposure score is means good and the higher the Configuration score is means good. <p>A Young provided a brief update on individual project / activity.</p> <ul style="list-style-type: none"> • PCDT - National procurement ongoing, this was paused due to COVID 19 but hopefully will start again in August lasting for 12 weeks. • Windows 10 upgrade, hope to be finished by August. • Core Networks for internet connection and firewalls have been upgraded due to increased network traffic since COVID 19. • Service Now – NHS Lothian is live and NHS Fife hoping to follow in Autumn. <p>S Garden queried timescales on pharmacy stock control upgrade, A Young informed dependency on SCI Store updated which is scheduled for Sept, once complete can upgrade programme, should be no risk as long as carried out of end of year.</p> <p>No further comments were made.</p>	
6	PROGRAMMES / PROJECTS	
	<p>6.1 Update Report</p> <p>M Richmond presented paper to Board and informed that COVID 19 has impacted significantly on Projects, with some projects needing to cease work and other projects escalating with their rollout.</p> <p>M Richmond provided a brief background on paper and reported the below for</p>	

each Programme Dashboard:

O365

- **Teams** was delivered early following instruction from Scottish Government in response to COVID 19. This has been a challenge but has been rolled out very successfully and staff dealt with very well.
- **Mail Migration** pilot starting on 20th July. eHealth, HR and Finance are piloting this scheme first and then all users will be migrated by August following Nationally directed timescales.
- **SharePoint** and **One Drive** to follow but we are focusing on Mail Migration.
- There has been a delay to Business Case with no recruitment agreed but currently working to back fill. L Donovan committed to strategic funding.

HEPMA

- Business Case was approved by Fife Board in Nov 19. Agreed to go to tender but due to COVID 19, HEPMA was paused. It has been agreed this can now restart so tender process for suppliers to commence in July. It is hopeful that a preferred supplier is sought by Sept 19 where the full Business Case will be completed.

TTIS

- M Richmond and D Black have been working on this project. The Case Management System go live on 15th July. This is directed by National Timescales. M Richmond thanked all colleagues for their hard work. M Richmond provided a brief background on TTIS.

Near Me

- Due to COVID 19 this was escalated and all GP's were completed by end of March. Work still ongoing. Praise was provided at National level. Full BC is to be done retrospectively, this will follow.

Morse

- Due to COVID 19 it was agreed to postpone, but this has not reconvened. Next phase will be go live in August and will cover 3 areas. A revised Business Case is required as numbers have increased, timeline and change of equipment.

Dr C McKenna would like to thank all the hard work and efforts achieved over the last 5 months.

M McGurk reiterated the above and advised Board there is a session planned in August to discuss resourcing from Procurement, this needs to be a Corporate exercise and not just Procurement with need for additional resource.

S Garden raised a query regarding Near Me e.g. Outpatients and update with Community Pharmacy. M Richmond confirmed this is being looked via NHS Fife and also Nationally. Hopeful ideas are for patients to use WIFI for free as current set up is not suitable for all patients. However, providing locations for patients to use will have COVID impact to access.

Dr C McKenna raised concerns on facilities for Health Care staff, suitable accommodation. J Chalmers highlighted Near Me takes longer in Clinic. Comments were raised on how well Near Me has been received by public and it was suggested that feedback to be done by video.

	<p>A Mackay suggested using this opportunity to go digital and reduce the amount of letters issued.</p> <p>P Duthie provided feedback and queried if Near Me could be trialled before patient appointment therefore saving GP time.</p>	
7	BUSINESS CASES / PROPOSALS	
	<p>7.1 Digital Fitness / Ready</p> <p>L Donovan delivered a presentation and provided a brief update on Digital Fitness. The following was noted:</p> <ul style="list-style-type: none"> • Maximise Digital enablement, due to new working methods. • Training of staff now carried virtually rather than face to face. • Possible service desk calls are high due to lack of knowledge and training. • Best value to support our workforce, cannot sustain temporary staff, require to innovate. <p>M McGurk acknowledged comments made by L Donovan regarding resourcing of staff. M McGurk provided a brief background on previous employment with NHS 24 and how they work digitally.</p> <p>Action L Donovan and M McGurk to take offline and have a further discussion re Business Case.</p> <p>Action Dr C McKenna and Dr J Chalmers to look at bespoke training of clinicians digitally.</p> <p>Brief discussion was undertaken on willingness of staff towards change to digital.</p> <p>P Duthie commented it is worthwhile investing time on members of staff that aren't on board, others shall then follow.</p>	<p>LD/McG</p> <p>CMc JC</p>
8	FINANCE	
	<p>L Donovan provided a verbal update noting the below:</p> <ul style="list-style-type: none"> • Budget for this financial year is 13 million • Require to make savings of £157.000 • Capital 1.1 Million, allocated, this does not include COVID 19 expenditure. • Financial reporting for COVID 19 is ongoing. <p>M McGurk noted to Board that reporting for COVID19 will be available shortly. L Donovan and M McGurk further discussion to be taken offline.</p>	
9	RISKS / ISSUES	
	<p>L Donovan noted the below</p> <ul style="list-style-type: none"> • Risks haven't been reviewed due to COVID 19 but mitigations are in place to assist with this. • Since this report was produced new Risks have not been reported but will be reviewed and added to DATIX. L Donovan advised that no cause for concern as financial fines have been put on hold due to COVID 19. <p>A Brown highlighted an improvement to summary, add conclusion / mitigations.</p>	

	<p>M Guthrie noted that risks within report are eHealth's rather than Organisational risks. Discussion to be taken offline.</p> <p>Action - discussion between L Donovan and M Guthrie regarding risks.</p> <p>Action full report to be provided at next Board.</p>	<p>LD/MG LD</p>
	<p>9.2 eHealth Risk Register</p> <p>Covered in above item.</p>	
10.	COVID-19 RESPONSE eHEALTH IMPACT	
	<p>A Young provided a brief background noting the below:</p> <ul style="list-style-type: none"> • Impact of COVID 19 has had on Department. • Services have been impacted • Impact on workforce • Impact on delivery <p>A Young noted to Board for eHealth to take stock, asses the delivery of further BAU.</p> <p>Dr C McKenna noted to Board a remarkable effort and achievement to all staff.</p>	
11	AOCB	
	<p>11.1 Digital & Information Strategy Update</p> <p>L Donovan confirmed delivery appendix has changed and hopeful to be completed within the next week. The delivery plan is a live document and an update will be provided on the acceleration of projects. Digital & Information Strategy is due to be reviewed at the NHS Board on 27th July with full sign off.</p>	
	<p>11.2 Governance Review Update</p> <p>Dr C McKenna informed the Board, Governance paper has been sent to Clinical Governance Committee (CGC) last week and after discussions with L Donovan, C Potter, M McGurk and Chair of CGC, Governance reporting for Digital & Information Directorate was agreed.</p> <p>Digital & Information will report to CGC, Financial impacts will be reported via the FP&RC and finally to NHS Fife Board.</p> <p>M Guthrie raised queries regarding the Governance review and a brief discussion was undertaken where it was agreed this would be taken off line.</p> <p>A Young advised the Board after a conversation with Dr Ansar queries were raised with laptops and desktops under PCDT refresh. Concerns were raised with the supporting of this. A Young to monitor use and feedback.</p> <p>Dr J Chalmers highlighted to Board, Clinical Engagement was on hold due to COVID 19 but further discussion to take place with Dr J Chalmers and Dr C McKenna regarding restarting and the engagement of the Community.</p>	<p>AY</p> <p>CMc/JC</p>
12.	DATE OF NEXT MEETING	
	22 nd October 2020, 0900 TBC	



UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 26 JUNE 2020 AT 10.00 AM

Present	Councillor Rosemary Liewald (RL) (Chair) Christina Cooper (CC) (Vice Chair) Fife Council, Councillors – Tim Brett (TB), Dave Dempsey (DD), David Graham (DG), Fiona Grant (FG), David J Ross (DJR) and Jan Wincott (JW) NHS Fife, Non-Executive Members – Les Bisset (LB), Martin Black (MB), Eugene Clarke (EC), Margaret Wells (MW) Chris McKenna (CM), Medical Director, NHS Fife Morna Fleming (MF), Carer Representative Kenny Murphy (KM), Third Sector Representative Paul Dundas (PD), Independent Sector Representative Debbie Thompson (DT), Joint TU Secretary Simon Fevre (SF), Staff Representative NHS Fife
Professional Advisers	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Lynn Barker (LBa), Interim Associate Nurse Director Kathy Henwood (KH), Chief Social Work Officer, Fife Council Katherine Paramore (KP), Medical Representative
Attending	Dona Milne (DM), Director of Public Health Helen Hellewell (HH), Associate Medical Director, NHS Fife Norma Aitken (NA), Head of Corporate Services Wendy Anderson (WA)(Minute)

NO	HEADING	ACTION
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1	CHAIRPERSON'S WELCOME AND OPENING REMARKS	
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The Chair welcomed everyone to the second virtual Health & Social Care Partnership (H&SCP) Integration Joint Board (IJB).

The Chair advised that there has been a lot going on since we last met four weeks ago. Our staff continue to go above and beyond to deliver care services for the people of Fife, not only on a professional basis but also personally. The Chair thanked all the staff whose community spirit has been absolutely outstanding.

Recently we celebrated our volunteers, carers and dementia friendly supporters. Normally events would have been held but due to physical distancing this has not been possible, and we have been shining a light via our social media channels. We will continue to do this to show the amazing work our staff do and the integrated working with our partners.

Members were advised that a recording pen was in use during the meeting to assist with Minute taking and the media have been invited to listen to the proceedings.

NO	HEADING	ACTION
1	CHAIRPERSON'S WELCOME AND OPENING REMARKS (Cont)	
	The Chair then handed over to Nicky Connor.	
2	CHIEF OFFICERS REPORT & PROTOCOL FOR MEETING	
	Nicky Connor thanked the Chair and covered the protocol which was similar to that used during the last meeting on 29 May 2020.	
	Questions were submitted prior to the meeting and where possible these will be covered during the presentation of papers or if they are more in-depth they would be covered outwith the meeting.	
	Nicky Connor praised all Health and Social Care staff and those of our partners for all that has been achieved since the last meeting on 29 May 2020.	
	Meetings have been held in the last two weeks for members of each of the Governance Committees. Nicky invited the Chairs to give a brief overview of these meetings.	
	David Graham advised that the Finance and Performance meeting had been a full and frank discussion on the financial position and the challenges of the Covid-19 outbreak. The meeting went well and the information presented was scrutinised. Items have been agreed for forthcoming Committee meetings. Nicky Connor advised that it had been agreed that the Finance and Performance Committee would meet more regularly for the remainder of this year, this would be discussed in more detail at a future Development Session.	
	Eugene Clarke gave an update on the meeting of Audit and Risk members, which included an overview of Covid-19 and governance. They agreed that the committee should meet on the next scheduled date which is 10 July 2020. Items to be discussed at this meeting include Risks; the Governance Review and the proposal to finalise the Annual Accounts.	
	Tim Brett updated on the Clinical and Care Governance member meeting which has been helpful. Updates were given on what has been happening during the lockdown. The Care Home update received support and positive responses. Assurance had been given that wider issues eg recording incidents are continuing. Simon Fevre had given his perspective from staff side on engagement and involvement.	
3	CONFIRMATION OF ATTENDANCE AND APOLOGIES FOR ABSENCE	
	Apologies had been received from Helen Buchanan, Steve Grimmond, Carol Potter, Eleanor Hagggett and Wilma Brown.	

NO	HEADING	ACTION
4	DECLARATION OF MEMBERS' INTERESTS	
	There were no declarations of interest.	
5	MINUTES OF PREVIOUS MEETING 29 MAY 2020	
	Comments has been received prior to the meeting about amendments which were to be made and then the Minute of the meeting held on 29 May 2020 was approved as accurate.	WA
6	MATTERS ARISING	
	The Action Note from the meeting held on 29 May 2020 was agreed as accurate. Some items had been removed from the Action Note and added to the Workplan to support governance and would be brought forward for future agendas.	
7	CHANGE TO ANNUAL REPORT PUBLICATION SCHEME	
	The Chair introduced Nicky Connor who presented this report which outlined the timetable for the annual performance report. This report is normally presented to and considered by the Board by the end of July each year, but in line with the Coronavirus (Scotland) Act a submission extension has been agreed to September 2020. Approval is sought from the Board to change the publication timeframe.	
	Questions had been asked prior to the meeting around the National Outcomes and Principles and a link has been added to this minute and the upcoming IJB Briefing to the National Health and Wellbeing Outcomes (Outcomes) and Integration Planning and Delivery Principles (Principles) for information. We will adhere to national guidance on production of this information and if this guidance changes then the IJB would change in line with it.	
	Tim Brett asked if there was scope to do a more slimmed down version of the Annual Report this year, given the current situation. Nicky Connor will explore the requirements.	
	The Board approved the change to the publication timeframe for this year in cognisance of the impact of the COVID-19 pandemic.	
8	FINANCIAL STRATEGY	
	The Chair introduced Audrey Valente who presented this report which is the second in a series of papers coming to the Board during this year. The previous report focussed on the Mobilisation Plan, this report looks at potential pressures on the partnership during this financial year and the likely longer terms impacts.	

8 FINANCIAL STRATEGY (Cont)

The Table on page 16 of the papers summarised the funding options identified to date and Audrey talked through these in more detail.

The Next Steps section laid out the early actions which will be needed to reduce costs, mitigate pressures, review all areas of expenditure, control costs within budgets and continue to identify underspends. There may be impacts on future financial years. Refined data will be brought back to a future Board meeting.

Questions had been submitted before the meeting and Audrey Valente gave a commitment to answer these offline. Tim Brett asked about the total Scottish Government funding which had been made available and how this would be shared. Audrey Valente explained that in this report she had estimated the funding available at it had not yet been clarified what funding would come to Fife. The detail of this will be worked out over the summer.

The Board:-

- noted that the current situation presents a significant risk to the financial sustainability of the Health and Social Care Partnership and that continual close monitoring of the financial situation is being carried out.
- noted the initial funding options to partly manage and mitigate increased costs over the course of the year.
- agreed to instruct the HSCP to control costs within existing budgets and within existing flexibilities agreed by the Scottish Government, and where this is not possible, then agree to delegate decisions on any additional expenditure to the Chief Officer and Chief Finance Officer, who will ensure constant and continual dialogue with both Partners.

9 TEST & PROTECT

The Chair introduced Dona Milne, Director of Public Health to present this report. Dona advised that this is a brief overview of Test and Protect. Detailed questions which had been received on this report are being answered by the Public Health team.

A short film has been produced for use on social media to explain how Test and Protect will work and this has received positive feedback.

Contact tracing is an activity which Public Health are trained to do and carry out regularly. Test and Protect is a nationally co-ordinated, locally delivered service.

NO	HEADING	ACTION
9	TEST & PROTECT (Cont)	
	<p>Initially there were concerns about the capacity of the Public Health and Health Promotion teams to deal with this. Additional resources have come from the use of existing members of staff who have been redeployed and also staff who are shielding. The full function has been provided from home. Dona paid tribute to the eHealth service which responded quickly to get the team up and working from home.</p> <p>People should still follow Scottish Government and Public Health advice and guidance and if they have even mild symptoms should stay at home, isolate and organise a test.</p> <p>Rosemary Liewald commended Dona's staff on the work they have achieved.</p> <p>Margaret Wells asked if the Test and Protect resource was being used to its full capacity, Dona confirmed that it was not as numbers are currently relatively low due to lockdown. This means the team are able to undertake additional training and enhance their skills for use in the future.</p> <p>There are concerns about people following the advice being given as lockdown measures are eased. Local advice could be issued to help with this.</p> <p>Tim Brett asked who is monitoring and reviewing this process? Dona advised the information was subject to high level scrutiny with information being provided to Scottish Government and Public Health Scotland. There is a Fife based Programme Oversight Group which is doing their own local evaluation. They are also looking at how we can ensure all groups are reached and prioritising inequalities.</p> <p>David J Ross asked about the ability of the team to cope as services remobilise and staff return to work. There is a plan in place for the coming months and Public Health are confident they can deliver.</p> <p>The Board noted the contents of this report.</p>	
10	CARE HOME ASSURANCE	
	<p>The Chair introduced Nicky Connor who presented this report. Nicky advised that the delivery of this report would be a team effort. She began by thanking everyone involved in the care home sector in Fife, expressing her pride in the partnership working and acknowledging the work undertaken by colleagues in this sector to support staff and residents.</p> <p>This report highlights the changes that have been put in place to support care homes and the progress that is being made in line with the Scottish Government directions and enhanced professional, clinical and care oversight of care homes, the role of the Director's Group, the Care Home Oversight Group, testing and data.</p>	

NO	HEADING	ACTION
10	CARE HOME ASSURANCE (Cont)	

Dona Milne highlighted several areas in the report including the Scottish Government Testing Policy which Fife are following and this is working well. Dona expressed her thanks to all Care Home staff for their support of this policy.

Dona also highlighted the fact that 78% of Care Homes in Fife had recorded suspected cases of Covid-19, which is testament to the low threshold for testing which is in place. Any potential symptoms in staff and residents are reported and testing takes place. Currently less than 5 Care Homes in Fife have confirmed Covid-19 cases and less than 10 have suspected cases.

Kathy Henwood paid tribute to the hard work undertaken by all teams, who have worked well together and navigated through the challenges which have presented themselves. There is good evidence of what is working.

Paul Dundas appreciated the work of colleagues in Care Homes over the last 15 or 16 weeks. Significant pressures and challenges have been overcome by staff. Daily Huddles are being held to help support Care Homes and staff.

Discussion took place around the number of tests which are being undertaken, the mechanisms used to test people and the financial aspects of this which would be captured by Audrey Valente.

The Board noted the systems in place to support care homes in Fife and provide Enhanced Assurance in line with Scottish Government Direction.

11	REMOBILISATION & STAFF REFLECTIONS	
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The Chair introduced Nicky Connor who presented this report, which was an update to the Board on the process for remobilisation and some initial staff reflections. Nicky began by highlighting the outstanding contribution and support from staff, the staff side and trade unions as we go forward. This is a complex process which continues to grow under Government direction. The report highlights the underpinning principles of remobilisation. The model for the 5 'R's is outlined – Rest/Reflect; Review; Re-imagine; Reset; Road to Recovery.

There are some key staff feedback themes which include the opportunity to deliver care differently, create capacity across our systems, IT solutions, supporting care and community and whole system working in care pathways.

We are fully participating in NHS Fife Remobilisation and Fife Council Incident Management Teams and regular updates will be brought to the Board.

Nicky Connor gave some examples of how new ways of working had supported the Covid-19 response, these included the use of Near Me, remote working, redesigning the care pathway and the rapid establishment of the Covid Hub and Assessment Centre amongst other.

11 REMOBILISATION & STAFF REFLECTIONS (Cont)

Chris McKenna reiterated that remobilisation will be a complex process which will involve careful, measured steps to ensure we can still respond to any peaks or clusters going forward. We must ensure that unscheduled care is safe, effective and socially distant as well as fit for purpose. This will be a major priority going forward.

The impact of waiting times has still not been assessed but new processes are in place to ensure those in most need will still be seen and treated.

Eugene Clarke suggested that a future Development Session be used to reflect on this period, look at lessons learned and to restart the review of the Integration Scheme.

David J Ross asked about the role of patient and carers groups who should be involved and consulted as services remobilise. Chris McKenna agreed this will be a requirement going forward.

Margaret Wells asked where we were with the remobilisation documentation required by Scottish Government by the end of July 2020. Nicky Connor advised that a document had been circulated to members prior to the meeting on remobilisation of services, taking a whole system approach with Fife Council and NHS Fife to ensure we remain connected. Chris McKenna advised there are a series of submissions to be made to Scottish Government and the most recent one was published this week. Further submissions will provide enhanced Mobilisation Plans in future.

Simon Fevre gave an update on reflections from NHS staff. Return to work guidance has been published to assist staff to return to work safely. Flexibility will be required from staff and management, accommodation will be at a premium due to social distancing, childcare may still be an issue and staff may be anxious about returning to work. Staff health and wellbeing will be supported going forward.

Nicky reminded the Board that the emergency legislation is still in place. We are currently following government guidance. The transformation agenda is critical to the IJB as we move forward. Clarity will be sought on this and brought to a future Development Session with a further update at the August IJB Meeting.

The Board:

- noted the process outlined to enable the safe remobilisation of services and recovery, initial staff feedback and governance mechanisms.

NO	HEADING	ACTION
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11 REMOBILISATION & STAFF REFLECTIONS (Cont)

- agreed reports on the progress of remobilisation will report to the relevant governance committees and an update will be given to Integration Joint Board members in August 2020.
- a Development Session will take place during late July or early August 2020, date to be confirmed.

12 DATE OF NEXT MEETINGS

INTEGRATION JOINT BOARD – Friday 28 August 2020 – 10.00 am

UPCOMING DEVELOPMENT SESSIONS

Friday 31 July 2020 – 9.30 am

Friday 21 August 2020 - 10.00 am

Friday 9 October 2020 – 9.30 am

Friday 27 November 2020 – 10.00 am

**NHS FIFE INFECTION CONTROL COMMITTEE
5TH AUGUST AT 2PM
VIA MICROSOFT TEAMS**

<p>Present Helen Buchanan Julia Cook Nykoma Hamilton Keith Morris Lynn Campbell Pauline Cumming Priya Venkatesh Aileen Lawrie Paul Bishop Suzanne Watson Catherine Gilvear Lynn barker</p>	<p>Director of Nursing NHS Fife (Chair) Infection Control Manager Senior Infection Control Nurse Consultant Microbiologist, Infection Control Doctor Associate Associate Director of Nursing, Acute Risk Manager Consultant Microbiologist Head of Midwifery/Nursing, Women & Children Head of Estates Infection Control Surveillance Audit Nurse Fife HSCP Quality, Clinical and Care Governance Lead Associate Director of Nursing</p>	
<p>Apologies Andy Fairgrieve Elizabeth Dunstan Robert Cargill Sue Blair Stephen Wilson Fiona Bellamy</p>		
<p>In Attendance Lori Clark</p>	<p>Minute Taker</p>	
<p>1</p>	<p>APOLOGIES HB welcomed the committee Apologies were noted as above.</p>	
<p>2</p>	<p>MINUTE OF PREVIOUS MEETING – 5th February 2020 PC to send section for rewording and KM to advise of some spelling errors. Apart from these, group approved previous minute as accurate reflection</p>	
<p>3</p>	<p>ACTION LIST (5th February 2020)</p>	<p>ACTION</p>
	<p>Group talked through each open action and the actions were closed or carried forward as appropriate.</p> <p>JUNE 7. HB updated that the first scrutiny visit went extremely well, there were no concerns clinical or patient related and infection control measures were praised highly. They were extremely pleased with the infection control training provided to all levels of staff. The report will go to Clinical Governance.</p> <p>FEBRUARY 4.1a. JC updated that the team have had a meeting with Angela Swift regarding the PWID work, which was the first meeting this year. They discussed options to gain treatment for patients with wound infections, which included: working with GPs and/or nurse prescribing and the training required for this to go ahead.</p> <p>4.1c. CDI Death – LB to feedback at next meeting</p> <p>DECEMBER 4.1a. LC suggested to close this action and have a discussion with the theatre team and relevant stakeholders to discuss next steps with large bowel return forms</p>	<p>L Barker</p>

	<p>OCTOBER</p> <p>4.3. Risk 1117 – action to be marked complete as Claire Dobson will look at this.</p> <p>4.3. Risk 1457 – PC will pull off risk from system and send to AL for them to look at.</p> <p>Action list updated to reflect.</p>	P Cumming /A Lawrie
4	STANDING ITEMS	
4.1	<p>4.1a <u>HAIRT Board Report</u> JC gave an overview of the HAIRT Board report within agenda.</p> <p>Achievements: NHS Fife was below the national rates for both HAI/HCAI SABs in Q1 2020 and data indicates NHS Fife is below the reduction target improvement trajectory. There have only been 2 confirmed PWID SAB infections in 2020 so far and the team have restarted meetings with addiction services.</p> <p>NHS Fife was below the Scottish rate for CAI ECBs but above for HCAI ECBs in Q1 2020 however JC updated this is a marked improvement from Q4 2019 when an exception report was received. There have been no CAUTI ECB associated with trauma for over 400 days.</p> <p>In Q2 2020 NHS Fife was above the compliance target of 90% for MRSA CRA screening and V22 has vastly improved on their compliance rate following improvement work.</p> <p>Challenges: UTI's and CAUTI's remain the main source of ECBs so will the two areas for improvement work in order to reduce rates and meet targets. The UCIG have been doing lots of great work to try achieve these goals.</p> <p>Recurrence of CDI infection remains and concern and improvement work to reduce the number of CDI recurrences is ongoing.</p> <p>Following a CNO letter issued in March SSI surveillance is currently paused.</p> <p>Members noted the report.</p>	
	<p>4.1b <u>HAI LDP Update – SABs Reports</u> SW updated that there has been 39 SABs up to the end of July. This includes 2 PWID SABS, 2 PVC, 2 CVC and 1 VAD SAB. NHS Fife is on track for meeting their LDP targets for SAB infections.</p> <p>KM added there was 6 SABs in July, 4 of which were hospital acquired and 1 PVC. So far it looks like the best year so far with the lowest number. Also there were only 2 SABs in June both community acquired. KM added that if NHS Fife continues then we will hit out targets one year in advance. Even with COVID the trend has been coming down anyway and the weekly PVC report definitely helps to target areas for improvement.</p> <p>Members noted the update.</p>	
	<p>4.1c <u>HAI LDP Update – CDIs Reports</u> SW updated that the total number of CDI's is 20 up to the end of July. 6 of these are recurrences, which is about 30% of the total figure. A patient was discounted from figures on 5th August on micro advice and this has been sent to HPS as part of Q2 validation. Of the 20 cases, 13 were</p>	

	<p>HCAI/HAI and 7 community acquired.</p> <p>PV updated that there has been 6 cases in the last quarter; reoccurrences are still an issue to be addressed. PV stated that commercial FMT in Scotland is currently unavailable for the foreseeable future (due to COVID-19); however approval for other treatments has been passed.</p> <p>Members noted the update.</p>	
	<p>4.1d <u>ECB Surveillance Report</u></p> <p>SW updated there has been 145 ECBs up to the end of July. In Q1 the rate of HCAI ECBs was 47.9 which is above the national rate and 33.4 for Community associated which is below the national rate.</p> <p>Members noted the update.</p>	
	<p>4.1e <u>HAI Update – C Section SSI Reports</u></p> <p>SSI Surveillance currently paused as a result of CNO letter received</p> <p>Members noted the update.</p>	
	<p>4.1f <u>HAI Update – Orthopaedic SSI Reports</u></p> <p>SSI Surveillance currently paused as a result of CNO letter received</p> <p>Members noted the update.</p>	
	<p>4.1g <u>Colorectal SSI Surveillance Report</u></p> <p>SSI Surveillance currently paused as a result of CNO letter received</p> <p>Members noted the update.</p>	
	<p>4.1h <u>CPE Surveillance Report and MRSA Surveillance</u></p> <p>SW updated V22 have vastly improved their compliance following improvement work. MRSA compliance is 98%, CPE 95% and Swabbing 94%.</p> <p>Members noted the update.</p>	
	<p>4.1i <u>Outbreaks, Incidents and Triggers</u></p> <p>JC updated that there has been no COVID outbreaks for 2 months and no hospital onset cases in June or July.</p> <p>There had been a possible trigger, in Balgonie ward of VRE: trigger tool commenced, enhanced cleaning of the ward was started immediately however it was found not to be a true trigger and trigger closed, ward staff thanked for their support.</p> <p>JC updated on the cluster of cases of <i>pseudomonas aeruginosa</i> in ICU, results were received on 27th July and a PAG was held on 28th July. The samples have been sent for typing to determine if there is any link and enhanced cleaning and increased frequency of sink cleaning has commenced. Water sampling has been carried out and of the 14 samples 13 are negative and 1 positive pre-flush sample suggesting a local issue with the tap. The room has been deemed out of use ENGIE will perform corrective actions and re-sample water outlet inline with national (draft) guidance. As part of the investigation: IPC have audited ICU environment, SICPs and hand hygiene as well as observation of tracheostomy care and sink decontamination. Next IMT due on 10th August, JC will feedback to the next ICC.</p> <p>JC raised to the group, there has been an enquiry from the clinical team to explore automated water flushing. PB added that Engie has contacted him regarding auto flushing and they would need to look at how it would</p>	

	<p>work and how it could be possible from an estates point of view. To be discussed further with the Water Safety Group.</p> <p>HB asked if the <i>pseudomonas aeruginosa</i> cases are classed as an outbreak, JC informed that it has been reported as data exceedance until typing results are back.</p> <p>Members noted the update.</p>	
4.2	<p><u>NHS National Cleaning Services Specification</u> For noting</p> <p>Members noted the update.</p>	
4.3	<p><u>Risk Register</u> PC informed the group that there is a huge array of risks on the register; the group agreed there was not concerning risk that required discussing today. Following a brief update on some risks HB asked if the group can be mindful of how these risks can be pulled into other relevant meetings for discussion, action and resolution.</p> <p>LB asked about who checks the plugs in showers etc as there seems to be some confusion during pre-check as to who completes this. LB also asked about the rolling programme for fly zappers and the process of softening butter. PB and LB to discuss these and feedback to the group.</p> <p>PC raised risk 552 with regards to sinks, HB advised this can be closed as the change has happened in the community but PC and JC can meet to discuss as there are still some non-compliant sinks throughout NHS Fife.</p> <p>Members noted the update</p>	<p>P Bishop L Barker</p> <p>P Cumming J Cook</p>
4.4	<p><u>Learning Summaries</u> PC gave brief background of the 3 learning summaries and informed the group that she has created a brief summary of the summaries capturing key points/key factors to emerge from these. This summary should allow the key points to be sighted quickly and easily at a glance. LC agreed this would be useful and is happy to share with teams. Members noted the update</p>	
4.5	<p><u>National Guidance</u> JC updated that guidance is constantly changing just now. Links to the most up to date guidance are within agenda. Members noted the update</p>	
4.6	<p><u>HEI Inspections</u> HB asked if the initial feedback from the scrutiny visit at Glenrothes Hospital on 7th June can be shared with the teams. The report will be sent for initial comment on 19th August and published on 15th September. Members noted the update.</p>	
4.7	<p><u>Quality Improvement Programmes</u> JC updated it has been 193 days since last SAB in renal, 65 days since last PWID SAB and ward 44 were almost at their 300 day target however are currently sitting at 74 days since their last hospital onset SAB. KM advised that quality improvement has really come to an end in renal and ward 44 and now the concentration should be on quality improvement for urinary catheters and UTI's as well as continued work with PWID. However checks will still be made and continue to monitor VAD and renal.</p>	

	<p>CG added it would be useful to see PWID improvement data so will email Angela Swift for this information.</p> <p>Members noted the update.</p>	C Gilvear
4.8	<p><u>Infection Prevention & Control Audit Programme</u> JC advised the 2 yearly rolling infection control audit programme was temporarily paused due to the COVID pandemic response. The team started walk arounds with senior clinical staff in June and recommenced the audit programme again in July. A part time member of staff has been picking up extra hours to support the audit programme and a retired IPCN has returned one day a week to carry out audits. Workforce planning is a high priority at this time for the infection control team.</p> <p>LC added that there seems to be inconsistency with the data displayed in wards which is being picked up on audits, she suggested that a clear picture of what needs to be displayed would be very useful. LC further suggested having a short life working group to discuss how to make the data easier for interpretation. HB agreed adding the HEI inspectors ask to see data displayed so would be good to do some work on this. LC, HB, JC and NH to meet regarding this. L Clark to arrange meeting.</p> <p>Members noted the update</p>	L Clark
4.9	<p><u>Infection Control Manual Update</u> JC updated that this is an ongoing piece of work which hasn't taken precedence recently due to the pandemic, however the manual will be updated over the next few months and this update will include the winter planning/outbreak sections.</p> <p>The NHS Fife IPC manual has a link to the live NIPCM, ensuring all staff can access the most up-to-date guidance and information.</p> <p>Members noted the update</p>	
4.10	<p><u>HAI Education Strategy</u> The next HAI Education and Training Group is due to take place on 6th August. The group will look at mandatory training for HAI and also how training can be delivered in a new way. Many staff do not have access to Microsoft Teams or the knowledge to use it so will need to think of ways around this to get the training to all who require it.</p> <p>Members noted the update.</p>	
4.11	<p><u>Prevention and Control of Infection Work Programme 2019-2020 (for noting)</u> JC informed group that due to the pandemic there has been some slippage in the audit programme and the CJD group, to discuss with Chair to confirm date of next meeting. As for policies a member of staff who has been shielding has been reviewing IPC policies and updating where possible. JC added that she is finalising the annual IPC report.</p> <p>HB updated that the onsite training has been well received and seemed to work well reaching all levels of staff, also a training video was developed and seemed to work well also. The team could look at linking in with Practice Development and Communications to look at the possibility of developing more training like this.</p> <p>In relation to the work plan, KM suggested it would be useful to know how any full time equivalents Infection Control have and Infection Control Doctors planned activities (PAs).</p>	

	<p>HB advised that following a meeting with the Chief Nurse regarding Care Home work there is work being done surrounding the sustainability of teams to support and this is also being looked at nationally. JC added that there are discussions ongoing regarding care home support and the national ICM feedback is we need to look at workforce planning, training of IPCN's and feedback to the Scottish Government.</p> <p>Members noted the update.</p>	
5.	NEW BUSINESS	
5.1	<p><u>COVID-19</u> JC updated that since a pandemic was declared on 12th March the IPC team have been as proactive and reactive as possible throughout this time. The team have changed working hours, picked up extra hours, worked weekends, created a telephone line especially for COVID queries, provided additional training and carried out additional ward visits to try and support. The team also attended multiple national and local meetings and was involved in setting up standards of PPE.</p> <p>JC updated that for the week ending 2/08/2020 – there were a total of 18,676 confirmed COVID-19 cases in Scotland, 2,491 deaths (equal Hosp/care home 46% and 7 % home/other), with a 125 new cases in Scotland over the previous week and 947 confirmed cases in total for NHS Fife</p> <p>Test and protect is up and running.</p> <p>Members noted the update</p>	
5.2	<p><u>Excellence in Care</u> JC updated the first meeting in sometime was held in July with another planned at the end of August. Nationally the EiC meetings are also just starting up. The groups are looking at the development of an e-module for patienttrack and how to implement it and get it up and running.</p> <p>Members noted the update</p>	
5.3	<p><u>Safe and Clean Audit</u> JC updated that Ken Marshall will hold show and tell sessions for head of nursing and clinical Midwifery Managers to show them how Safe and Clean works and remind them of the process. Audits have restarted again and the numbers are up. Surveillance will produce a report so that compliance from each area can be monitored. Many of the safe and clean dashboards are live and Ken Marshall is continuing to provide training and technical support. There are currently about 300 trained auditors and following upcoming training the hope is to have 400 trained auditors across NHS Fife by end of September.</p> <p>LC pointed out the use of the word 'Divisions' as a heading in the SBAR, suggesting that the list contains both divisions and directorates.</p> <p>A question was raised regarding the meaning 'divisions recording the highest activity require minimal or no support'. JC advised that her understanding of this was that areas that use the audit tool often aren't having as many issues as those who are less familiar.</p>	
6	NHS FIFE INFECTION CONTROL COMMITTEE'S SUB GROUPS	
6.1	<p><u>Infection Prevention & Control Team</u> Nothing from this meeting to highlight to group.</p> <p>Members noted the notes of the meeting</p>	
6.2	<u>NHS Fife Decontamination Steering Group</u>	

	Nothing from this meeting to highlight to group. Members noted the notes of the meeting	
6.3	<u>NHS Fife Antimicrobial Management Team</u> NH updated that the Nursing group will meet in September to work on booklet. Members noted the notes of the meeting.	
6.4	<u>NHS Fife Water Safety Management Group</u> Nothing from this meeting to highlight to group. Members noted the notes of the meeting.	
6.5	<u>HAI SCRIBES</u> JC updated that all the SCRIBES are starting up again. Members noted the notes of the meeting	
6.6	<u>NHS Fife CJD Sub Group</u> A meeting is in the process of being arranged by end September Members noted meeting was cancelled.	
6.7	<u>Quality Reports</u> Reports are for noting only	
7	ANY OTHER BUSINESS JC updated that the IPCT have been supporting care homes by joining the care home oversight group meeting as well as the care home daily huddle. So far IPC have visited 5 homes to provide support and training with a 6 th visit planned. The team have also allowed the care homes to borrow glow boxes to assist with hand hygiene training sessions and the visits seem to have been welcomed. The team have also been asked to accompany an AHP on an assurance visit of a home. However clear guidance on what is expected and the governance and resource around these requirements needs to be looked at as IPCN resource is short. NES have advised they are looking at an accelerated programme for training IPCN's. HB advised she was asked to chair a meeting regarding the refreshed HAI Standards however this was put on hold due to COVID and now that it is restarting it looks like it has a much wider scope to now also include care homes. Members noted updates.	
8	DATE OF NEXT MEETING The next meeting of the Committee will be held on 7 th October 2020 Via Microsoft Teams	

Item 13.8

Fife NHS Board

NOTES OF THE PUBLIC HEALTH ASSURANCE COMMITTEE MEETING HELD ON 11 AUGUST AT 1430 VIA MICROSOFT TEAMS

- | | | |
|-----------------------|---|---|
| Present: | Dona Milne (DM) (Chair)
Lynn Barker (LBa)
George Brown (GB)
Lucy Denvir (LD)
Emma O’Keefe (EOK) | Director of Public Health
Associate Director of Nursing
Emergency Planning Officer
Consultant in Public Health
Consultant in Dental Public Health |
| Apologies: | Esther Curnock
Hazel Close
Cathy Cooke
Lynn Burnett | Consultant in Public Health
Lead Pharmacist
Public Health Scientist
Nurse Consultant Health
Protection/Immunisation Co-ordinator |
| In attendance: | Cheryl Clifford (CCI) (notes) | Public Health Office Manager |

PUBLIC HEALTH ASSURANCE

1. **Welcome and apologies**
DM welcomed everyone to the meeting and introductions took place. DM explained the meeting had been brought forward one week as DM is on leave next week and this also happened the last time the group met.
2. **Minute of the meeting held on 27 February 2020**
The minute of the last meeting was accepted as an accurate record.
3. **Matters Arising**
Changes to risks within Screening – DM to discuss with Cathy Cooke on her return from leave. **DM**

GREATIX – EOK reported she had contacted Paul Smith but due to the pandemic nothing had been progressed. EOK agreed to contact Paul Smith again and start to progress. **EOK**
LBa agreed she was happy to see this progressed.

RISK MANAGEMENT

4. Identify near misses, critical incidents & learning

DM is not aware of any near misses or critical incidents. A conversation followed where LBa informed the group that an incident report is circulated weekly to the Heads of Nursing to give an overview of any incidents and near misses and a monthly quality report is also circulated. LBa is made aware of any major or extreme incidents. DM reported that Fiona Duff (Business Change and Immunisation Programme Manager) receives a Datix reports regarding immunisation incidents and these also now come to both Lynn Burnett and Esther Curnock and are reported to the Area Immunisation Steering Group. DM to discuss with Cathy Cooke to ask if she is included in reports regarding screening incidents.

DM

EOK said Dawn Adams (Clinical Director Community Dental Services) shares any incidents or complaints regarding dentistry. EOK to raise at the Community Dental Huddle on Thursday 20th August to confirm the reporting systems.

EOK

DM reported that Pauline Cummings (Risk Manger) has an overview of all risks but each department is responsible for their own risks. Details should always be forwarded to the Director who is the executive lead for the area. DM will follow up to ensure this is working.

DM

New Prospective Risks

5. There is potential for the Flu Vaccine programme to become a risk if staff are not released from current duties to become vaccinators.

Review of current risks on Public Health Register

6. 518 Resilience – GB has still to update but thought it best to wait until the Organsitional Resilience Standards had been submitted to SG. This has now been done and GB will update the risk. DM asked the group for their thoughts on what this risk actually meant and if we as a department/organisation were resilient. GB said he thought the organisation had responded well to the pandemic. DM thought the Gold/Silver/Bronze escalation and reporting had worked well, others agreed.

GB

EOK agreed that Fife had responded well and that communication had been good and lots of useful learning had happened.

GB said the response to the flooding last week had been good and that although there was no plan in place for such an event the hospital was back up and running by 8am and there were no cancellations to surgeries or clinics. There was also a PAG held due to the severe weather causing flaring at Mossmorran and three LRP meetings that day. Following the discussion it was agreed GB would close risk 518 and a new risk would be opened that reflected the current position.

A short discussion followed on staff resilience and the maintaining of the wellbeing hubs. GB reported that Ian Orr is looking into this.

GB

528 Influenza Pandemic – GB to update now that the submission of the

Organisational Standards to SG has taken place.

1457 Occupational Health Clearance – This has been closed. Lynn Burnett and Esther Curnock have discussed with Aileen Lawrie, Head of Midwifery. LBU to close on Datix.

1729 Suspicion of Malignancy – DM to discuss with Lorna Watson.

GB

1873 Pregnancy and Newborn Screening - DM will ask Lorna Watson for an update to be included in the minute.

LBu

Discussion followed where it was agreed any open risks should be updated two week prior to the meeting. Discussion was had on the non-user friendly risk report. DM suggested a training session be organised for the department.

DM

DM asked for all risks currently opened or in need of updating are completed by the end of August.

DM

DM/CC

ALL

7. Any issues to escalate to Clinical Governance

The Flu vaccination paper circulated earlier today has been drafted for Clinical Governance and will be submitted to the next meeting of the Group on 7th September. The paper provides an overview of the delivery plan for the seasonal flu vaccination programme for Fife this winter. Concern has been raised that the ongoing implications of Covid 19 may have a serious impact on the delivery of the flu vaccine. DM has raised at EDG. Any comments on the paper should be forwarded to Esther by Monday 24th August.

ALL

It was agreed a new standing agenda item “Issues to feed back from Clinical Governance” will be added going forward. EOK reported from the previous meeting on 4th March that everyone was very appreciative of the work that Public Health carries out.

CC

AOCB

There was no other business

8.

Date of next meeting

Thursday 26th November at 11am via Microsoft Teams

9.

Item 13.9

MINUTES OF THE MEETING OF THE NHS FIFE RESILIENCE FORUM HELD ON TUESDAY, 19 AUGUST 2020 AT 10AM VIA MICROSOFT TEAMS

Present:

Dona Milne (DM)	Director of Public Health, NHS Fife (Chair)
Donna Baillie (DB)	Resilience Manager, Scottish Ambulance Service
Paul Bishop (PB)	Head of Estates, NHS Fife
George Brown (GB)	Emergency Planning Officer, NHS Fife
Hazel Close (HC)	Public Health Pharmacist, NHS Fife
Linda Douglas (LD)	Director of Workforce, NHS Fife
Andy Fairgrieve (AF)	Director of Estates, Facilities and Capital Services, NHS Fife
Susan Fraser (SF)	Associate Director of Planning and Performance, NHS Fife
Avril Sweeney (AS)	Manager - Risk Compliance, Health and Social Care Partnership

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 and thanked them for attending.

2. APOLOGIES

Apologies were received from: Wilma Brown, Nicky Connor, Maggie Curren, Lesly Donovan, Neil Hamlet, Joyce Kelly, Chris McKenna, Kirsty Macgregor, Andy Mackay and Ian Orr.

3. MINUTES OF PREVIOUS MEETING HELD ON 9 JUNE 2020 & MATTERS ARISING

The minutes of the previous meeting were accepted as an accurate record.

Matters Arising

- Members are asked to comment on the draft Organisational Resilience Standards. **COMPLETE**
- Business continuity assurance process to be drafted for implementation. **COMPLETE**
- Covid-19 Debrief and lessons identified template to be circulated and comments to be collated **COMPLETE**
- Liaise with Theresa McNiff around suitable training sessions that can be offered by OD & Learning and/or NES **NOT STARTED**
- Liaise with Learning & Development Coordinator, EoS RRP, Scottish Government to arrange further loggist training for acute services staff. **IN PROGRESS**

4. Organisational Resilience Standards to SGHRU

It was noted that our return was submitted to Scottish Government Health Resilience Unit at the end of July. GB advised that we may be asked to provide some evidence to support our submission.

DM noted she has been advised that we will be subject to an internal audit this year.

ACTION

5. BC ASSURANCE PROCESS

IO has reviewed the current process and produced revised documents which have been tested successfully with Maternity Services and Human Resources. A copy of the draft documents were appended with meeting papers. It was agreed that IO do a briefing for service managers.

Following discussion it was agreed to feedback the following comments to Ian:

- Fuel shortage to be reflected
- Briefing session for service managers
- Clarify process and time line
- Implement a return process to ensure this is in place, agreed this would be one month from the briefing date
- Complete by the end of October 2020

It was agreed to schedule in a quick debrief meeting around the recent flooding situation.

IO

DM

PB/IO/GB

6. Covid-19 Strategic Framework and new Fife LRP Sub Group

DM explained that Directors of Public Health in Scotland have been meeting regularly with Scottish Government. We have been asked to prepare plans for our local areas based upon the WHO six themes for elimination. The previous Covid-19 plan has been updated to reflect the current situation and the priorities going forward. The view across Scotland and in Scottish Government is that is a resilience partnership effort led by Public Health. In Fife, we have agreed that the Fife LRP establish a sub group to lead on this. The first meeting of the sub group will be held later today and will be chaired by DM. The frequency of the group is fortnightly. The focus of the group is on high risk areas for outbreaks, populations, protocols being established, etc. with a view to preventing covid outbreaks and being in a strong position to manage clusters and outbreaks as they emerge. A copy of the draft framework has been sent to EDG for comment.

Seasonal flu vaccination and winter planning are also referred to in the framework along with prevention and mitigation of inequalities. The seasonal flu vaccination programme is due to commence in September.

Much of this work is based on discussions taking place at a Scientific Group on Multiple Threats chaired by Sir Harry Burns. A CMO briefing is expected shortly informing boards of these multiple threats relating to Covid-19 which we will need to incorporate into our plans.

7. Winter Planning

SF reported on the winter planning workshop held yesterday where around 30/40 people joined the meeting on Teams. Our normal process has been changed this year and in the absence of the annual review of the winter plan in 2019/20 the workshop took the opportunity to look at changes which have occurred because of Covid-19. The winter plan is being re-written and is still in the early stages. A table top exercise is being planned to look at preparedness should Covid-19 return significantly and what activity we need to move. A session with members of EDG around the principles of winter planning is being planned. They will also look at the governance and decision making around the plan to ensure effective senior leadership for what will be a difficult year.

There has been a lot of information given to Chief Executives around scheduled and unscheduled care and the expectation is this will be delivered by the beginning of October. The scheduled and unscheduled care will be

UNCONFIRMED

based on the Covid-19 hub model.

SF attended a group session this week with Public Health Scotland (PHS) where they are looking at the planning model should services be impacted by a further spike in confirmed cases.

SF reported that in the remobilisation plan submitted on 23 July we had 8 high level actions to discuss:

- Point of care testing for flu and covid-19
- How we restructure medical assessments and admissions
- Scheduled and unscheduled care
- work to help discharges and patients
- Use of information for care
- HSCP – home first model
- Set up care home process for people from their homes
- Modelling similar to outpatients post Covid-19 – looking at the process from the community to hospital then back to the community and care home

This work is currently being discussed at the Capacity and Flow Remobilisation Oversight group.

It was agreed to factor Brexit in to the remobilisation plan which is still expected to take place in December.

DM referred to Point of Care testing in particular that the labs are waiting to hear if funding is in place for this.

DM explained she will raise the concern at EDG that we need significant workforce commitments this year to assist in the delivery of the vaccination programme.

It was agreed that the Resilience Forum should review the plan ensuring it covers the significant matters from a resilience perspective.

8. **AOCB**

A copy of the draft Winter Plan will be circulated to the group when it is available. It was proposed that a separate Resilience Forum be called to discuss the draft plan. GB to discuss with DM.

GB

9. **Dates of future meetings**

Wednesday, 18 November at 10am via Teams.



NHS Board Chief Executives

Copy to: NHS Board Chairs

04 August 2020

Dear Colleagues,

Bill to incorporate the United Nations Convention on the Rights of the Child (UNCRC) into our domestic law in Scotland

We are writing to you about the UNCRC Incorporation Bill.

As the Deputy First Minister [announced](#) to Parliament in November last year, the Bill will be delivered within this parliamentary session. This commitment was recently [repeated](#) by Maree Todd MSP, Minister for Children and Young People.

Incorporation of the UNCRC will mean that every devolved body, including the Scottish Government, will be legally obliged not to act incompatibly with the rights and requirements of the UNCRC. And, if they don't, children, young people and their representatives will be able to use the courts to enforce their rights. The Bill aims to ensure that there is a proactive culture of everyday accountability for children's rights across public services in Scotland.

Last summer, we held a [consultation](#) to ask what the people of Scotland thought was the best way to incorporate the convention into domestic law. It was clear from the consultation [response](#) that there is wide recognition that incorporating the UNCRC will significantly advance the protection and realisation of children's rights in Scotland. While the Bill will be introduced to Parliament after summer recess, Ministers recognise that public bodies will need a period of time to prepare for the duties under the Bill to incorporate the UNCRC.

What does this mean for Public Bodies?

Certain public bodies across Scotland already take children's rights considerations into day to day decision making and policies. This Bill will expand upon and formalise that good practice and create a duty for devolved public authorities to not act incompatibly with the incorporated rights and requirements of the UNCRC when they

exercise their devolved functions. This is similar to the existing duty not to act incompatibly with the rights set out in the Human Rights Act.

Public bodies will be required to fulfil this duty in areas of their responsibility including their decisions, actions and inactions. This will have the effect of creating further accountability and empower children and young people, so if their rights are not being fully respected they can, if they chose to do so, seek to pursue that through the legal system.

The Scottish Government have made the Child Rights and Wellbeing Impact Assessments CRWIA approach available for public bodies and children's services to assess whether policies and decisions will realise children's rights and help protect and promote the wellbeing of children. Further information can be found [here](#).

We look forward to discussions with NHS Board Chief Executives and Chairs on how we can work together as we move forward with the UNCRC Bill into implementation phase. For further information or to arrange for a discussion please email us at UNCRCIncorporation@gov.scot.

Thank you.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Michael Chalmers', with a wavy underline.

Michael Chalmers
Director for Children and Families

Engagement and participation in service change and redesign in response to COVID-19

Guidance note - July 2020

1. Background

This guidance note provides further details to the note circulated by Healthcare Improvement Scotland – Community Engagement in June 2020: [Engagement and participation in service change and redesign in response to COVID-19](#).

Healthcare Improvement Scotland – Community Engagement has a role across NHS Boards and Integration Authorities to “support, ensure and monitor” patient focus and public involvement activities relating to health services.

The COVID-19 pandemic has required NHS Boards and Health and Social Care Partnerships to rapidly reconfigure services and provide care in new and different ways. During the initial emergency response, quick decision making was needed to increase capacity and maintain essential services, and the urgency of the situation did not allow organisations to involve or engage the public as they would normally be expected to.

However, the statutory duty to involve people is as important as ever. During this next phase of the pandemic, and through the re-mobilisation planning, there is an opportunity to understand and build on the benefits brought by changes during the initial phase and have these informed by people who are using services.

2. Current context

The complexity of the current environment for health and care services cannot be understated, with services facing many competing challenges and pressures. For example, many changes have been made to urgent care to rapidly respond to the pandemic, while considering the future provision of services over the short, medium and long term.

[Re-mobilise, Recover, Re-design: The Framework for NHS Scotland](#) published on 31 May detailed three key renewal objectives:

1. Engage the people of Scotland to agree the basis of our future health and social care system
2. Embed innovations, digital approaches and further integration, and;
3. Ensure the health and social care support system is focused on reducing health inequalities

The steps outlined in this guidance note set out a collaborative approach to understanding what service changes have been made, what changes have been paused, and what

changes may now need to be considered. The guidance should inform your approach to effective community engagement moving forward.

The steps outlined below will help NHS Boards and Health and Social Care Partnerships demonstrate how:

- Engagement has informed re-mobilisation plans during the early stages and in moving towards March 2021;
- Planned engagement informs the development of renewal programmes in relation to the three objectives highlighted above.

3. What is service change?

Healthcare Improvement Scotland – Community Engagement considers service change to be a service development or change in the way in which patients and service users’ access services. This may include the enhancement of a service through increased access, new resources or technologies or new build facilities. It may also include the reduction, relocation or withdrawal of a service or the centralisation of specialist services.

Some changes are made on a long-term or permanent basis while others are provided on a temporary basis due to the need to take immediate short-term action to deliver services. For temporary changes, *Healthcare Improvement Scotland – Community Engagement* typically considers these to be in place for a period up to 12 months, however the current situation may require some to be in place for longer.

Healthcare Improvement Scotland – Community Engagement will take a pragmatic and proportionate approach to service reconfiguration and change that has occurred as a result of the response to COVID-19 pandemic.

4. Identifying next steps

As a result of the current pandemic, service reconfiguration or change may fall into **three** broad categories. The flowchart in appendix one highlights considerations to support proportionate engagement for each with the categories summarised in the following table:

Categories		
1. Changes made as a result of COVID-19	2. Changes that were put on hold due to COVID-19	3. Forthcoming changes that now need to be considered
a) Changes that are planned as a temporary arrangement (typically up to 12 months) and expected to return to the substantive model.	Changes that were paused in order to focus on the emergency response to COVID-19 and require to re-start.*	Changes that are now considered as a result of the current situation and changing environment and unplanned prior to COVID-19.
b) Changes that were introduced on a temporary basis and are now being considered as a longer term or permanent model for service delivery.	(*the Case for change remains valid and requires to be progressed)	

5. Guidance for category 1 – Changes made as a result of COVID-19

a) Changes that are planned as a temporary arrangement (typically up to 12 months)

As outlined in our briefing note, published in June, in order to meet expectations of effective engagement as set out in policy and guidance, *Healthcare Improvement Scotland – Community Engagement* recommends that NHS Boards and Health and Social Care Partnerships should consider the following five points to inform what engagement activities need to take place, and with who.

- 1. Understanding impact:** Identify those people who currently use the services that have undergone urgent change and ask them how they have been impacted and how any adverse impacts might be mitigated moving forward. This information will support understanding and response to unintended consequential impacts of change. The Scottish Government's COVID-19- Framework for Decision Making¹ notes *“the harms caused by the pandemic are not felt equally. Our response to this pandemic must recognise these unequal impacts”*
- 2. Communicating clearly:** Ensure that communications are clear, transparent, accessible and include information on how to access services and the support available to people remotely or in person. Communications may give an indication of how the service is being evaluated and indicative timescales for the temporary arrangement being in place. It may be helpful to consider that communication can be undertaken with service users and their carers face-to-face when they interact with the service as well as communicating digitally or by post with others.
- 3. Using feedback:** Seek feedback from patients, service users and communities on the interim and urgent changes and consider how this can be used to inform current practice and future service design. Feedback may be gathered from people when using services, at the point of service delivery, through surveys (postal or digital) or via Care Opinion. The World Health Organisation has proposed that one of the six conditions to implement/adapt transitioning of measures is *“Communities have a voice, are informed, engaged and participatory in the transition.”*^{2,3}
- 4. Agree approach:** For those changes that were introduced on a temporary basis, as part of the response to the COVID-19 pandemic, NHS Boards or Health and Social Care Partnerships should contact *Healthcare Improvement Scotland – Community Engagement* to discuss the approach to move forward in line with national guidance and policy on service user and public involvement. The period of temporary change

¹ Coronavirus (COVID-19): framework for decision making, Scottish Government, (April 2020): <https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making/pages/4/>

² https://www.euro.who.int/__data/assets/pdf_file/0019/440038/StrengthAdjustingMeasuresCOVID19-infograph.pdf?ua=1

³ <https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-scotlands-route-map-through-out-crisis-supporting-evidence-moving-phase-2/pages/8/>

may have enabled the collection of valuable service user experience and evidence to support a case for change, and;

- 5. Engaging differently:** Understanding the skills and capacity for staff to undertake meaningful and inclusive engagement using different engagement approaches appropriate to the circumstances. While greater attention is being given to remote and digital engagement, it is helpful to bear in mind that some service users and carers are still interacting with health and care services and there may be opportunities to also engage with people face-to-face.

This could be in acute, primary care or community settings and Boards and Health and Social Care Partnerships may consider what additional training or processes would be helpful to support this activity. *Healthcare Improvement Scotland – Community Engagement* is developing new resources to support people to engage differently

b) Changes that were introduced on a temporary basis that are now being considered as a longer term or permanent model

For changes that were initially planned as temporary arrangements that are now being considered as a longer term or permanent model for service delivery, NHS Boards and Health and Social Care Partnerships should consider the five points above and how they will meet the expectations of effective engagement as set out in national policy and guidance.

The current national guidance for NHS Boards and Health and Social Care Partnerships should be applied in a proportionate and realistic way to involving people in service redesign, recognising that temporary models may not always reflect the previous 'status quo' for the service and therefore there is a 'new starting position'.

Service change proposals should be informed by patients', service users', carers' and third sector groups' lived experience and feedback should be sought on temporary models to inform potential future redesign. Consideration should also be given to any ongoing engagement activity in related areas that may be taking place at regional or national levels and how this feedback can be used to inform next steps.

6. Guidance for Category 2 – Changes that were paused due to COVID-19

Similarly for those changes that were paused due to the pandemic, consideration should be given to reviewing emerging data and developments to understand if the case for change remains valid to enable these processes to re-start. It is anticipated that some engagement activity, undertaken prior to the COVID-19 lockdown, will be protected and activity may therefore be resumed in line with guidance.

However, there may be opportunities to gather learning from practice during COVID-19 and service user experience to inform the evidence base moving forward.

If you plan to review previous proposals then it would be useful to discuss where in the engagement process you are, and any parts of the process that may need to be reviewed or revisited.

7. **Guidance for Category 3 – Forthcoming changes that now need to be considered**

This category considers ‘new’ changes unplanned prior to COVID-19. For proposed changes in this category NHS Boards and Health and Social Care Partnerships should consider the five points highlighted above to inform engagement activities.

The case for change for any proposal should be informed by the engagement undertaken with a shared understanding of the key drivers for change and potential benefits and areas of impact that may arise from proposed change.

It would be expected that proposals within this category are referenced in the re-mobilisation plans, or at a later date as part of the renewal programme. Any engagement activity already undertaken as part of the remobilisation plans should be reviewed to inform and agree the most appropriate next steps for proportionate engagement.

Please contact *Healthcare Improvement Scotland – Community Engagement* to discuss the approach to engagement moving forward in line with national guidance and good practice.

8. **Engagement under the ‘new reality’**

The measures to respond to the COVID-19 pandemic mean that face-to-face engagement that would normally be expected, such as public meetings, will be restricted by the current guidance on physical distancing and shielding. This means that NHS Boards and Health and Social Care Partnerships will need to consider who they need to engage with and what are the best methods for communication and engagement. This may mean that they need to consider again who their stakeholders are and where they are as well as their ability to engage using different methodologies or technologies.

9. **Equality Impact Assessment (EQIA)**

The introduction of physical distancing in response to the COVID-19 pandemic, and a shift away from face-to-face engagement, may remove barriers for some people while introducing new barriers for others.

In accordance with equalities legislation, including the public sector duties⁴, organisations are responsible for:

- Ensuring that the informing, engaging, consulting process is fully accessible to all equality groups; and
- Ensuring that any potential adverse impact of the proposed service change on different equality groups has been taken into account by undertaking an equality impact assessment and that this informs the planning and delivery of engagement activity.

Previous EQIAs may also need to be updated to take account of the new potential impacts and to check that this work is still valid.

⁴ Equalities and Human Rights Commission: <https://www.equalityhumanrights.com/en/advice-and-guidance>

10. Tools and resources

As well as the advice and support provided by our Service Change team, our staff based within the Engagement Office network across the country are available to provide ongoing advice and support in relation to your engagement and involvement activity.

The support we can provide will enable NHS Boards and Health and Social Care Partnerships to revisit their current engagement and involvement strategies and consider what amendments are required in light of COVID-19 and, in particular, current physical distancing measures and continued lockdown restrictions. This can include the consideration of different methods and technologies for engagement and involvement, and how to reach the people who use services and the wider communities. Contact details for our Engagement Office network can be found [here](#).

We have been considering the use of digital and other alternative methods of engagement, including the re-purposing of more traditional engagement approaches and we will continue to build this knowledge and expertise and share our learning. You will find tools and information on our website to support you to engage differently [here](#).

We are also asking people to share their examples with us on the website or on social media using the hashtag *#EngagingDifferently*.

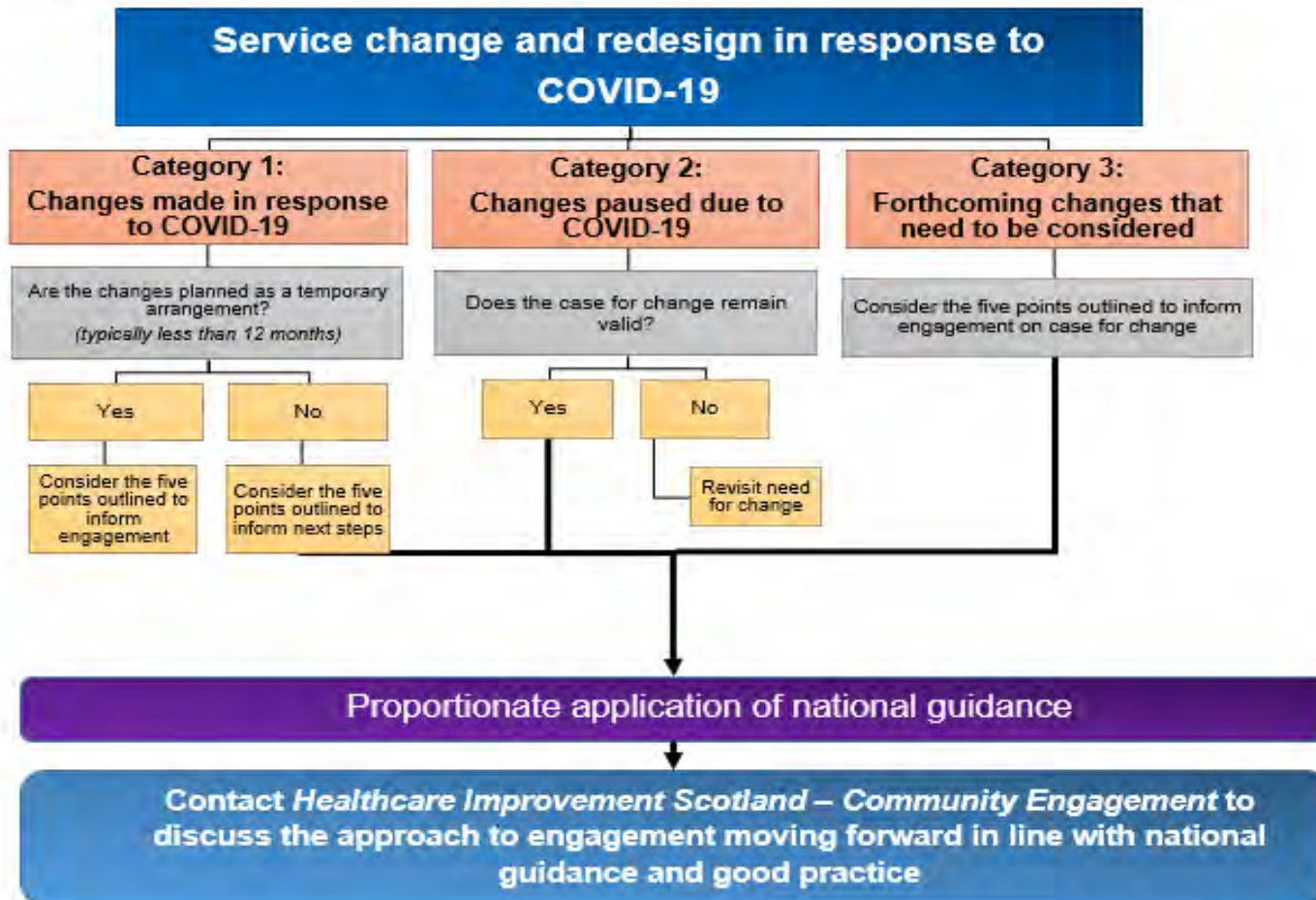
To discuss any information within this, or specific considerations regarding service change please contact the team at: hcis.hisengage.servicechange@nhs.net

To discuss any advice and support regarding ongoing engagement and involvement activity please contact the Engagement Office for your area. Details can be found [here](#).

Further information on *Healthcare Improvement Scotland – Community Engagement* can be found at: www.hisengage.scot

Appendix one:

Service change and redesign flowchart for engagement and participation in response to COVID-19



Engagement and participation in service change and redesign in response to COVID-19 - Survey

Who we are

Healthcare Improvement Scotland - Community Engagement supports the engagement of people and communities in shaping health and care services in Scotland.

What information we collect and why

We support NHS Boards and Health and Social Care Partnerships to engage with the public. This survey follows on from our position paper circulated in June 2020 and supports the briefing note accompanying this survey.

Healthcare Improvement Scotland – Community Engagement is looking to gain an understanding of the extent of service change that has already occurred, what further changes are being planned, and whether these changes are being viewed as temporary or longer term.

We recognise that the engagement NHS Boards and Health and Social Care Partnerships undertake, and the timing of this, will need to take account of the continually changing environment in which services are operating and may require different engagement approaches while social restriction measures are in place.

Your feedback will inform your discussions with us on taking forward engagement on service change and allow us to provide relevant advice, support and assurance for organisations in meeting the expectations set out in national guidance and statutory duties for public involvement. We will also be seeking to understand the support health and care staff require to effectively engage people going forward.

We ask you to provide the name and contact details of an individual who would be willing to discuss the topic further. This information will not be shared outside our team, and will not be used for any other purposes.

How we handle information

We use SmartSurvey to host our online surveys and to collate responses to paper-based surveys. For more information, please see www.smartsurvey.co.uk/privacy-policy. We will keep your personal data only as long as it is needed for the purposes described above. Information is maintained in line with the [NHS Scotland retention schedule](#) which specifies how long records should be kept.

Your rights

You have a number of personal data rights, including that to request a copy of your information. For more information on how we handle personal data, and how to contact the UK Information Commissioner if you wish to complain about how we handle your personal data, please see our [privacy notice](#).

If you have any questions regarding this questionnaire, or require this questionnaire in a different format, please contact:

Daniel Connelly
Service Change Manager

Email: daniel.connelly1@nhs.net

Contact Information

Please tell us the name of the NHS Board or Health and Social Care Partnership and provide a name and contact details of an individual who would be willing to discuss the topic further. This information will not be shared outside our team, and will not be used for any other purposes.

NHS Board or Health & Social Care Partnership	
Completed by:	
Contact:	

Section 1: Changes to Services in Response to Covid-19

Healthcare Improvement Scotland – Community Engagement considers service change to be a service development or change in the way in which patients and service users access services. This may include the enhancement of a service through increased access, new resources or technologies or new build facilities. It may also include the reduction, relocation or withdrawal of a service or the centralisation of specialist services.

Some changes are made on a long-term or permanent basis while others are provided on a temporary basis due to the need to take immediate short-term action to deliver services. For temporary changes, Healthcare Improvement Scotland – Community Engagement typically considers these to be in place for a period up to 12 months, however the current situation may require some to be in place for longer.

The following questions will ask you to tell us about services that you have changed, based on the definition above. Please tell us about one service change at a time, options to add further changes will be available at the end of this section.

1. Please tell us what service has been changed (1)

--

2. Has there been a change to the location of the service? *Choose an item.*

(b) If 'YES', please indicate how by selecting all that apply:

Geographical Location Fewer Sites

More Sites Other (*please describe below*)

--

3. Has there been a change to how people access the service? *Choose an item.*

(b) If 'YES' please indicate how: *Choose an item.*

(c) If 'Other' please describe below:

4. Is the change to service temporary? (e.g. less than 12months either as part of the initial response or re-mobilisation plans): *Choose an item.*

Section 2: Restarting paused changes

For changes that were paused due to the pandemic, consideration should be given to re-starting processes, acknowledging engagement already undertaken

5. Do you plan to restart any paused service change activity? *Choose an item.*

(b) If 'YES' please tell us about these changes:

Section 3: Forthcoming changes that need to be considered

This category considers 'new' changes unplanned prior to COVID-19

6. Are there currently any new changes, unplanned prior to COVID-19 that now need to be considered? *Choose an item.*

(b) If 'YES' please tell us about these changes

Section 4: Support

As well as the advice and support provided by our Service Change team, our staff based within the Engagement Office network across the country are available to provide ongoing advice and support in relation to your engagement and involvement activity.

The support we can provide will enable NHS Boards and Health and Social Care Partnerships to revisit their current engagement and involvement strategies and consider what amendments are required in light of COVID-19 and, in particular, current physical distancing measures and continued lockdown restrictions. This can include the consideration of different methods and technologies for engagement and involvement, and how to reach the people who use services and the wider communities. Contact details for our Engagement Office network can be found [here](#).

We have been considering the use of digital and other alternative methods of engagement, including the re-purposing of more traditional engagement approaches and we will continue to build this knowledge and expertise and share our learning. You will find tools and information on our website to support you to engage differently [here](#).

7. What can *Healthcare Improvement Scotland – Community Engagement* do to support your organisation to effectively engage people going forward?