NHS FIFE CLINICAL GOVERNANCE COMMITTEE

Wed 04 November 2020, 14:00 - 17:00

VIA MS TEAMS

Agenda

14:00 - 14:00
0 min

1. APOLOGIES FOR ABSENCE

14:00 - 14:00
0 min

2. DECLARATION OF MEMBERS' INTERESTS

14:00 - 14:00
0 min

3. MINUTES OF MEETING HELD ON 7 SEPTEMBER 2020

(enclosed)

📄 Item 3 - Unconfirmed Notes 07092020 FINAL.pdf (14 pages)

14:00 - 14:00
0 min

4. ACTION LIST

(enclosed)   *Les Bisset*

📄 Item 4 - Action List 4 November 2020 FINAL.pdf (5 pages)

14:00 - 14:00
0 min

5. MATTERS ARISING

5.1. Review of Fife Integration Scheme

(verbal)   *Nicky Connor*

5.2. Acute Services Division Preparedness for future Covid-19

(enclosed)   *Claire Dobson*

📄 Item 5.2 - ASD Preparedness for COVID-19 CGC 041120.pdf (5 pages)
📄 Item 5.2 Appendix.pdf (1 pages)

5.3. Update on Wellesley Unit, Randolph Wemyss Hospital

(verbal)   *Nicky Connor*

14:00 - 14:00
0 min

6. COVID-19 UPDATE

6.1. Laboratory Testing Update

(verbal)   *Dona Milne & Claire Dobson*

6.2. Test & Protect

(Presentation)   Dona Milne

14:00 - 14:00
0 min

7. REMOBILISATION OF CLINICAL SERVICES PLAN

7.1. Redesign of Urgent Care

(Presentation)   Chris McKenna

14:00 - 14:00
0 min

8. REQUESTED PAPER

8.1. Seasonal Flu Programme 2020 Review

Carol Potter

📄 Item 8.1. CGC Flu Review 2020.pdf (24 pages)

8.2. Enhanced Flu Vaccination Programme

(enclosed)   Dona Milne / Helen Hellewell

📄 Item 8.2- CGC_Flu Vaccination_041120 - Final.pdf (8 pages)

8.3. Orthopaedic Elective Centre Full Business Case

(enclosed)   Allan Wilson

📄 Item 8.3 - SBAR CQG commitee November.pdf (3 pages)
📄 Item 8.3 - NHSF - Fife Elective Orthopaedic Centre - FBC - DRAFT 02.10.20.pdf (103 pages)
📄 APPENDIX A - Fife Elective Orthopaedic Centre - SA - 13.03.17 Rev. 3.pdf (1 pages)
📄 APPENDIX B.1 - VHK Ph2 Level 3_Theatres.pdf (1 pages)
📄 APPENDIX B.2 - VHK Ph2 Level 4_Ward 10.pdf (1 pages)
📄 APPENDIX C - DCAQ Projections NHS Fife Planned Ortho Surgery 2016 to 2035 JAB070118.pdf (1 pages)
📄 APPENDIX E.1 GF Layout.pdf (1 pages)
📄 APPENDIX E.2 FF Layout.pdf (1 pages)
📄 APPENDIX E.3 SF Layout.pdf (1 pages)
📄 APPENDIX F - AEDET - FEOC - FBC - 18.08.20 Final.pdf (1 pages)
📄 APPENDIX G.1 - FEOC - HAI SCRIBE Stage 1 - Rev 2 - 17 06 20 - FINAL.pdf (10 pages)
📄 APPENDIX G.2 - NHSF FEOC HAI Stage 2 - 18 06 20 Rev 1 FINAL Signed.pdf (14 pages)
📄 APPENDIX H - Fife Elective Orthopaedic Centre - Design Statement - 19 07 19 - Rev 5.pdf (22 pages)
📄 APPENDIX I - Derogations Schdule - EOC-NOR-XX-XX-RP-A-00014_Ver4.pdf (5 pages)
📄 APPENDIX J - Total Project Summary 01.10.20.pdf (2 pages)
📄 APPENDIX K - Fife Elective Orthopaedic Centre - Benefits Realisation Plan - 03.10.19 - Rev. 0.pdf (2 pages)
📄 APPENDIX L - Fife Elective Orthopaedic Centre - Benefits Register - 25.09.20 - Rev. 4.pdf (3 pages)
📄 APPENDIX M - FEOC - Design and Construction Risk Register - 18.09.20 - Rev 10a.pdf (6 pages)
📄 APPENDIX N - Elective Orthopaedic Centre Communications Plan V3.pdf (3 pages)
📄 APPENDIX O - FEOC - Signed Project Board Statement Template.pdf (1 pages)
📄 APPENDIX P - NHS Fife Elective Commissioning Statement.pdf (9 pages)

14:00 - 14:00
0 min

9. QUALITY, PLANNING & PERFORMANCE

9.1. Integrated Performance & Quality Report

(enclosed)   Chris McKenna / Helen Buchanan

📄 Item 9.1 - SBAR CG Committee.pdf (3 pages)
📄 Item 9.1 - IPQR Oct 2020.pdf (46 pages)

9.2. Winter Plan 2020-21

(Verbal)   *Nicky Connor / Andy MacKay*

14:00 - 14:00
0 min

10. PUBLIC ENGAGEMENT AND CONSULTATION

No papers

14:00 - 14:00
0 min

11. DIGITAL & INFORMATION

11.1. HEPMA Business Case

(enclosed)   *Scott Garden*

📄 Item 11.1 - 20.11.04 - CGC HEPMA Full Business Case_SBAR.pdf (86 pages)

14:00 - 14:00
0 min

12. GOVERNANCE

12.1. Board Assurance Framework – Quality & Safety

(enclosed)   *Chris McKenna / Helen Buchanan*

📄 Item 12.1 4. NHS Fife Board Assurance Framework (BAF) V25.0 240920 - Quality & Safety.pdf (1 pages)
📄 Item 12.1 4. BAF Risks - Quality & Safety - Linked Operational Risks as at 031120.pdf (4 pages)
📄 Item 12. 1 03112020 SBAR Q and S BAF to NHS F CG Committee v1 0.pdf (3 pages)

12.2. Board Assurance Framework – Strategic Planning

(attached)   *Susan Fraser*

📄 Item 12.2 - 5. NHS Fife Board Assurance Framework (BAF) 291020 - Strategic Planning.pdf (1 pages)
📄 Item 12.2 - SBAR CGC BAF 5 041120.pdf (3 pages)

12.3. Board Assurance Framework - eHealth

(enclosed)   *Chris McKenna*

📄 Item 12.3 - 7. NHS Fife Board Assurance Framework (BAF) V9.0 161020 - Digital & Information.pdf (2 pages)
📄 Item 12.3 - 7. BAF Risks - Digital & Information - Linked Operational Risks as at 161020.pdf (6 pages)
📄 Item 12.3 - BAF to Clinical Governance Committee V1.0.pdf (4 pages)

14:00 - 14:00
0 min

13. ANNUAL REPORTS

13.1. R&D Annual Report

(enclosed)   *Chris McKenna*

📄 Item 13.1 - Board Paper_ClinicalGovernanceCommittee_R&DAnnual Report.pdf (5 pages)
📄 Item 13.1 - R&D Annual Report 20-21.pdf (41 pages)

13.2. R&D Strategy Review

(enclosed)   *Chris McKenna*

📄 Item 13.2 - Board Paper_ClinicalGovernanceCommittee_R&DAnnual Report.pdf (5 pages)
📄 Item 13.2 - R&D Strategy 20-21.pdf (14 pages)
📄 Item 13.2 - R&D Strategic Priorities 19-20.pdf (2 pages)

14. LINKED COMMITTEE MINUTES & ANNUAL REPORTS - FOR INFORMATION

14.1. Acute Services Division Clinical Governance Committee (16/9/2020)

(enclosed)   *Dr Cargill*

📄 Item 14.1 - ASD CGC Minute FINAL DRAFT 160920.pdf (20 pages)

14.2. Fife Area Drugs & Therapeutics Committee (25/8/2020)

(enclosed)   *Chris McKenna*

📄 Item 14.2 - FIFE DTC CONFIRMED MINUTES 25 August 2020.pdf (8 pages)

14.3. Fife H&SCP Clinical & Care Governance Committee (2/10/2020)

(enclosed)   *Nicky Connor*

📄 Item 14.3 - UNCONFIRMED MINUTE OF CCGC 02.10.20 (2)HH-TB 28.10.pdf (8 pages)

14.4. Digital & Information Board (6/10/2020)

(enclosed)   *Margo Mcgurk*

📄 Item 14.4 - Digital and Information Board Minutes 06.10.20 V1.pdf (6 pages)

14.5. Health & Safety Sub Committee (11/9/2020)

(enclosed)   *Les Bisset*

📄 Item 14.5 - 2020-09-11 Draft Minutes Sep Meeting.pdf (3 pages)

14.6. Integrated Joint Board (IJB) (28/8/2020 & 25/9/2020)

(enclosed)   *Nicky Connor*

📄 Item 14.6 - Final IJB Minute 28.08.20.pdf (9 pages)
📄 Item 14.6 - 00 Draft IJB Minute 25.09.20 - Unconfirmed.pdf (7 pages)

15. ITEMS FOR NOTING

15.1. Letter from CNO - Covid 19: Mobilisation Plans: Reducing Risk of Nosocomial Covid 19

(enclosed)   *Helen Buchanan*

📄 Item 15.1 - Assurance Mechanisms COVID-19 MOBILISATION PLANS REDUCING RISK OF NOSOCOMIAL COVID-19.pdf (4 pages)
📄 Item 15.1 - CNO Letter - remobilisation - Fife.pdf (2 pages)

15.2. HAIRT Report

(enclosed)   *Helen Buchanan*

📄 Item 15.2 Hairt report October.pdf (20 pages)

16. ISSUES TO BE ESCALATED

17. ANY OTHER BUSINESS

14:00 - 14:00
0 min

18. DATE OF NEXT MEETING

Thursday 14 January 2021 at 2pm via MS Teams

Fife NHS Board

UNCONFIRMED

NHS Fife

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD VIA MS TEAMS ON 7 SEPTEMBER 2020

Present:

Dr Les Bisset, Chair
Sinead Braiden, Non-Executive Member
Helen Buchanan, Nurse Director
Janette Owens, ACF Representative
John Stobbs, Patient Representative
David Graham, Non-Executive Member

Martin Black, Non-Executive Member
Wilma Brown, APF Representative
Rona Laing, Non-Executive Member
Dona Milne, Director of Public Health
Carol Potter, Chief Executive
Margaret Wells, Non-Executive Member

In Attendance:

Nicky Connor, Director of Health & Social Care
Dr Rob Cargill, AMD ASD
Gillian MacIntosh, Board Secretary
Susan Fraser, Associate Director of Planning & Performance
Lesly Donovan, eHealth General Manager
Catriona Dziech, Note Taker

Scott Garden, Director of Pharmacy & Medicines
Andy Mackay, Deputy Chief Operating Officer (Acute)
Helen Woodburn, Head of Quality & Clinical Governance
Dr Helen Hellewell, AMD H&SCP

1. Apologies for Absence

Apologies were noted from Dr McKenna, Medical Director.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the Meetings held on 8 July 2020

The note of the meetings held on 8 July 2020 were formally approved.

4. Action List

All outstanding actions were discussed and will be updated on the separate rolling Action List.

5. MATTERS ARISING

5.1 Risk 1652 – Lack of Medical Capacity in Community Paediatric Service

Members reviewed the content of the agenda paper presented by Dr Cargill, which outlined challenges in the recruitment of medical staff within the service and the resultant impact on the ability to deliver a safe and timely service for patients.

Following discussion, the Committee agreed that the report was concerning and noted the recommendations as follows:

1   They recognised the risks associated in view of the significant vulnerabilities of the Community Paediatric Service;
2   Supported 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   Noted that the improvement work will be phased on short, mid and long-term plans;
4   Noted that cross system leadership arrangements will be agreed to effectively support this improvement work; and
5   Noted that the service redesign may include invest to save opportunities.

To address the Committee's concerns and to consider whether the planned actions have effect, it was agreed a follow up report on progress would be brought to the Committee in six months' time.

5.2   Update on Review of Fife Integration Scheme

Nicky Connor advised that a joint process to review the scheme was initiated in December 2019 and five meetings have taken place, though these were paused after 11 March 2020 due to the Covid-19 Pandemic. A meeting was held on 24 August 2020 to restart discussions and progress the review. 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 the Scottish Government for formal approval.

There are two key areas of the Integration Scheme that have been the subject of focussed discussions and review remains ongoing. These are Clinical and Care Governance arrangements and Risk Share split for budgeting processes.

Although the review was not concluded by the statutory deadline of 19 August 2020, the Scottish Government has been informed. It is expected that the review will be concluded by the end of 2020 and until the successor scheme is in place, the current Integration Scheme remains in force.

The Committee noted the progress on the review of the scheme and the intention to seek partners' approval of a revised version by the end of the calendar year.

5.3   Audit Report B19/20 – Adverse Events Management Progress

Helen Woodburn advised that this report was originally reported at the 8 July Clinical Governance Committee. The overall rating in audit opinion for this review is limited.

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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.

Four actions were identified, all of which are being managed through the Adverse Event and Duty of Candour Group which covers Partnership membership and the Acute Division. The Adverse Events Group has been unable to meet due to the Pandemic but the first meeting was re-convened for 18 August 2020 and an update was provided on all the actions identified. This paper outlines the progress to date, which is primarily around the number of reports which have been developed and the information which has been fed into the division / unit so people can monitor and begin to address overdue and action status. Some reporting mechanisms will be put in place to report to the group every two months, which is chaired by Dr McKenna.

In taking comment it was noted that there was no detail for Action Points 1 and 2 within the report and it would be helpful in the future to have this information provided.

The Committee noted the report with the actions that are being progressed and were content for the report to be taken to the Audit & Risk Committee with the inclusion of further details around Action Points 1 and 2.

Action: HW

5.4 Healthcare Improvement Scotland – Unannounced Inspection Glenrothes Hospital

Helen Buchanan advised that, following the unannounced inspection visit to Glenrothes Hospital between 7 and 9 July 2020, she had issued a note to members which set out the inspectors' first impressions of visit. Helen Buchanan said she felt it was important for members to see this report immediately as the initial feedback does not always match the final published report.

Health Improvement Scotland (HIS) have come back formally and the report will be checked for factual accuracy with an Action Plan being submitted. The final report will be issued on 15 September 2020. A preview will be available beforehand so members can be alerted to any issues.

The main issues to note from the report were about health and well-being during the Pandemic, noting that staff arrangements were responsive during the Pandemic and to Covid and infection control. The real achievements were infection prevention, the control environment and the cleanliness of the hospital, which were all examples of good practice. Training for Covid across the system was raised in the report along with engagement with families, carers and staff. The only area not fully compliant was the completion of documentation on food, fluid and nutrition. The person-centred care plans were also highlighted, which our senior leadership team are currently looking to develop, but this remains an issue across the whole of Scotland.

The Committee noted the final report will be brought to the next meeting in November 2020.

6   COVID-19 UPDATE

6.1   Shielding

Helen Woodburn advised that this report updates the Committee on the changes to Shielding initially brought in June 2020. The Board holds a list of patients identified for shielding. All these patients from 1 August 2020 have been advised they no longer need to shield and can follow the advice issued to the general population in Scotland. All Boards have been asked to maintain an active list to identify new patients and remove anyone from the list who no longer needs to shield.

The Committee noted this update until any further guidance is released from SGHD.

6.2   Testing

Andy MacKay advised it is a fluid situation across Scotland for testing and our laboratories and microbiology teams continue to react to direction issued by SGHD. The report presented to the Committee from the Scottish Microbiology and Virology Network highlights that NHS Scotland's allocation of UK Government Lighthouse Laboratory testing is changing, we are not entirely sure what this will mean at this point.

Fife normally have capacity to run 200–300 tests per day. Due to short term limitations this is currently around 100 per day due to shortage of sampling swabs. Work is ongoing nationally with National Procurement to procure an alternative source and this is expected to come online in the short term to increase our capacity back to 200-300 per day.

There has been an ask nationally to increase capacity but our restraints around this are workforce. Fife have also purchased some additional equipment in order to ensure we have sufficient resilience for Winter and Point of Care Testing for Covid and Flu.

Concern was expressed about the current situation but, as this was issued by SGHD, it was noted that there was little that could be done. Concerns were also raised about access to testing especially with the return of Universities and Colleges. This is being considered and a walk-in facility is now available at St Andrews, the first of its kind in Scotland.

Dona Milne advised there have been a number of recent changes including a new Government testing strategy and a draft business case around the Laboratories. It was agreed Dona Milne and Andy MacKay would meet to consider and prepare a short update for issue to the Committee separately.

Action: DM/ AMacK

6.3   Care Homes

Helen Buchanan advised that the situation remained stable. It is likely, although to be confirmed officially, that we will continue to work with Care Homes until May 2021.

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There is a meeting on Friday 11 September 2020 with Nurse Directors and Chief Nursing Officer, Fiona McQueen to look at how we sustain this moving forward, particularly around infection prevention and control teams. A short term and medium-term model will be considered, to decide how this can be utilised through the care homes.

Helen Buchanan advised that 99% of the assurance visits have been completed, with one outstanding.

6.4 Test and Protect

Dona Milne advised that in the last week 4780 Fife residents had been tested, with 11 cases of Covid-19 confirmed.

In the last seven days there were 14 (not 11) index cases. 8 have been completely traced and there are 6 currently in progress, which has led to 123 contacts being followed up and quarantined or isolated for a period of time.

Numbers in Scotland are starting to increase but the numbers in Fife are still relatively small in terms of confirmed cases, though the volume of work around trace / contacting is increasing.

The team is working extra hours to cover this increase along with additional recruitment. It is likely a seven-day rota (8am – 8pm) will be in effect for the next six months.

Dr Bisset thanked Dona Milne for the update and passed on thanks to her and her team for all their hard work.

7 REMOBILISATION OF CLINICAL SERVICES PLAN

7.1 Situation Report for combining of key plans and programmes

Susan Fraser advised that the paper presented today sets out how all the plans fit together and how they then fit in with our strategic direction overall. The Diagram within the paper sets out a timeline and overview of all the different plans we have. 2020 has been a different year and the reports to SGHD have also been very different from previous years.

The three-year Annual Operational Plan, which includes a medium-term financial recovery plan, was submitted in March 2020 and discussions were underway with the SGDH to agree this plan when the Pandemic began. That plan remains in draft with the Government and has now been replaced by the Remobilisation Plan, which provides a plan until end of March 2021.

Performance is not as strong as it has been previously against a number of key targets and SGHD are looking for us to maximise the capacity we have based on clinical need.

The Remobilisation Plan includes high level winter planning and we are in the process of creating more detailed plans. The Winter Plan will then become part of the next

5

version of the Remobilisation Plan. Underpinning these plans are local strategies and the transformation programme, as well as Regional Planning.

Dr Bisset said he felt the paper was very good at setting out all the plans and how they need to tie together in terms of the overall agenda of transformation. Dr Bisset did not feel the Committee needed to see separate reports but asked if there was a view on how this would come together in terms of operational management and governance. Carol Potter advised that the write up from the recent workshop is being prepared. She advised this should be relatively straightforward in identifying our priorities and how this should be driven forward, but the complexities of that are we have a Strategic Plan for the IJB and a Clinical Strategy for the Health Board, so where does strategic planning for different services sit between the remit of the IJB and Health Board. This also needs to fit in with the change programme driven by SGHD in response to Covid alongside the Winter Plan. Carol Potter noted that the Committee should be reassured and assured that the Executive Directors have discussed the key priorities and how they will be delivered to fit in with the SGHD plan.

Dr Bisset asked that the Executives Directors' overview, when completed, be brought to the Committee to understand how things will be managed across the Health Board and H&SCP.

Action: SF

7.2 Acute Services Division Preparedness for future Covid-19 waves

Andy MacKay gave the Committee a verbal update and agreed to bring a paper back in response to the work that will need to be undertaken to address some of the queries around our Remobilisation Plan from SGHD.

In terms of the Remobilisation Plan and preparedness, we had been asked to specify a requirement to double ICU capacity and plans are in place to do this. In relation to staffing this can only be achieved by releasing staff from other areas, and the effect is to draw back on the elective programme. Some of the measures put in place by SGHD during Covid have allowed us to have clear clinical prioritisation for elective patients. Weekly meetings are held to go through the surgical programme and prioritise patients and adjust the theatre programme accordingly.

Some of the recent changes in infection prevention and control guidance gives a bit more clarity on the national position of testing patients pre surgery, and to have specified green areas for elective patients that we did not have previously. This will need to be included as part of the Remobilisation Plan.

The Committee noted a report will come back to the next meeting, which will include the work undertaken following the issue of the recent guidance.

7.3 Enhanced vaccination programme – Flu vaccine

Helen Hellewell advised that this report provides an overview of the delivery plans and governance arrangements for the enhanced flu vaccination programme across Fife in 2020/21.

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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 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 seasonal flu vaccination programme was issued on 7 August. The Scottish Government have identified the flu programme as a Ministerial priority and immunisation preparation is a key clinical priority of Boards and Partnerships.

Dr Hellewell assured the Committee in terms of risk around the workforce that we are working closely together across the whole of the system within the Health Board, H&SCP and GP Practices to produce a population based response, with different workstreams who would look to ensure there is flexibility within the system and draw workforce from across services to give flexibility and sustainability as we go through winter.

It was noted there would be a Communications campaign, but it would be different from previous years due to the complexities of where the vaccine would be administered.

Wilma Brown expressed concern around staff who are being asked to do different things from their standard role and staff being pulled from different areas. This puts an enormous pressure on staff and it would be helpful to see what the current vacancy rates are.

The Committee noted the delivery plan and respective governance arrangements, which is extremely assuring. The Chair thanked Dr Hellewell, Esther Curnock and everyone involved in this comprehensive report.

Dr Bisset asked following Wilma Brown's comment around staff resource that a brief is brought back to the Committee in terms of whether we can sustain the staffing levels required now and in the future.

Action: DM/HH

8   QUALITY, PLANNING AND PERFORMANCE

8.1   Integrated Performance & Quality Report

Helen Buchanan advised the main issues she wished to highlight from the report were:

SABs
There had been an overall improvement in SABs and, in particular, those associated with intravenous drug users. The Team have done extremely good work over the last few months and it is looking likely they are on trajectory to meet the targets.

CDiff

Continues to do well. There is a slight increase but these are being looked at.

Complaints / Stage 2

Working through backlog from pre Covid, during Covid, and thereafter. The complaints are changing and the Team have been given targets to try and regain the ground that has been lost.

The Committee noted the IPQR.

8.2 Winter Plan 2020-21

Susan Fraser advised that the Winter Plan links to the previous discussion on Agenda Item 7.2. The current planning is different from previous years. An official Stakeholder Review Workshop has not taken place, but a questionnaire was issued to key stakeholders and the information received was fed into the Remobilisation Plan that was submitted to SGHD on 31 August 2020.

High level actions are now being put into a more detailed Winter Plan. This includes Point of Care Testing, Scheduling of Unscheduled Care, 7-day AHP cover, the use of Near Me and other digital solutions, different models of Care and whole system models. This is progressing to look at what we need to do and have in place for winter across the whole system. This plan also includes what would happen if we had a second wave of Covid. Surge capacity is being looked at along with our escalation plan and how the new models of care identified during Covid will fit in and impact on how we work through winter.

The Committee noted the update.

8.3 HAIRT Report

Helen Buchanan advised that this paper was brought to the Committee for noting and highlighted the achievements for SABs and ECBs.

In terms of challenges, infections from lower urinary tract infections and catheter associated UTIs are being looked at by the Cauti group, to try address the issues. There has been improvement on this over the last year.

The Committee noted the HAIRT report.

9 DIGITAL AND INFORMATION

9.1 Strategy Delivery Plan Update

Lesly Donovan advised that this paper summarises how and why Covid-19 has affected, both positively and negatively, the Digital and 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.

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 was attached as Appendix 1.

In summary a 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

The consequences of Covid-19 on the organisation, in terms of accelerating the embracing 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.

The Committee noted the update on the strategy's implementation.

9.2   HEPMA Implementation Update

Scott Garden advised this report is an update on the HEPMA procurement process, which was paused in March 2020. NHS Fife is now ready to recommence and this report provides an update for the Committee on next steps.

The Committee noted the progress to date, that a full Business Case will be presented to the next meeting in November, to be followed by six-monthly updates thereafter on progress.

10   PUBLIC ENGAGEMENT AND CONSULTATION

10.1   Survey Update

Helen Buchanan highlighted to the Committee two letters which will be taken forward within the Board. Cabinet Secretary Jeanne Freeman wrote to all Boards about six weeks ago regarding the limited consultation and engagement being undertaken during Covid, noting that as we move forward Boards are to give assurance we will go back to established pathways for Participation, Consultation and Engagement. Following on from this a letter from HIS / Community Engagement (Item 14.2) in relation to a survey on 'Engagement and Participation in service change and redesign in response to Covid-19' was issued. This was issued as a Survey Monkey style and we are hoping to compile our reports from SGHD or failing that nationally. Reports were requested from both H&SCP and Acute Services, which was a huge piece of work, but Helen Buchanan has agreed to pull together a report for the Committee.

Action: HB

Helen Buchanan advised a letter has been received from Michael Chalmers, Director for Children and Families, SGHD (Item 14.1), regarding the Bill to Incorporate the United Nations Convention on the Rights of the Child (UNCRC) into our domestic law in Scotland. Following this letter Helen Buchanan has asked Dianne Williamson to work with stakeholders to look at the rights of children. This is for all public bodies who will have a duty in statute to remember or take cognisance of the rights of the child in everything we do, as failure to do so may result in the child seeking to pursue action through the legal system. This is something we will need to look at in our right as a Public Body. A briefing paper will follow in due course.

Action: HB

The Committee noted the updates and will await further reports.

11   GOVERNANCE

11.1   Draft Strategic Objectives

Carol Potter that advised the Corporate Objectives 2020/21 were due to be agreed at the beginning of the financial year 2020/21 but have been delayed due to the pandemic. A different approach has been taken this year, with a workshop recently held 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.

The Committee noted the revision of the Corporate Objectives for 2020/21 and the changes therein.

11.2   Closure of Wellesley Unit, Randolph Wemyss Hospital

Dr Hellewell set out to the Committee the reasons and background for the decision taken at the Integrated Joint Board meeting on 28 August 2020 to close the Wellesley

Unit at Randolph Wemyss Hospital. In summary, the IJB decided to issue the following Directions:

NHS Fife is directed by the IJB 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.

It was also noted 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.

After discussion on the decision made by the IJB, Dr Bisset highlighted there was no doubt the unit needed to close on the basis of clinical safety and quality of care and was content to take the assurance from Nicky Connor, Helen Buchanan and Dr Hellewell in relation to appropriate consultation with patients and staff. Dr Bisset said it was important to note how we communicate in terms of the way forward and we are assured everyone necessary will be fully involved in the development of the community hospital strategy. This is not only for Randolph Wemyss but for all hospitals across Fife. It was noted that the strategy once developed will be taken forward through the implementation processes and governance routes already in place.

The Committee noted the decision of the IJB to direct NHS Fife to close the Wellesley Unit in response to the patient safety issue and that the transformation plans will be developed as directed and will be brought forward to the Joint Transformation Board.

The Committee noted:
- the closure of the Unit on the grounds of patient safety;
- the arrangements being put in place for the future care of the current patients and deployment of staff;
- that all relevant parties including Communities and the Health Board will be fully involved in developing a Community Hospitals Strategy for Fife, to include the future of Randolph Wemyss; and
- that subsequent to the Strategy being developed, its implementation will go through the agreed governance routes of the IJB, the Council and the Health Board.

Carol Potter highlighted the importance of looking at future plans through the lens of health inequality, the public health agenda and population health. She gave the Committee the commitment in terms of all our future strategies and the consultation around community hospitals, noting there is an opportunity to look at what the population of that area truly requires.

The Committee will receive an update on this topic at its next meeting.

Action: NC

11.3 Board Assurance Framework – Quality & Safety

Helen Buchanan advised there were no changes to associated risks.

11.4 Board Assurance Framework – Strategic Planning

Susan Fraser advised there were no changes to the associated risks.

This report was prepared prior to the Transformation workshop held last week. The output from the Workshop, which was looking at the strategies, priorities and the programmes going forward for 2020/21, along with what the governance structure will look like going forward, will be included in the next version of the BAF.

Susan Fraser advised there was also a discussion around the Integrated Transformation Board (ITB) and a new structure which will involve more of the Directors. The ITB has not met since pre-Covid so there are no minutes for this Committee to report.

Dr Bisset said the role of the ITB was important and needs to be moved forward quickly. Susan Fraser advised the output from the workshop and the options will be taken to EDG this week and hopefully a structure will be in place by the next meeting of the Committee. Dr Bisset asked that a substantial update is available for the next meeting.

Action: SF

11.5 Board Assurance Framework – eHealth

Lesly Donovan advised that, at time of writing the BAF, there were no changes to the risks. The risks have been reviewed following the migration to Office 365. The level of some of the risks have been identified from a rating of 16 to 20 and the possible introduction of more high risks are being considered due to the complexities and type of skills needed in the service.

Lesly Donovan advised the review will be completed and reported in next BAF.

11.6 Organisational Duty of Candour Annual Report 2019-20

Helen Woodburn advised that the NHS Fife summary for the period 1 April 2019 -31 March 2020 indicated that 28 events were reported as having 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.

The Committee noted the report.

11.7 Corporate Calendar / Committee Dates for 2021/22

The Committee noted the proposed meeting dates.

12 ANNUAL REPORTS

12.1 Prevention & Control of Infection Annual Report 2019-20

The purpose of this report was to provide information 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.

Helen Buchanan advised that this report is for 2019-2020 (prior to the Pandemic) so a lot of the items within the report will not include Covid. Areas to highlight were celebrating success as set out in Pages 3 and 4 of the report. Helen Buchanan highlighted the securing of a Consultant Microbiologist/Infection doctor to lead on the Built Environment and Water Safety, which was one of the risks highlighted in the BAF last year. Following the recent public enquiries, it is important we have staff in place to help with the built environment. The recruitment of a whole time equivalent (WTE) Infection Prevention and Control Surveillance Nurse and WTE Personal Assistant / Office Manager bring the team up to the level required.

Helen Buchanan also highlighted the nationally recognised work as set out in Pages 5 and 6 of the report, noting that NHS Fife is at the forefront on a lot of the work. The Executive Summary on page 7 sets out overall the work of the Infection Control Team.

Dr Bisset said this was an excellent report, noting the huge achievements for a high-quality Team who work well together with a genuine interest in infection control. Dr Bisset asked that congratulations be relayed to Julia Cook and her Team for all their hard work in improving performance.

Action: HB

13 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.

13.1 Acute Services Division Clinical Governance Committee (22.1.2020)
13.2 Area Clinical Forum (06.08.2020)
13.3 Fife HSCP Clinical & care Governance Committee (08.08.2020

13.4 **NHS Fife Clinical Governance Oversight Group (16.07.2020)**
13.5 **eHealth Board (15.07.2020)**
13.6 **Integration Joint Board (IJB) (26.06.2020)**
13.7 **Infection Control Committee (05.08.2020)**
13.8 **Public Health Assurance Committee (11.08.2020)**
13.9 **NHS Fife Resilience Forum (19.08.2020)**
13.10 **Integrated Transformation Board (no minute as advised in 11.4)**

14   ITEMS FOR NOTING

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

Discussed under Agenda Item 10.1.

14.2 Scottish Government letter from Health Minister

Discussed under Agenda Item 10.1.

15   ISSUES TO BE ESCALATED

Standard items for escalation to the Board:
 Covid and Remobilisation (standard items)
 Wellesley Unit, Randolph Wemyss Hospital Closure
 Community Paediatrics Service Capacity

Dr Bisset to discuss with Helen Buchanan outwith the meeting any other issues for escalation.

16   AOCB

There was no other competent business.

17   DATE OF NEXT MEETING

Wednesday 4 November 2020 at 2pm via MS Teams.

TABLE OF ACTIONS FOR NHS FIFE CLINICAL GOVERNANCE COMMITTEE
UPDATED ON 7 SEPTMEBER 2020
FOR DISCUSSION ON 4 NOVEMBER 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~~ November 2020	7.9.2020 CMcK / LD to discuss and update and close off on 4.11.2020
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. 7.9.2020 Main agenda item 9.1.

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
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.
	7.9.2020	Community Hospitals discussed under Main agenda Item 11.2 (closure of Wellesley Unit Randolph Hospital.			
	7.9.2020	The issues regarding IADs for Glenrothes and QMH Hospitals will be taken up within the wider strategy around Community Hospitals. NC confirmed this will link to transformation of Community Hospitals.			Removed from Action List

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
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~~ November 2020	7.9.2020 Discussion not completed.
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 7.9.2020 Discussion has taken place.
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	7.9.2020 Main agenda Item 8.2
Item 179 **Revised Template for Assurance Statements**	8.7.2020	Due to inconsistencies in the format of the Assurance Statements GMcI to create a new template for next year for each Group to use.	GMcI	2021	7.9.2020 To be removed as GMcI will taken forward
Item 180 **H&S Sub Committee Quorum**	8.7.2020	GMcI agreed to feed back to Andy Fairgrieve that consideration should be given to increasing the Membership to allow the meeting to be Quorate.	GMcI	September 2020	7.9.2020 GMcI advised she had spoken with AF who will look at expanding the membership to address the concerns of the Committee, Closed

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 181 **Clinical Governance Committee Annual Statement of Assurance**	8.7.2020	Members to feed back any comments on the new format GMcI.	ALL	September 2020	Closed
Item 182 **Audit Report B15/20 – Follow Up Transformation Programme Governance**	8.7.2020	SF 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. SF was asked to ensure a caveat is added to the report for Audit & Risk.	SF	September 2020	7.9.2020 CMcK has spoken with Internal Audit. The issue relates to an Audit Report from 2017. To remain on Action List.
Item 183 **Audit Report B19/20 – Adverse Events Management Progress**	7.9.2020	HW to add further details around Action Points 1 and 2, prior to submission to Audit & Risk Committee.	HW	September 2020	
Item 184 **Testing**	7.9.2020	DM & AMacK to consider and prepare a short update for issue to the Committee separately.	DM/AMacK	September 2020	
Item 185 **Situation report for combining of key plans and programmes**	7.9.2020	Executive Directors' overview, when completed, to be brought back to the Committee to understand how things will be managed across the Health Board & H&CP.	SF	November 2020	
Item 186 **Survey Update** *Engagement & Participation in service change and redesign in response to Covid-19*	7.9.2020	HB agreed to pull together a report for the Committee.	HB	November 2020	
Item 187 **Survey Update** *Bill to Incorporate the United Nations Convention on the Rights of the Child (UNCRC)*	7.9.2020	HB to provide a briefing paper for the Committee.	HB	November 2020	

Issue 1

Originator: Catriona Dziech

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Date: November 2020

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MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 188 **Board Assurance** **Framework – Strategic** **Planning**	7.9.2020	Update to be available for the next meeting of the Committee.	SF	November 2020	
Item 189 **Prevention & Control of** **Infection Annual Report** **2019-20**	7.9.2020	HB to relay thanks to Julie Cook and her Team for all their hard work in improving performance.	HB	November 2020	

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**4th November 2020**
Title:	**Acute Services Division Preparedness for future Covid-19 waves**
Responsible Executive:	**Claire Dobson, Director of Acute Services**
Report Author:	**Claire Dobson, Director of Acute Services**

1   Purpose

This is presented to the Committee for:

- Awareness

This report relates to a:

- Emerging issue

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

This report is presented to the Clinical Governance Committee for awareness. It outlines key plans in place within the Acute Services Division (ASD) in preparation for future waves of COVID-19.

2.2   Background

The response of the ASD to the first wave of COVID-19 was extraordinary. Plans were in place at an early stage to ensure that services mobilised in a safe and timely manner in response to COVID-19. The ASD demonstrated its ability to expand critical capacity rapidly and safely in response to Scottish Government directives and to meet demand.

In the current context of increasing prevalence of COVID-19 and the approaching winter it is essential that the ASD has plans in place to support increased demand as well as

workforce challenges. An essential part of the remobilisation of services has been planning for future waves as well as delivering scheduled and unscheduled care.

2.3   Assessment

Care Pathways

To support the safe delivery of both unscheduled and scheduled care as well as remaining alert to COVID-19, streamlined red, amber and green care pathways have been established across the hospital.

The pathways are described in the table below:

Green Pathway	Amber Pathway	Red Pathway
All patients undergoing elective surgery, managed via the established pre-operative process* *(patients undergo a period of social distancing / self-isolation, COVID-19 screening and COVID-19 testing prior to admission)	All patients who are admitted as an emergency or planned urgent pathway (not managed via the established pre-operative process) All patients who are admitted for endoscopic and/or interventional procedures	All patients who present with suspected or confirmed COVID-19

The in-patient care pathways are supported by a capacity plan which allows bed numbers in each pathway to be flexed according to demand.

Critical Care

The ASD has developed a Critical Care Additional Wave Response Plan (Appendix1). The plan clearly sets out an incremental scale up or down of critical care capacity in order to respond to COVID-19 situational change. Triggers and stages are clearly described in the plan as are workforce and equipment requirements.

This approach enables the ASD to meet the remobilisation requirement to surge the Intensive Care Unit (ICU) to double capacity within 24 hours and treble capacity in 48 hours.

Equipment
Stock of essential equipment such as ventilators, renal replacement machines and infusion devices are at optimal levels to support the escalation plan. At this time there are there are no concerns with PPE.

Pharmacy
Pharmacy has confirmed that critical care drug stocks are safe. At the height of activity in March and April certain drugs were in short supply nationally and close stock control was in place in theatre to maintain ICU stocks.

Workforce

In response to the first wave of COVID-19 the Anaesthetic Department changed its working practice. Both trainee and Consultant rotas were increased and there was a resident Consultant presence 24 hours a day 7 days a week. This was enabled by a reduction in theatre sessions which released anaesthetic resource. This approach will be adopted for future waves.

Nursing staffing levels are laid out in the escalation plan and will require to be reviewed on a shift by shift basis. This may involve the deployment of staff with critical care experience from other service areas. Nurses deployed to critical care earlier this year in response to COVID are engaged in a programme of "keeping in touch days" to maintain skills.

In March, the Physiotherapy Service across Fife mobilised all appropriately trained respiratory Physiotherapists to the ASD. This supported the provision of respiratory Physiotherapy to Critical Care, in-patient respiratory areas and a 24 hour emergency on-call response. Like Nursing, previously deployed staff are engaged in a programme of respiratory update sessions.

Scheduled Care

Within the Acute Services Division the care pathways described earlier support the delivery of scheduled care. A weekly theatre prioritisation meeting is in place and is supporting the scheduling of theatre time based on priority. In the event of future COVID-19 waves and to ensure that there is adequate in-patient and critical care capacity, workforce and equipment, scheduled care activity would be prioritised.

It is important to highlight that Cancer Services have been a priority throughout the COVID response and have been maintained. This would continue throughout future COVID-19 waves and is reflected in planning for critical care capacity.

Work is ongoing to prioritise out-patient waiting lists. Using a clinic capacity modelling tool, new ways of working in out-patient clinics have been introduced to maximise 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.

Laboratory Capacity

In readiness for future COVID waves the Laboratory Service is increasing capacity with the addition of a further 2 analyser platforms - one expected in November, the other in January. This will have the potential to increase capacity to 300+ tests per day but it is heavily reliant on the national supply chain of reagents which has been very fragile at times.

Point of Care testing in the Emergency Department and in the Assessment areas is still on track for delivery mid-November. This will help with patient flow at the front door and will also give a more rapid test result.

The creation of regional hubs is progressing. This will support further capacity to outsource asymptomatic testing specimens to NHS Lothian.

Robust business continuity plans are in place within the laboratory Service for scaling back routine workload if necessary to accommodate either COVID testing or staff absences.

Hospital Control

Throughout the first wave of COVID-19 daily operational management of the Division was controlled via a hospital control room, overseen by a Hospital Controller. This function was supported 24 hours a day. A silver command structure was in place with daily hospital control team meetings.

This response has been adjusted to an in-hours controller model with a senior manager on–call overnight. Hospital Control meetings now take place weekly. Should further waves of COVID-19 arise the arrangement described in the first wave will be re-instated. Protocols and guidance in place to support the first wave response are being updated.

2.3.1 Quality/ Patient Care

Plans to ensure preparedness are driven by ensuring that patients receive quality, safe, person centred care. It is recognised however, that care may have to be prioritised dependent on need and the extent of future waves. Robust systems are in place to measure performance and capture patient feedback. This will be monitored throughout future waves.

2.3.2 Workforce

Workforce planning "lessons learned" from the first wave of COVID-19 have informed the Divisions preparedness for future waves of COVID-19. Plans will be adjusted as the COVID situation escalates.

The impact of COVID on the workforce has challenged resilience and this will be challenged further as winter and further waves approach. Ongoing support for the workforce is essential.

2.3.3 Financial

The Division monitors closely the financial impact of the COVID situation and works closely with finance business partners to manage this.

2.3.4 Risk Assessment/Management

To support the response to future COVID-19 waves clear triggers and escalation processes are in place across a number of key areas including capacity and flow and critical care.

Silver Command and Hospital Control arrangements worked effectively in the first COVID wave and are ready to be re-instated.

2.3.5 Equality and Diversity, including health inequalities

Planning for further waves of COVID-19 supports access to acute services across all protected groups.

2.3.6 Other impact

The Acute Services Division preparedness to respond to further waves of COVID-19 cannot be considered in isolation. Joint planning and working with the Health and Social Care Partnership is critical.

Interdependencies around the workforce across NHS Fife also require consideration in terms of how the workforce as a whole supports Test and Protect, the Flu Vaccination Programme and in due course a COVID-19 Vaccination Programme.

The plans outlined in this paper are essential elements of Fife's winter and COVID -19 response and should be considered within that context.

2.3.7 Communication, involvement, engagement and consultation

Acute remobilisation and COVID response plans are discussed and agreed through the Senior Leadership Team and Extended Leadership Team. In addition there is regular communication and engagement with Clinical Leads, HR, Finance and Staff Side.

2.3.8 Route to the Meeting

Acute preparedness has been previously considered by the following groups. The groups have either supported the content and their feedback has informed the development of the content presented in this report.

- Acute Services Division Senior Leadership Team
- Acute Services Extended Senior Leadership team

2.4 Recommendation

- **Awareness** – The Clinical Governance Committee are asked to note the plans in place within the Acute Services Division in preparation for future waves of COVID-19

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – **Critical Care Additional Wave Response Plan**
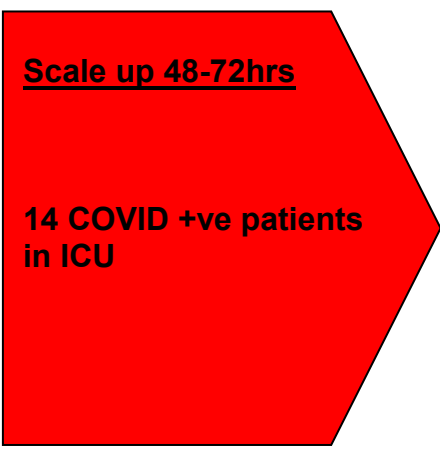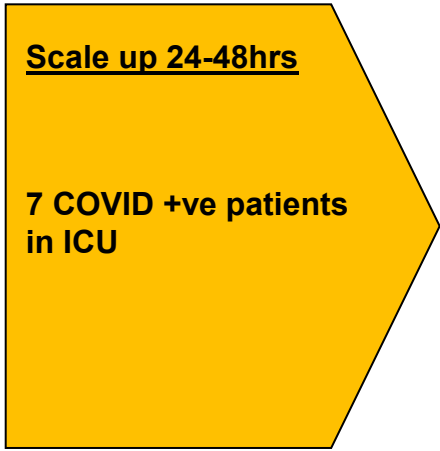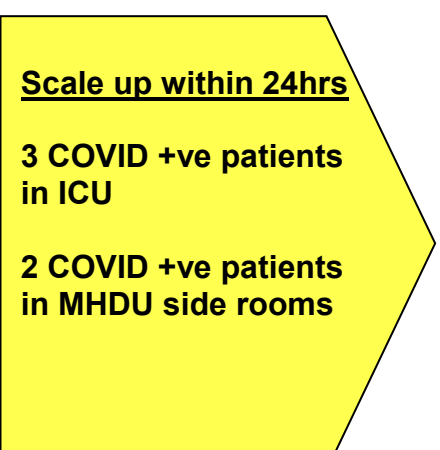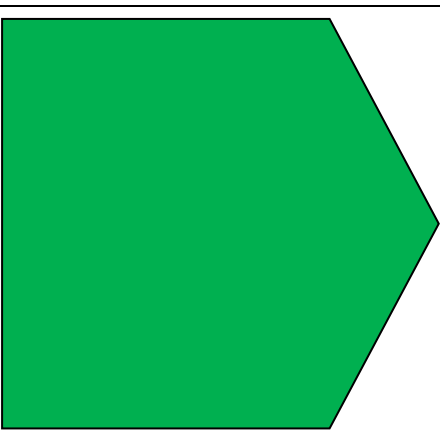
Fife COVID
Additional Wave Reps

Report Contact
Claire Dobson
Director of Acute Services
Email Claire.Dobson3@fife.scot.nhs

NHS Fife COVID-19 Additional Wave Response Plan - Acute v1.0

	Escalation at:	Acute Actions		Staffing Impacts	Total ICU Capacity
Stage 4	**Scale up 48-72hrs** **14 COVID +ve patients in ICU**	*Gold command to agree sequence of actions daily*			
		Critical Care Actions	**Enabling Actions**	**Critical Care Staffing**	
		3rd Red ICU opened – critical care floor becomes full level 3 support. Amber ICU remains in Recovery 2 Green SHDU remains Ward 52 Amber SHDU into Recovery 1 Amber medical level 2 care into CCU Red medical level 2 care remains in Ward 43	Surgical programme reduced to P1 activity only	• 1:6 critical care nurse / patient ratio PLUS 4 deployed RNs PLUS 4 deployed nRNs • Nursing staff deployed from surgical specialty ward areas • Prioritise support from anaesthetic team into critical care • 15 WTE physiotherapists allocated to critical care	R level 3 – 28 beds A level 3 – 10 bed A S level 2 – 4 beds G S level 2 – 4 beds R M level 2 – 4 beds A M level 2 – 4 beds **Total – 54 beds**
Stage 3	**Scale up 24-48hrs** **7 COVID +ve patients in ICU**	*Silver command to agree sequence of actions daily – Gold command briefed daily*			
		Critical Care Actions	**Enabling Actions**	**Critical Care Staffing**	
		2nd Red ICU opened in SHDU area Amber level 2/3 move from SHDU to Recovery 2 Red medical level 2 care into Ward 43	Surgical program reduced to P1&2 only Reduce QMH theatre programme to support reallocation of staff. F2F Outpatient activity suspended – focus on inpatient care.	• Move to 1:4 critical care nurse / patient ratio PLUS 3 deployed RNs PLUS 4 deployed nRNs • Nursing staff with transferrable skills deployed from Theatres and Recovery • Reduction in theatre program critical to releasing anaesthetic support • 9.0 WTE physiotherapists allocated to critical care	R level 3 – 20 beds A level 3 – 6 bed A S level 2 – 4 beds G S level 2 – 4 beds A M level 2 – 4 beds R M level 2 – 4 beds **Total – 42 beds**
Stage 2	**Scale up within 24hrs** **3 COVID +ve patients in ICU** **2 COVID +ve patients in MHDU side rooms**	*Silver command to agree sequence of actions bi-weekly – Gold command briefed weekly*			
		Critical Care Actions	**Enabling Actions**	**Critical Care Staffing**	
		ICU becomes red ward Amber level 2/3 created in SHDU SHDU (surgical level 2 care) move to Ward 52 (4 green in 52 – 4 Amber in SHDU) *****Should ICU be accommodating COVID +ve patients on main floor – potential to accommodate level 2 medical patients to prevent MHDU expansion. Situation dependent.	Elective program reduced to P1-3 only Review QMH theatre programme. Review nursing staffing across Division to identify supporting staff from critical care trained pool.	• Move to 1:2 critical care nurse/patient ratio PLUS 2-3 deployed appropriately trained RNs • Increased medical support from Anaesthetic staff • Prepare to remobilise respiratory physiotherapist	R level 3 – 10 beds A level 3 – 6 beds A S level 2 – 4 beds G S level 2 – 4 beds M level 2 – 8 beds **Total – 32 beds**
Stage 1		4 x ICU side rooms (2x -ve pressure) 2 x MHDU side rooms and Bay 1 Available for use for COVID or other query-infectious patients.	Full surgical program in operation. Maintain availability of negative pressure rooms in Wd 51 for COVID patients requiring NIV.	• No impact on nurse / medical staffing. • 1:1 critical care nurse /patient ratio • No impact on physiotherapy	Level 3 – 9 beds S level 2 – 8 beds M level 2 – 8 beds **Total – 25 beds**

- Equipment – NHS Fife has immediate equipment stock to enable ventilation of 35 patients. Any additional requirement can be facilitated through use of theatre ventilator stock.
- Nurse staffing – Previously deployed staff are engaged in a programme of Keeping in Touch (KiT) days in order to maintain critical care competencies. Identified ratios in accordance with guidance issued 26 Mar 20 from CNO.

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**4 November 2020**
Title:	**Seasonal Flu Programme 2020 Review**
Responsible Executive:	**Carol Potter, Chief Executive**
Report Author:	**Gillian MacIntosh, Head of Corporate Governance & Board Secretary / Barbara Anne Nelson, Independent Reviewer**

1   Purpose

This is presented to the Board for:
- Discussion

This report relates to a:
- Emerging issue

This aligns to the following NHSScotland quality ambition(s):
- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

This paper provides the findings of the independent review recently held into the planning and initial operation of this year's seasonal flu programme, which commenced in September 2020. The programme experienced significant problems on launch, principally in the lack of capacity to deal with immediate patient demand for appointments and the stability of workforce required to staff the clinics and provide necessary administrative support. The review was instigated by the Chief Executive to consider the incident and reflect on learning that could be captured to mitigate future risks and improve similar vaccination programmes that will be run in the future, including those anticipated for Covid. To ensure an open and transparent approach, the Chief Executive and Board Chair agreed that a report would be provided to the Clinical Governance Committee and onwards to the NHS Board. The review fieldwork has been undertaken by Gillian MacIntosh, Board Secretary, and Barbara Anne Nelson, formerly Director of Workforce at NHS Fife until her retirement in December 2019.

2.2   Background

The seasonal flu programme in 2020 has been considerably different, due to the need to change the usual delivery model to account for Covid-19 precautions. Changes were also due to take place in the current year, as part of Fife's implementation of the Vaccination Transformation Programme, under which immunisation is delivered centrally and GP involvement ceases. The attached paper provides further detail.

2.3   Assessment

Notwithstanding the considerable challenges arising in the early stages of this year's seasonal flu programme and the lessons learned as outlined in the attached paper, it is important that the Board do not lose sight of the progress achieved during October to support one of our key population health priorities – being the successful immunisation of our vulnerable communities.

The learning from this review will be considered by the Executive Directors Group and each recommendation will be assigned a lead Director to ensure action is taken. An update will be provided to the Clinical Governance Committee in January 2021 to provide assurance on the delivery of each recommendation.

2.3.1   Quality / Patient Care

Issues of quality, safety and clinical governance processes have been considered as part of the review, as detailed further within the report.

2.3.2   Workforce

Recommendations relating to planning for the future workforce necessary to vaccination programmes such as flu are a key part of the review. The report recognises that the once-successful workforce model traditionally in place for the delivery of immunisations within the Primary Care setting requires fundamental review to reflect the reduced involvement of General Medical Practitioners and their teams, balanced against the potential need to pause delivery of other services should resource limitations be identified.

2.3.3   Financial

N/A.

2.3.4   Risk Assessment/Management

The identification and management of risk is an important factor in providing appropriate assurance to the NHS Board. This report includes recommendations for improved risk management of future programmes, via the use of an approved Project Management methodology and formal risk register reporting tools.

2.3.5   Equality and Diversity, including health inequalities

The report recognised that further work is required for future programmes to improve patient consultation in this regard.

2.3.6 Other impact

The issues with the seasonal flu programme have caused significant reputational damage to NHS Fife and distress and anxiety to individual patients. It is critical the Board learns from the incident and puts in place mitigating factors to prevent similar reoccurrence in future immunisation programmes, including the anticipated large-scale delivery of a Covid vaccine.

2.3.7 Communication, involvement, engagement and consultation

The review was carried out via the consideration of key governance and planning papers related to the seasonal flu programme and by the interview of the following individuals:

	Rationale for involvement
Nicky Connor, Director of Health & Social Care	Current SRO of Silver Flu Command and delivery oversight as Director for H&SCP
Dona Milne, Director of Public Health	Lead Executive for the accountability and governance of immunisation at Board-level
Susan Fraser, Associate Director of Planning & Performance	Operational input into resolving launch issues with flu programme in late September
Dr Esther Curnock, Deputy Director of Public Health	NHS Fife Immunisation Co-ordinator within Public Health
Dr Helen Hellewell, Associate Medical Director, H&SCP	Co-Chair of the Vaccination Oversight Group and offering linkage to GPs
Lynne Garvey, Divisional General Manager, West Division	Formerly Head of Children's Service, under which the Immunisation Team sit managerially
Fiona Duff, Business Change & Immunisation Programme Manager	Key role in developing the flu programme model for delivery
Ben Hannan, Chief Pharmacist, ASD	Operational input into resolving launch issues with flu programme in late September
Allan Young, Head of Operations, Digital & Information	Operational input into resolving launch issues with flu programme in late September, including Project Management support for Silver Flu Command

Participants are thanked for their greatly helpful input and reflections.

2.3.8 Route to the Meeting

This paper has been considered in draft by the Chief Executive and the Chair of the Clinical Governance Committee, prior to formal submission to the Committee.

2.4 Recommendation

The Clinical Governance is asked to consider the attached paper with a view to:

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

3 List of appendices

The following appendices are included with this report:

- Seasonal Flu Programme Review 2020

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Seasonal Flu Programme Review 2020

1. INTRODUCTION

1.1 A review was jointly commissioned in October 2020 by Tricia Marwick, Chair, and Carol Potter, Chief Executive of NHS Fife, into the delivery of this year's seasonal flu programme across Fife. This report outlines the findings of the review and details a series of recommendations for the Board to consider, in order to implement important lessons learned from the challenges experienced in the programme's delivery.

1.2 It was recognised at a very early stage that the 2020 seasonal flu campaign was set to be more challenging than previous flu seasons, due to the unprecedented demands of delivering a winter flu campaign within the restrictions of an ongoing global pandemic and the implications of less Primary Care involvement as part of the implementation of national changes to the GP General Medical Services contract. Additionally, changes to the traditional GP-led 'drop-in clinic' model of delivery were necessary due Covid-19 physical distancing restrictions, resulting in the implementation of new and untried processes that had not been piloted at scale.

1.3 Despite an early recognition of potential difficulties to be taken account of in the programme's planning, significant delivery issues (particularly related to communications, workforce and failure to properly anticipate levels of patient demand) were experienced on its launch, resulting in negative reputational impact to the Board and delays in assigning appointments to patients.

1.4 The review's remit (included in full as **Appendix 1**) has been to consider the following areas:

1. Assess the clarity of roles and responsibilities of those involved, from planning to delivery, including the overall governance model;
2. Review the chronology of reports and papers considered, taking cognisance of individuals and groups involved;
3. Assess the robustness of planning assumptions for booking of appointments and delivery of vaccines;
4. Assess the effectiveness of communication before and during the seasonal flu programme, including issue of invite letters;
5. Assess the governance and assurance mechanisms in respect of supply chain (for vaccine);
6. Assess the governance and assurance mechanisms in respect of infection prevention and control at clinics/hubs;
7. Review the delivery model to assess the balance of risk in respect of location of clinics / hubs and extent of patient choice;
8. Review the extent of any reflection or learning from previous years;
9. Review the effectiveness of clinical and managerial leadership;
10. Learn any lessons that might help to prevent any further incidents;
11. Assess the current escalation process for concerns through public health, nursing and management route;
12. Improve the reporting and investigation of similar events in the future;
13. Escalate to the SRO any immediate concerns regarding patient or workforce safety.

1.5 This paper outlines the findings of the review and details a number of related recommendations for the Board's consideration and action. It also integrates within the narrative the learning that has occurred to date and the changes that have been implemented as a result, which have improved the Board's recent performance in the delivery of the seasonal flu programme.

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2. CONTEXT

2.1 The Chief Medical Officer's letter summarising the eligible groups for the adult seasonal flu vaccination programme was issued on 7 August 2020. This detailed an extended national programme of vaccination to all over 65s, plus the households of those who have been shielding, social care staff who deliver direct personal care and all those aged 55-64 years old. Further cohorts of those aged 50-54 would be included at later dates if vaccine supply allows. The total eligible cohort within Fife of 235,151 was estimated to be c.50,000 in excess of that in the previous year 2019/20, with a target to reach c.75% of the eligible cohort (*paper to Remobilisation Oversight Group, 7 July 2020*).

2.2 The Scottish Government has identified the seasonal flu programme as a Ministerial priority and immunisation preparation a key clinical priority of Boards and Health & Social Care Partnerships. The CMO letter stated that a whole system response was required if a successful programme was to be delivered, noting that GPs would not be playing as significant a role as previously due to the need to practice good infection control and implement physical distancing. Health Boards across Scotland would have varying approaches to the programme's delivery as a result of the MOU for the new General Medical Services contract and local phasing of the implementation of Vaccination Transformation Programme (VTP), under which, by 2021-22 all vaccination activity should be removed from Primary Care. Whilst the direction of travel is clearly set nationally by the CMO, the only variation within individual Health Boards is on the model of delivery, based on each Board's individual stage of implementing the VTP.

2.3 Issues with Fife's planned model for the 2020 seasonal flu programme were experienced immediately on its launch in mid-September 2020. Following the issuing by Public Health Scotland on 18 September of letters to the over 65s age population (a cohort of c.77k individuals), it became immediately apparent that the Communications Hub set up to manage the booking of patient appointments was not adequate to cope with the significant and instantaneous demand from the public, with no contingency plans in place to deal with greater than expected demand. In parallel, it was identified that further reactive measures have continued in respect of nursing workforce availability, with rotas being initially managed on a week-by-week basis, highlighting further risk to the delivery and sustainability of the programme overall. There have also been concerns about some of the clinic sites and their suitability, particularly with regard to patient access and ease of social distancing measures.

2.4 Numerous complaints have been raised publicly by individual patients and members of the public, Board members, elected officials of Fife Council, MSPs and MPs. These relate largely to the booking process and some aspects of the logistics and environment at individual clinic venues. This has resulted in a public apology being given by the Board Chair and Chief Executive via the media and NHS Board meeting on 30 September 2020, for the distress and anxiety caused to patients, with resultant detrimental reputational impact on NHS Fife.

REVIEW FINDINGS

3. **Organisational management of the seasonal flu programme: clarity of structures, roles & responsibilities** (see sections 1 and 9 of the review's remit)

3.1 It has been recognised within the review that the operational structure and reporting lines for immunisation in Fife are different to other Boards, and that these arrangements are largely historic in nature. A review of public health governance processes was undertaken in 2017/18, to provide assurance that there was a clear line of sight across all areas of public health for which NHS Fife is accountable, recognising the significant cross-over and potential for duplication with the H&SCP. In February 2018, the Executive Directors' Group approved a paper clarifying the assurance processes, including those around immunisation governance. It was agreed that Public Health, under the Executive leadership of the Director of Public Health, had accountability and governance oversight for immunisation at Board-level. This is acknowledged as being the appropriate accountability and governance role for the Director of Public Health by the CMO and also is in line with the arrangements in place within other Health Boards.

3.2 A Fife-wide Immunisation Steering Group was to be re-convened, which included a whole-system input from all parts of NHS Fife (H&SCP, Acute Services and Public Health) to cover the full range of national programmes delivered, chaired by the Director of Public Health. An integrated immunisation report is submitted annually to the Clinical Governance Committee to provide Fife NHS Board with oversight across all programmes. This report is appraised firstly by the Public Health Assurance Committee, which has input from the H&SCP Senior Leadership Team (via the Associate Director of Nursing) and submitted also to the IJB's Clinical & Care Governance Committee for information.

3.3 Operational delivery for immunisation is largely organised via the H&SCP. A multi-specialty delivery group was set up following the above review to implement the national Vaccine Transformation Programme, of which the new flu model was part. This group has been chaired by the Business Change & Immunisation Programme Manager, who sits organisationally in the Child Health management team within the Partnership (since the majority of Board-led immunisation in the past has been concerned with children). That role however also encompasses responsibility for the non-staff adult flu programme. The Deputy Director of Public Health has provided consultant-level input from Public Health in their own role as the NHS Fife Immunisation Co-ordinator, though this has historically only had oversight of delivery of the staff programme.

3.4 As highlighted in the 2017/18 review, joint working arrangements were to be established between these two key roles, to ensure that operational information flows through to Public Health as the accountable lead. However, the limited formal linkage between the operational role of the Immunisation Programme Manager (within the H&SCP) and the Immunisation Co-Ordinator accountable for immunisation (within Public Health) was highlighted to the review as being anomalous compared to other Boards. Specifically, it would not be normal practice for the key operational role within the Partnership, of the Immunisation Programme Manager, to sit organisationally outwith Public Health. There is no suggestion that working relationships are not - and have not - been constructive, but the separation in reporting and escalation lines was highlighted as being unhelpful, with a sense that staff have previously 'muddled through' in previous years when there has been a lack of clarity.

3.5 The review noted that the criticality of the H&SCP's contribution to the effective delivery of the seasonal flu programme is not well defined at Executive-level within the Board. Whilst the Director of Public Health remains professionally accountable for the assurance and governance of

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immunisation, the clarity of that role in conjunction with the delivery responsibility held by the Director of Health & Social Care is largely undefined and has the potential for misunderstanding and lack of clarity in terms of governance. This leads to a possible lack of ownership over the delivery arm of the programme and also potential doubt as to where any resultant issues should be escalated for action.

Recommendations:

3.6 **One:** A single lead Executive Director (as Senior Responsible Officer) should be identified to hold overall responsibility for the governance, planning and operational delivery of the flu immunisation programme. Clarity should also be provided on the key linkages with other Executive Director portfolios. These should be well defined in terms of the parameters of those linkages and the expectations around flow of information to the lead Executive Director (e.g. regular updating / communication arrangements and a simple process for the escalation of any issues etc.)

3.7 The review provided the ability for those interviewed to describe the reflective learning process that they had gone through as a result of the initial issues encountered with the seasonal flu programme. A continual theme emerged, which was the lack of clarity around who held ultimate responsibility for the delivery phase of the vaccination programme. Reference was also made to the criticality of learning from this, so that the same risk in the delivery of the Covid-19 vaccination programme is fully mitigated against.

3.8 **Two:** It is recognised that the Director of Pharmacy & Medicines has been identified as the Executive Director lead on Covid-19 vaccine preparations. It will be beneficial for the Board to be assured that the responsibilities and accountabilities of the Director of Pharmacy & Medicines for this programme are well defined and appropriately documented (i.e. does their lead role come to an end when the overall strategic planning arrangements are finalised and agreed and are the linkages to other Executive Directors' portfolios clear in this planning phase?) In addition, and perhaps more importantly, when this programme moves to the implementation phase of delivery, that the responsible Executive Director is clearly defined and understood by everyone involved, in order to avoid any potential for confusion arising again.

3.9 **Three:** As this review is seeking to enshrine clear accountability and governance arrangements for the delivery of vaccination programmes going forward, it may also be beneficial to use any revised arrangements agreed upon as the framework for the implementation phase of the Covid-19 programme, plus future seasonal flu programmes. (This would be expected to be the Director of Public Health with overall Board accountability for immunisation and the Director of Health & Social Care for the implementation and delivery phase).

4. **Governance Structure** (see sections 1,5, 6 and 11 of the review's remit)

4.1 The governance arrangements for flu within the Board are an intricate landscape, evolving over the lifecycle of this year's programme (which has added to the complexity), and a reflection of the scale and unaligned activity then happening at the time. This offered a number of challenges to the reviewers in clearly understanding the overall groupings and structures in place, both historically and in the year of reporting. The descriptions below are based on our best understanding, following a review of key documentation and material garnered through fieldwork interviews. It is recognised that the rationalised governance structure now implemented is considerably simpler in design.

4.2 The Board's Seasonal Influenza Vaccination Group in preceding years has focused largely on the staff seasonal flu programme, with a minor part of its agenda community vaccinations, since GPs

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previously led the delivery of adult and children's programmes. A meeting of this Group in May 2020 noted that planning for this year was at an early stage and no discussions had then taken place with GPs as to their proposed input. With the Covid-related changes to the model of delivery in Fife, a Short-Life Working Group for flu vaccine delivery was established in June 2020, to review the possible models and assess their clinical safety. It was reported to the review that no Terms of Reference were written for this group and, anecdotally, agendas were unwieldy and meetings unproductive. Models then under discussion still involved Primary Care led clinics and patients being given scheduled appointments, with an alternative date option if required.

4.3   In mid-July 2020, a new overarching governance structure was proposed to join up the two existing groups who were working on flu. This involved the formation of a new 'Joint Fife HSCP & NHS Fife Flu & COVID-19 Vaccination Oversight Group' to provide strategic oversight of planning for the delivery, risk management, monitoring and evaluation of the seasonal flu programme for all eligible groups, including health and social care staff. The chairs of the two existing groups (the Deputy Director of Public Health and the Associate Medical Director of the H&SCP) were to co-chair the new group and membership of the oversight group was to be largely drawn from participants of the existing two groups (with gaps, such as a finance representative, to be filled).

4.4   Reporting into the group were a number of individual workstreams - initially seven strands, which had grown to nine (as per the structure chart given in the paper submitted to EDG on 23 July) and then to 13 by September 2020 (included as **Appendix 2**). The workstreams were a way of trying to reflect the scale of the programme, the different cohorts it had to cover and the interlinking connections between each (such as IT, training requirements, cold chain arrangements, finance, workforce etc.). Much of the detailed planning was expected to take place via these groups. It is apparent that the workstreams grew organically, with similar individuals involved across several different groups, and the number added additional complexity to an already busy structure. There were considerable risks that there were too many workstreams over which to have effective oversight, particularly for one Programme Manager (without formal Project Management Office support) to control. The number of competing groups also risked diluting the nursing oversight and professional input.

4.5   The governance structure also lacked clarity on where decision-making could be quickly and effectively made and this compounded the issue that there was no clear lead at Executive level on who was responsible for the effective delivery of the full programme. The review noted that the Immunisation Programme Manager had a clear route of line-management escalation to the senior manager within Children's Services only for issues related to the children's immunisation programme, and that this was not replicated for the adult programme, where the escalation route (as they understood it) was via the co-chairs of the Vaccination Oversight Group.

4.6   Given the significant differences in the delivery of the seasonal flu programme this year, the review noted that the programme should have been treated as if it were a major transformational change project, with widespread support from across the organisation and the resultant investment in resource. Instead, at core, it could be considered that the programme was seen as business-as-usual, in that it ran every year with routine reporting via the managerial and governance structure. It is understood that requests for both IT and Project Management Office support was sought in the planning phase, but that staff from both areas were not able to be released due to working on other priorities.

4.7   The revised Command structure of the flu response group (included as **Appendix 3**), which has now been implemented, has considerably slimmed down the governance reporting lines, with a senior Chair in place (the Director of Health & Social Care), a clear path of escalation and the

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ability to make agile decisions. This revised structure is working well and the operational delivery is benefitting from enhanced Project Management Office support, led by colleagues from Digital & Information. Should such a structure have been in place at the outset, the review considers that a number of key problem areas in delivery would not have developed.

<u>Recommendations</u>:

4.8 **One:** Robust processes for the early identification of programmes requiring formal Project Management or technical IT support should be created, to ensure that such workstreams benefit from specialist expertise and fully staffed PMO support. A common project management model should be followed that enhances reporting, assurance and decision-making through the governance structure.

4.9 **Two:** The Board should consider whether the internal Project Management resource, which is small, remains fit for purpose, given the level of transformational change underway, both in new workstreams and, with the impact of Covid-19, in the often radically changed delivery of 'business-as-usual' programmes. This should give strong consideration to a single coordinated project management resource across all health and care services in Fife, to avoid confusion between NHS Fife and Fife Health & Social Care Partnership resources and ensure strategic oversight at Executive Director level.

4.10 **Three:** The prioritisation of technical IT support, expertise and advice to programmes should be considered strategically and with frequent Executive Director input, to ensure that limited resource is allocated appropriately, following a risk-based approach. Such support should reflect the need to translate technical solutions into clear delivery processes, as part of the implementation of programme plans.

5. Reporting through the governance structure (see sections 2, 11 and 12 of the review's remit)

5.1 In normal circumstances, reporting to the Board on the seasonal flu programme is usually considered as part of overall winter planning and it is largely seen within that context. It is clear, however, that this year's programme was significantly different to previous years, both in the amended format of its delivery and the expanded cohort of those eligible to receive the vaccine, made more acute when considered against existing pressures caused by the Covid-19 pandemic.

5.2 A number of written reports and papers relating to the seasonal flu programme were considered by various Executive-level and Board-level governance groups as below:

- NHS Fife Remobilisation Oversight Group (ROG), 7 July 2020 - *2020/21 Flu Vaccination Programme Delivery During COVID-19 Pandemic* (this outlined the expected delivery model for the broader population programme, but also referenced elements of the staff vaccination programme. Limited information provided on workforce needed and risks to its delivery. No Public Health input is apparent in its authorship).
- EDG Gold Command, 16 July 2020 - *Seasonal Influenza Vaccination – Equipment Required* (this detailed the additional cold storage requirements for the Vaccine Holding Centre and included as an appendix the ROG paper from 7 July).
- EDG, 23 July 2020 - *Delivery of influenza vaccination for health and social care workers in Fife* (this provided a brief review of the 2019/20 flu season and outlined proposals for delivery of influenza vaccination to health and social care workers in NHS Fife).

- EDG, 23 July 2020 - *Financial & Governance Overview of Seasonal Flu Vaccination 2020/21* (provided an overview of the financial requirements and proposed governance arrangements for the delivery of seasonal flu vaccination across Fife in 2020/21).
- EDG Flu Gold Command, 25 August 2020 (this was a special meeting called to consider the emerging risk of insufficient workforce to deliver the programme).
- Clinical Governance Committee, 7 September 2020 - *Enhanced Seasonal Flu Vaccination Programme 2020/21* (provided a high-level overview of the delivery plans and governance arrangements for the enhanced seasonal flu vaccination programme. Draft of this paper considered by Public Health Assurance Committee on 11 August and similar paper considered by the IJB's Clinical & Care Governance Committee in September also).
- EDG Gold Command, 21 September 2020 - *Extended Flu Programme: Workforce Required* (report summarised the then gaps in the clinical workforce required to deliver seasonal flu vaccination programme in Fife).
- EDG Gold Command, 28 September 2020 - *Flu Programme Update* (provided a staffing update and gaps in rotas for flu clinics that week).
- EDG Gold Command, 5 October 2020 – *Flu Programme Update* (provided details on action taken to address problems on launch of the seasonal flu programme).

5.3   On review of these papers, it is apparent that a number of key risks to the programme were not escalated appropriately or on a timely basis in the reports supplied to senior management. Part of the reason for this was the model was continually in development and national guidance was still to be issued, requiring a reactionary approach. For instance, in the paper to ROG on 7 July, limited detail was provided on the risk profile, including the intended operation of the Communications Hub and how this was expected to deal with the number of telephone calls expected from patients, which in previous years had been naturally filtered through individual GP practices. Nor was it made clear in the reports that letters to individual cohorts of patients would be issued nationally en masse with one single contact point, thus requiring a significant infrastructure put in place to manage the immediate demand through a call centre.

5.4   Equally, given the pressures on the Board overall in dealing with the pandemic and remobilisation of services, a lack of time for scrutiny, consideration and reflection of the information provided might also be identified, given the pace and amount of business coming through the governance structure at this time. It was reported to the review that when matters had been escalated (as an example, a lack of workforce to EDG on 25 August), this did not trigger the expected urgent response, such as the mandated release of staff. The pressures of having to remobilise, plus the clear lack of ownership of the delivery of the seasonal flu programme at the highest level, can be thought to have contributed to this.

5.5   It is apparent that the report provided to the Board's Clinical Governance Committee, on 7 September, did not adequately highlight the significant changes to the delivery of this year's seasonal flu programme, to make clear this was not 'business as usual' activity. Nor did it outline the developing challenges to the operational implementation of the programme, such as might risk patient delay, anxiety or ultimately reputational risk to the Board, which should also have prompted escalation to both the Chief Executive and Chair of the Board, as accountable officers. The Clinical Governance Committee is an important source of independent challenge to the Executive via Non-Executive scrutiny, but that necessarily depends on the information provided to it. Assurance was taken from the report, based on its content, but this did not adequately reflect the risks at the time.

5.6   In reference to the major risk of insufficient workforce being available to deliver the vaccines and provide administrative support, reporting and escalation of this was also reactionary in nature. A stark example of this was related to the planning of the flu clinics scheduled for the launch day of Monday 28 September. At 6.40pm on Friday 25 September, a shortage of c.17-20 registrants was identified for the clinics starting on the Monday, requiring sustained and immediate attention at Director-level over the weekend before the launch, particularly around key operational matters such as rotas, appointments scheduled and practicalities about the operational of clinics. It was reported to the review that these issues were compounded by a lack of readily-available, centrally-held documentation on rotas, established risk registers etc., with at least three mailboxes in operation for staff to express interest in staffing a clinic role to be sifted through. A significant amount of senior time was thus required to gain personal assurance around the operation of the programme.

5.7   Workforce had been flagged as a key risk at the EDG Gold Command meetings on Tuesday 25 August and Monday 21 September, a week before the programme's launch. On 21 September, EDG was asked to 'decide urgently a targeted resourcing plan to effectively resource the cluster clinic programme starting 28 September, and to authorise changes to remobilising services that may be required as a consequence'. However, the meeting concluded with limited detail on how the gap could be effectively closed, beyond managers being asked once again to release staff and further work being undertaken for review of the administration planning. No potentially difficult decision was made to pause any clinical service to provide the requested staffing resource. The review heard that the expectation from the Immunisation Programme Manager, upon escalation to EDG, was that staff would be mandated to be released. This did not happen immediately, though was an action taken on the weekend prior to the launch, when the scale of gaps within the rotas became clear. Community Pharmacy provided a large amount of this capacity, which however was only a temporary fix.

5.8   The above information is provided to illustrate how the complexity of the reporting lines, an absence of a dedicated risk register that could capture and track the risks to the programme, and a lack of clarity on roles and responsibilities impeded the escalation of immediate risks and then delayed or confused necessary action when this was required.

        Recommendation:
5.9   **One:** Related to the earlier recommendation made under Section 4 on utilising a common project management model, reporting methodology for significant Board-wide programmes should be enhanced and standardised, particularly around the escalation of risks to key groups such as EDG, the Board and its committees, plus the Chair of the Board, Chair of the Clinical Governance Committee and Chief Executive individually. It is noted that the revised governance structure now in place for the seasonal flu programme has mitigated some of the concerns outlined above.

6   Planning assumptions (see sections 1, 3, 7 and 8 of the review's remit)

6.1   Under original plans for the implementation of the Vaccination Transformation Programme within Fife, 2020 would have seen a pilot established for the new model of Board-led delivery, before the full programme was implemented the following year 2021. It was reported to the review that planning for the intended pilot (which would have considered delivery in care homes only) was halted in February 2020 due to the immediate impact of the Covid-19 pandemic.

6.2   Planning did take account of the experience of healthcare systems in the Southern Hemisphere for managing seasonal flu vaccination, though an approach widely used there for drive-thru clinics

was rejected, due to the differences in weather, autumnal day length and the need to have awareness of overall clinical safety (such as adrenaline supplies etc.).

6.3   One of the most fundamental differences in this year's seasonal flu programme has been the change from offering drop-in clinics, which have been a successful delivery model utilised by GP practices over many years. This limited the potential for learning operationally from previous campaigns led by Primary Care, with limited experience within the Board of vaccine delivery in a community setting at scale. Another fundamental difference was the significantly reduced impact of the GP workforce into the programme, both clinically and administratively (i.e. via Receptionist and Practice Manager time in co-ordinating communications with patients and scheduling clinics).

6.4   The GP input of 20% was decided nationally, with local engagement via the LMC and GP and Practice Manager input on the Vaccination Oversight Group. The impact of the reduced GP resource to the delivery of the programme has been significant, but the review heard details of lack of clarity as to how this would affect the chosen delivery model and be thus addressed, particularly around the administrative workforce. Whilst staff available via the Friends & Family (returnees) programme were one potential source for this (though anecdotally such staff preferred less hours and on a difficult-to-manage piecemeal basis), the competing priorities of staffing the Test & Protect programme, also being led by Public Health, was potentially not fully recognised or accounted for. The same staff would have been available for that programme also.

6.5   Early drafts of the model considered whether appointments should be provided to the relevant cohorts, with a contact option only to change the suggested date should this not be suitable (as per the usual process for Outpatients appointments). There was uncertainty nationally about the systems to be used for appointments, with adaptions to the Scottish Immunisation Recall System (SIRS) for children being considered by use by other Boards, though rejected by Fife due to the size of its SIRS service.

6.6   Consultation with Health Records, particularly around the use of Trakcare for appointments, was also only sought very late into the process, at the recovery phase, when issues with managing demand had brought senior staff into the operational processes. Health Records also then assisted with the organisation of clinics, including review of whether enough nurses were assigned and appropriate breaks included in the rotas. The lack of planning administratively, particularly around the use of Trakcare, has also impacted on the processes for input of data on immunised patients into the Primary Care EMIS system, resulting in a large backlog of forms developing and an impact on national flu data reporting for Fife (this being drawn from the EMIS system). The backlog of data input remains an issue being addressed at the time of writing.

6.7   Significantly, the planning for the operation of the central call centre failed to anticipate the considerable demand for appointments, though it is likely that even a more robust model for the call centre would have experienced issues with the immediate levels of contact from patients. The number of planned call handlers was informed by the number of bookings required to meet the appointment target. The time for handling each call (number of calls answered per hour, total per day) were calculated based on past experience with the children's programme, which has been transferred to the central team from Primary Care. Staff numbers (of eight) within the plan were also not fulfilled in the actual delivery period, with gaps in resource. In order to deal with the significant call volume (of 126k calls in total on 21 September alone), the original staffing cohort for the call centre has had to be expanded to 40, with an additional 40 email & text handlers brought in from other services such as Health Records and Medical Secretaries, with overtime working to clear the large backlog. This is stark increase on the resource anticipated in the planning phase.

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6.8 Prior to launch of the programme, the Board's flu plans were independently assessed by KPMG, appointed by Scottish Government to oversee all Boards' flu plans across NHS Scotland, and no issues were raised. The review noted the potential that senior management took false reassurance from KPMG's findings, which would have been one route by which the delivery model could have been independently challenged and tested.

Recommendations:
6.9 **One:** It is anticipated that by providing more robust Project Management support and formal reporting methodology (as previously recommended), the resultant requirement for a more detailed implementation plan (to include effective risk management and completion and regular revision of risk registers) will largely mitigate against the issues raised above regarding a lack of effective planning. However, in addition to this, it is crucial that all key stakeholders, at all levels - including Executive Directors' Group and formal governance groups with a responsibility for immunisation - continue to exercise a high level of challenge and 'curiosity' over their colleagues, not only from the perspective of their own portfolios but also from the wider corporate perspective. This would be expected to include the regular review and challenge of delivery plans, as these evolve and adapt to meet present circumstances.

6.10 **Two:** Decisions about the use of specific software for large scale programmes of this nature (such as that used for appointing patients) have strategic input from a variety of services, so that the potential benefits and disadvantages can be widely understood and the risks mitigated against as far as possible.

7 Workforce (see sections 1, 3, 7 and 9 of the review's remit)

7.1 It has been the case that the previous model of delivery for flu vaccination programmes has been able to be implemented successfully with the traditional staffing model in place, which has been based upon the release of 'borrowed' staff from other areas of the Board as appropriate. This includes substantive registrants, bank staff, part-time staff and others released from other services etc. No one person has had ownership over this and the risks around such a model are high, despite the relatively short-term (three-month) concentrated activity of the seasonal flu programme. This year, the scale is considerably bigger (with GPs only to provide 20% of the required workforce). The added impact of staffing the Test & Protect programme, which has often made use of the same individuals, has had another negative effect on staff availability. It is clear that the delivery safely and effectively of a larger scale vaccination programme, at pace, whilst providing a positive patient experience, required the implementation of a different staffing model.

7.2 In addition, as described elsewhere in this report, the model and required workforce numbers appear to have been changing on a regular basis, due to uncertainty about key factors such as GP input. The exact clinical workforce numbers being sought were not identified until late in the process. In addition, these numbers had to be revisited again, when it became apparent that demand was going to 'outstrip' the workforce levels that had been identified.

7.3 It also has to be recognised that, during the same flu planning period, the Board was also in the process of implementing their remobilisation plans for services, as instructed by Scottish Government. Given the normal staffing model of 'borrowing staff' to support the flu vaccination programme, it was inevitable that staff could be pulled back from this to their normal roles. This is due to the inherent tensions that exist for Boards in balancing Scottish Government instructions to prioritise the enhanced seasonal flu programme, whilst at the same time being instructed to restart services that had been paused due to the pandemic. As described in the recommendation

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below, in order to provide the required workforce, it may be necessary for a clinical decision to be made about what services may need to be ceased temporarily to deliver the seasonal flu programme. It is clear that this level of decision is well beyond the delegated authority of the operational lead of the Immunisation Programme Manager and would require clear discussion, support and direction from the Chief Executive and Executive Directors' Group.

Recommendation:

7.4   **One:** That a substantive workforce be identified to support large-scale immunisation programmes going forward. This approach would mitigate against the risk of cancellation of appointments at short-notice due to other service needs and would also provide a consistent team with a robust knowledge base of the programme, and dedicated advice and guidance being provided to patients. This substantive workforce could be constituted of new fixed-term or annualised hours' appointments or a combined model with existing workforce, subject to consideration of the issues that follow.

7.5   **Two:** It is recognised that all Boards are facing clinical workforce challenges at this time and, if it is necessary to continue to use this model in conjunction with use of existing workforce due to an inability to recruit the additional workforce required, then it is essential that this is managed centrally in terms of defining and filling the rotas required in advance. In addition, it would be necessary to ensure that the workforce allocated are not pulled back into their substantive posts due to other competing demands. This would require the Board to consider what other services may have to be temporarily reduced to support the vaccination programme in the manner outlined.

8   Communication (see sections 4 and 12 of the review's remit)

8.1   The review noted that there was little patient consultation or advance communication on the new flu model to be introduced across Scotland and locally in Fife for 2020, and how this would differ significantly from previous years. News about changes to the seasonal flu programme within Fife was largely not centrally led – awaiting agreed national communications – and was often provided by individual GPs, via information available on their own websites. This appears also to have been the case nationally, and other Boards have experienced similar issues within their areas about inadequate advance information provided to the public on the changed model for flu vaccination delivery. Should this have been provided, it would have been an important factor in managing the message about demand for appointments and staggering contact by patients. This is a significant learning point in the context of a potential Covid vaccine programme being implemented.

8.2   Other Boards also chose a different model to that of a centrally-managed booking system run directly by the Board. It should be recognised that other models have not been without issue, though the infrastructure required to successfully implement a central call centre was not appropriately accounted for in the Fife model, with only for eight WTE call handlers to deal with appointment requests (by phone, email and text message, to a single contact for each).

8.3   The review noted that the Immunisation Programme Manager did seek input from Digital & Information colleagues earlier in the planning phase of the model (May / June), principally around the call handling requirements that were to be put in place, but this request was not prioritised when considered against ongoing work (around Office365 rollout, HEPMA and support for Test & Protect). Input from Digital & Information was thus not provided until mid-August, when engagement took place around the telephony requirements and the means of the appointment booking system. Decisions around the latter seem to have been made particularly late in the planning.

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8.4   The text for the first tranche of letters to the over 65s was supplied to Public Health Scotland on 17 July 2020, and this detailed the contact information (phone number for calls and texts, plus email address) that patients should use to book their appointment. The over 65s letter is sent out en masse every year, though the usual action on receipt is for the patient to contact their GP practice directly for an appointment. It is significant that this contact information was supplied whilst the delivery model was still very much under development and with limited clarity as to the planned operation of the central call centre to be established to field appointment enquiries. Additionally, since clinic venues were still to be decided at this stage, fixed appointments could not be given via the letter. The review heard that, after the July submission of Fife's letter options, there was no opportunity to change or alter the contact information provided, as per the guidance received from Public Health Scotland. Any concerns, however, were not apparently escalated to Director-level, where further input could have been sought and additional contact made with external parties to resolve (as was successfully done later in the programme, after the Chief Executive's input).

8.5   The second tranche of letters issued on 8-9 October, to the under 65s 'at risk' cohort (c.53k individuals), were different to the first inasmuch as the instruction to patients seeking a flu vaccination appointment was to consult NHS Inform for the specific process. The change to the original letter format was recommended by the Silver Command Group, as part of one of the immediate recovery actions, and facilitated by the Chief Executive's contact with Public Health Scotland. A holding message was initially posted on the website. On 19 October, the website was amended to explain that patients should telephone the given number on particular days, depending on their initial letter of their surname, thus managing the immediate demand on phone line capacity. An important benefit of the information being held on a website rather than provided by letter is that this information can be updated timeously and on an ongoing basis, should the need arise to change initial instructions. The second tranche of letters again were issued en masse by Public Health Scotland (despite assurances that these would be batched - an apology has been provided to the Chief Executive), but the impact of the immediate demand has been greatly mitigated by the staggered approach of patient contact as outlined above.

8.6   The third cohort of letters, to those aged 55-64 and not otherwise eligible due to qualifying health conditions or employment (c.50k individuals) are due be sent out mid-November, and planning is underway to manage a third peak in demand.

        Recommendation:
8.7   **One:** The review recommends that the Board ensure that any internal communications issued out to key stakeholders are clear in terms of the content and any actions that may be required by the individual. Such communications should be fit for purpose in terms of the infrastructure in place to support the programme, to successfully manage patient expectations and deliver the required access and quality of the patient experience.

8.8   As further detailed in the next section, the review also recognises the effect of the communication approach adopted by Public Health Scotland and how this impacted on the situation that arose within Fife. This relates to the wording of the letter (which was noted to be particularly alarmist in reference to the risks to the patient of non-uptake of the vaccine whilst Covid-19 is circulating) and timing of their issue, with no apparent recognition or anticipation of the unprecedented uptake once individuals received their letters, or the potential for phasing of issue to mitigate this risk arising. A further recommendation relating to communications is thus:

8.9   **Two:** That those involved in representing the Board in national discussions with Public Health Scotland, such as those relating to communications with patients, are key individuals who are

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empowered to challenge at these meetings and make decisions on behalf of the Board. Also, that the Board's representatives are supported by having clear channels of escalation, if it is the case that they feel that any challenge is not being recognised or acted upon.

9   **Liaison with External Parties** (see sections 1, 4 and 10 of the review's remit)

9.1   As detailed within this report, many other Boards across Scotland have experienced significant issues with the delivery of the 2020 flu vaccination programme, despite implementing a number of different models of delivery to that chosen in Fife. Demands has clearly been exceptional across Scotland. As has been noted, however, advance communication on a national basis to the public about changes patients should expect to this year's flu vaccine programme has been minimal. Going forward, particularly when taking account of the potential levels of demand for a Covid vaccine, a clear understanding amongst the public of the prioritisation of clinics and the likely role of Primary Care in the delivery of programmes will be vital.

9.2   The national CMO letter detailing the expanded adult programme of seasonal influenza vaccination was issued on 7 August, late into the planning for Fife's programme, despite the programme beginning two weeks' earlier than the previous year (with letters to the over 65s being issued w/c 14 September). The review heard that lack of clarity on the expanded programme caused difficulties in the detailed planning, particularly as the model was untried. In addition, the provision of Fife-specific information for inclusion in the letters was required by Public Health Scotland in mid-July, without clarity then in place as to the delivery model to be used and its effective implementation. The internal view was that, once provided to Public Health Scotland, the letter text could not then be amended or altered, and that fact alone should have prompted consideration of a more flexible approach, such as pointing patients to a website address, that could have been readily updated once further clarity had been achieved about the delivery model.

Recommendation:
9.3   **One:** That formal feedback should be provided to Public Health Scotland, by the Chief Executive or Director of Public Health, on behalf of the Board, to recognise the need to undertake more effective advance communication with the public, particularly in liaison with individual boards in respect of any Covid vaccination programme. This is seen as not only being a potential benefit for Fife, but also for all other NHS Scotland boards, as any learning from this situation can only be beneficial in ensuring that any large-scale Covid immunisation programme is delivered as effectively as possible, for the populations of both Fife and Scotland as a whole.

10   **Vaccine Supply** (see section 5 of the review's remit)

10.1   The review noted that there has been no issue with the supply chain of the flu vaccine, and the holding of the majority of stock at Queen Margaret Hospital has worked well, with good visibility centrally over remaining supplies. The review heard that allocations can be shifted to meet demand on an as-needed basis (i.e. from cluster clinics to community pharmacies). It was noted, however, that the initial demand for the vaccine from the over 65s has greatly exceeded expectations, and future supply issues (as have been experienced by other Boards) might result should demand from other cohorts also outstrip core planning assumptions.

Recommendation:
10.2   **One:** That demand vs supply is continually reviewed, in order that any future supply issues are identified, these are escalated as appropriate and any identified remedial actions are taken.

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11   **Clinic Locations / Appointments / Infection Prevention & Control** (see section 6 of the review's remit)

11.1   The review found that the identification of clinic locations was informed by the existing seven GP clusters, and that initial planning was for clinics based centrally in these areas. Additional clinics were however added to account for the particular geography within North East Fife. Further ad-hoc clinics have been planned to support SIMD 1 and 2 areas, as detailed in the KnowFife dataset. Their nearest cluster clinic would be the first default choice of appointment for each patient, but individuals unable to travel to that location would be able to book an appointment at a hub clinic (involving smaller, more local venues). Triage was also in place for anyone considered housebound. Patient choice could also be factored in by appointments available at other clusters (for instance, if they worked in a specific area), via a hub clinic or community pharmacy.

11.2   The number of appointments were based on the 75% uptake target - 135,360 eligible adults (excluding pregnant women and staff), over a period of 12 weeks: 144,000 appointments in total, which would allow for DNAs and cancelations and some movement if actual demand was greater than the anticipated target.

11.3   The review heard that each proposed clinic site was visited and a walk through conducted to check for disabled access, one-way routes and suitable spacing of pre- and post-waiting areas. Further consideration was given to the suitable spacing of clinicians; car parking and ease of commuting by public transport; waste management; staff facilities and cold chain storage. A checklist was completed for each venue to assess suitability, and there has been reflection that disabled access should have been a more prominent consideration. Some locations initially chosen for clinics were not ideal, resulting in potential access issues to patients, difficulty of entry to clinic staff (i.e. access to keys) and lack of facilities for storage of clinical waste etc. Where this has occurred, locations have now been moved, to better accommodate these needs.

Recommendation:
11.4   **One:** That disabled access and facilities-related issues are given more prominent consideration within the standard checklist template in future programmes, to avoid unnecessary movement of clinics at a later date and negative reputational impact.

12   **LESSONS LEARNED**

12.1   The review team has noted the strong willingness of staff to learn from this year's seasonal flu programme and implement any necessary changes going forward. These have been articulated within this paper as the conclusions and final recommendations. It is recognised that the governance changes to the programme, implemented after launch issues were first experienced, have been robust and effective, and staff have invested considerable time in turning around what has been a very difficult situation. These changes have included, from 28 September, the identification of a Senior Responsible Officer (the Director of Health & Social Care), formation of a Silver Command structure, and the establishment of a Project Management Office and Bronze Command working group support structure from 1 October. Daily situation reporting is in place, utilising MS Teams as a central repository, covering workforce resource, operational support, pharmacy progress, communications and national considerations, to ensure appropriate delivery of the programme across all areas. A daily briefing is provided to the Chief Executive and routes of escalation are clear, to enable timely resolution of any operational issues.

12.2   As a result, as at w/c 26 October, 60,000 appointments have been booked, and 45,000 vaccines delivered, with a target of delivering 2,500+ appointments per day. Calls to the communications

hub have fallen to an average of 3.3k per day, with limited numbers of unanswered calls and much reduced answering waiting times. Positive feedback has been received from patients about the distancing and safety measures in place at clinics.

12.3   Preparations are now being made for the issue of letters to the 55-64 cohort in mid-November. As the surge of initial demand slows, planning is underway for more proactive measures around appointments and delivery methods, 'sweep up' of existing cohorts to ensure all appointments have been scheduled, and a renewed focus on the data input of immunised patient records, to clear the current backlog. The health & social care staff seasonal flu programme is significantly ahead of previous year's performance, with a strong early start in delivery of the vaccinations, building upon established processes for peer vaccination and occupational health input.

12.4   The review considers that the importance of learning lessons from this year's seasonal flu programme are critical, given that in 2021 future delivery will transfer in its entirety from Primary Care to the Board, as per the expectations of the GMS contract. The interdependencies with planning and preparations for any potential Covid vaccine are thus also clear. Learning should also include the mechanism for engaging with Public Health Scotland to influence, if possible, their approach to communicating with the general population and encouraging full engagement with Health Boards in as informed a manner as possible. This relates to the practical arrangements that need to be in place to deliver what is being promised to the population within agreed Scottish Government Policy, which could help mitigate against any unintended delivery consequences, as occurred in this instance. Also, the Board must create a new model of delivery, under which responsibilities are clear and unambiguous; resources (including clinical and support workforce, project management and IT support) must be provided as appropriate to ensure success; and a robust governance structure must be put in place to allow for clear oversight and assurance.

12.5   It is considered that the learning that has already effected change, along with the implementation of the recommendations made under this review, will help to mitigate against any future negative patient experience or reputational issues arising for the Board.

Dr Gillian MacIntosh   *Barbara Anne Nelson*
Head of Corporate Governance & Board Secretary   *Independent Reviewer*

30 October 2020

Appendix 1

NHS Fife

**Review into the Governance and Planning Arrangements for
the Delivery of the Seasonal Flu Programme 2020**

October 2020

Incident Description and Consequences

The seasonal flu programme across Fife commenced in September 2020.

Prior to the programme commencing, issues in respect of workforce risks were escalated to EDG in late August, specifically relating to the availability of staff to support delivery of the immunisations within clinics. A Gold Command meeting was established to address these issues and a plan agreed with Directors.

During September, following the issue of letters to the over 65 age population, it became immediately apparent that the communications hub set up to manage the booking of appointments was not adequate to cope with demand. In parallel, it has been identified that further reactive measures have continued in respect of nursing workforce availability, with rotas being managed on a week by week basis, highlighting further risk.

Numerous concerns have been raised publicly by individual members of the public, Board members, elected officials of Fife Council, MSPs and MPs in respect of the booking process and some aspects of the logistics and environment at individual clinics.

TERMS OF REFERENCE

1.   PURPOSE

1.1.   The purpose of the review is to examine the planning, governance and delivery arrangements of the seasonal flu programme and to consider the set of circumstances associated with the incident. The review process should identify opportunities for learning, and areas where improvements might be required which could help prevent similar incidents from occurring.

2.   MEMBERSHIP OF REVIEW TEAM

2.1.   Formal membership of the Review Team shall comprise of:

Appendix 1

- Gillian MacIntosh, Board Secretary and Head of Corporate Governance
- Barbara Anne Nelson, Professional Advisor

2.2. The Team may co-opt additional external experts to provide specialist knowledge / skills if required.

3. ACCOUNTABLE TO:

Executive: Chief Executive Officer

Non-Executive: NHS Fife Clinical Governance Committee; Fife NHS Board Chair; Fife NHS Board

4. SCOPE

4.1. The scope of the review will include consideration of the planning and governance arrangements for the seasonal flu programme 2020 with a focus on prioritising lessons learned.

5. REMIT

5.1. Assess the clarity of roles and responsibilities of those involved, from planning to delivery, including the overall governance model

5.2. Review the chronology of reports and papers considered taking cognisance of individuals and groups involved

5.3. Assess the robustness of planning assumptions for booking of appointments and delivery of vaccines

5.4. Assess the effectiveness of communication before and during the seasonal flu programme, including issue of invite letters

5.5. Assess the governance and assurance mechanisms in respect of supply chain (for vaccine)

5.6. Assess the governance and assurance mechanisms in respect of infection, prevention and control at clinics/hubs

5.7. Review the delivery model to assess the balance of risk in respect of location of clinics / hubs and extent of patient choice

5.8. Review the extent of any reflection or learning from previous years

5.9. Review the effectiveness of clinical and managerial leadership

5.10. Learn any lessons that might help to prevent any further incidents

Appendix 1

5.11. Assess the current escalation process for concerns through public health, nursing and management route

5.12. Improve the reporting and investigation of similar events in the future

5.13. Escalate to the SRO any immediate concerns regarding patient or workforce safety

6. TIMESCALES & REPORTING

6.1. The final report will be submitted to the CEO by Friday 30th October 2020 and onwards thereafter to the Chair of the Clinical Governance Committee. The report will be considered by the Clinical Governance Committee at its meeting on Wednesday 4th November 2020 and onwards to the NHS Board thereafter.

Appendix 2

Governance Structure, September 2020

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

Scottish Government Flu expansion & COVID Vaccination Programme Board

NHS Fife Board

Fife Integrated Joint Board

NHS Fife Clinical Governance

Fife HSCP Clinical & Care Governance Committee

Scottish Government Health & Social Care Directorate

Scottish Immunisation Programme Group (SIPG)

Scottish Gov Primary Care Leads Group

Area Drug & Therapeutics Committee

Public Health Assurance Committee

Fife Area Partnership Forum & Staff Governance

GMS

MCIP

NHS Fife Executive Directors Group

Fife LRP Strategic COVID sub-group

GP Sub / CPF

Fife Primary Care Remobilisation group

Area Immunisation Steering Group

Joint Fife HSCP & NHS Fife Flu & COVID-19 Vaccination Oversight Group

WORKSTREAMS

Cluster Clinics	Community Hubs	Community Pharmacy	Home Visiting Team	PV & OH	In-patient	Coordination Hub	Vaccine Supply & Cold chain	IT, data, monitoring & evaluation	Workforce	Training	Finance	Comms

Version 1 Sept 2020

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Response Group Silver Command structure, October 2020

NHS Fife

NHS SCOTLAND
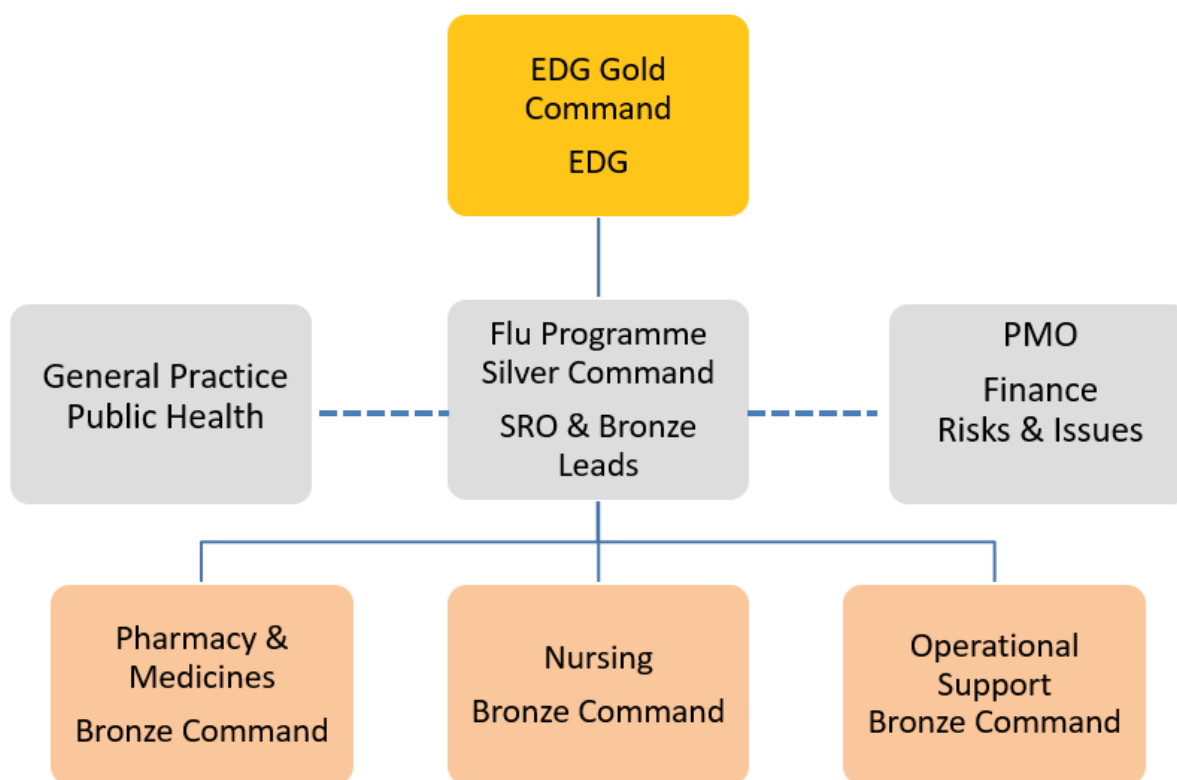
Meeting:	**Clinical Governance Committee**
Meeting date:	**04 November 2020**
Title:	**Enhanced Seasonal Flu Vaccination Programme 2020/21 - UPDATE**
Responsible Executive:	**Nicky Connor, Joint Director H&SC Partnership & SRO**
Report Author:	**Allan Young, Programme Manager**

1   Purpose

This is presented to EDG for:

- Awareness

This report relates to a:

- Government policy/directive
- Reputational Issue
- Response Plan

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

- Safe
- Effective

2   Report summary

2.1   Situation

The enormous initial uptake and sheer demand of the over 65 cohort quickly overwhelmed parts of the delivery model presented previously to the Committee. This report provides an overview of the updated delivery plans and adaptive management and governance arrangements established in response to those volumes. The Clinical Governance Committee are asked to note the updated delivery plan and governance arrangements outlined in this paper for awareness.

Members are asked to note that a separate report is provided as a Lessons Learned Review, to be presented by the Head of Corporate Governance.

2.2   Background

The extended flu vaccination campaign this winter is the most complex to date. It is being delivered in the background of understandable anxiety within the population on the risk of flu this winter.

In previous years both adult and that aspect of childhood flu delivery which was not for school age children was delivered in general practice. This was largely delivered in most general practices by one large drop in session often at a weekend followed by clinics to mop up the delivery. District nursing delivered flu vaccination to housebound individuals and the immunization team delivered the flu programme in schools. The immunization of pregnant women was undertaken by midwifery. The vaccination of staff has been by peer vaccination and by   drop   in   clinics   in   previous   years.

This year delivery of the programme has moved from GP practices, due to changes in the GP contract, to individual Health Boards. This change, and the very necessary adjustments required to the delivery model due to social distancing and infection control procedures in response to COVID, meaning that the previous model was neither appropriate nor safe.

The CMO letter from August outlined the eligible groups for the adult of seasonal flu vaccination programme 2020/21. The 77,000 over 65 letters were all sent out on 18th September, which has generated enormous and immediate volumes of inbound contacts for appointments. The second batch of 53,300 letters to those under 65 and at risk were all send out 8-10th October and the uptake appears to be slower. The third cohort of those aged 55-64, not otherwise eligible due to qualifying health conditions or employment (50,000) are due be sent out mid-November. The 55-64 group will receive a different supply of the flu vaccine.

2.3   Assessment

A summary of the revised 'adaptive delivery model' for the Enhanced Seasonal Flu Vaccination Programme 2020/21 in Fife is provided in appendix 1. The response group Operating Model is provided in appendix 2. In addition, several steps have been taken in terms of overall governance, operational management and monitoring (via a daily SITREP).

2.3.1   Quality / Patient Care

Maximising the uptake of influenza vaccination remains 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. Maintaining the operations required to keep booking appointments in a timely manner without losing the interest or will of the cohorts is key. As members are aware, there were challenges in the first few weeks of the programme, but this had recovered well by the 5-week point, with almost 55,000 appointments booked. There are now signs of a swing in the other direction, where proactive communications and an adaptive approach may be required to fill appointments during the second half of the delivery period. Achieving high uptake among frontline health and social care workers remains critical to protect individual staff members but also reducing the risks of transmission of flu viruses within health and social care settings so this part of the programme has been aggressive and remains on target.

2.3.2 Workforce

There has been a significant ask of staff to support this model of delivery and work in new and exceptional ways across all services. This has been in order to ensure all delivery strands function effectively; an additional staffing need has been required and staff drafted in to support the programme during the initial period.

2.3.3 Financial

No financial consideration in this paper.

2.3.4 Risk Assessment/Management

A new overarching governance structure and operating model has been developed (appendix 2), in order to quickly align the workstreams with an agile reporting line. This includes the support of a Project Management Office (PMO), part of who's remit is to collate the risks and management thereof. The risks are now captured in Datix and there is now clear definition between programme risks and ongoing operational risks. The risks are being managed within Bronze groups and discussed by escalation within the Silver & Gold Command Groups.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has now been completed. Impacts on health inequalities will also 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 to NHS Fife Clinical Governance Committee through Public Health reporting structures, however, the various stakeholders involved mean that a reporting will now be required more widely to both local and national structures (appendix 2).

2.3.8 Route to the Meeting

The paper follows the original paper presented on 07/09/2020 and has been reviewed by EDG virtually on 28/10/2020. In addition to this report, Board members received a presentation at the

Board Development Session on 28 October 2020, setting out progress in the delivery of the seasonal flu vaccination programme.

2.4   Recommendation

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

3   List of appendices

The following appendices are included with this report:

- Appendix 1: Summary of Revised Delivery Model
- Appendix 2: Response Group Operating Model

Appendix 1: Summary of the Adaptive Delivery Model

The initial volumes have driven some adaptive changes to the original method of delivery for Fife.

This model now encompasses nine main strands:

1.   Cluster Clinics
2.   Hub Clinics
3.   Community Pharmacy Vaccination
4.   Home Visiting Team
5.   Peer Vaccination
6.   In-Patient Vaccination
7.   Contact Hub (Telephone, Email & Text)
8.   Patient record - back keying
9.   Walk-in clinics

The contact hub provides a dedicated contact centre that will provide the population with various contact options.

Adult Programme

- The routine adult cohort (both over 65 and under 65 at risk) has been invited to attend an appointment at a Cluster Clinic. The telephony hub was quickly expanded from 8 – 40 seats in order to deal with an incredible volume of calls, which exceeded 120K on the 21st September. Up to 40 Email & text handlers were also established from Health records workers, medical secretaries and others including assorted workings doing overtime at weekends.

- The clusters are being led by 4 NHS Fife senior nursing staff covering 10 large venues across each of the seven Fife clusters. These clinics have been NHS Staff staffed augmented by NHS bank staff, general practice staff, or through additional hours or

deployed staff where necessary. Health Board organisational and managerial support have been coordinating this approach and it has been challenging.

- 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. The home visiting team will also vaccinate those people who are housebound and who are not on the district nursing case load

- If an adult is unable to attend particular cluster clinic, they are being offered alternative appointments either at another cluster, at a Community Pharmacy or at an Immunisation Team Hub.

- Walk-in clinics were also used during w/s 19th October in primary schools where available and willing to open and provide janitorial support. This model may be used again as part of a clean-up.

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 are being staffed mainly by the Immunisation Team.

- The school-based childhood programme is being delivered within primary schools. Mop-up of school children will be through community hubs.

Health Care Staff Programme

- An expanded network of peer vaccinators is being used to deliver most of the healthcare worker staff programme. This is being 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 are being used to deliver vaccine to the Care at Home staff group.

- Delivery to care home staff is 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.

Staff programme

- Peer vaccinations and OH vaccinations are being offered and carried out across the organisation and uptake so far has been positive.

Appendix 2: Response Group, Command Structure

EDG Gold Command

EDG

General Practice Public Health

Flu Programme Silver Command

SRO & Bronze Leads

PMO

Finance Risks & Issues

Pharmacy & Medicines Bronze Command

Nursing Bronze Command

Operational Support Bronze Command
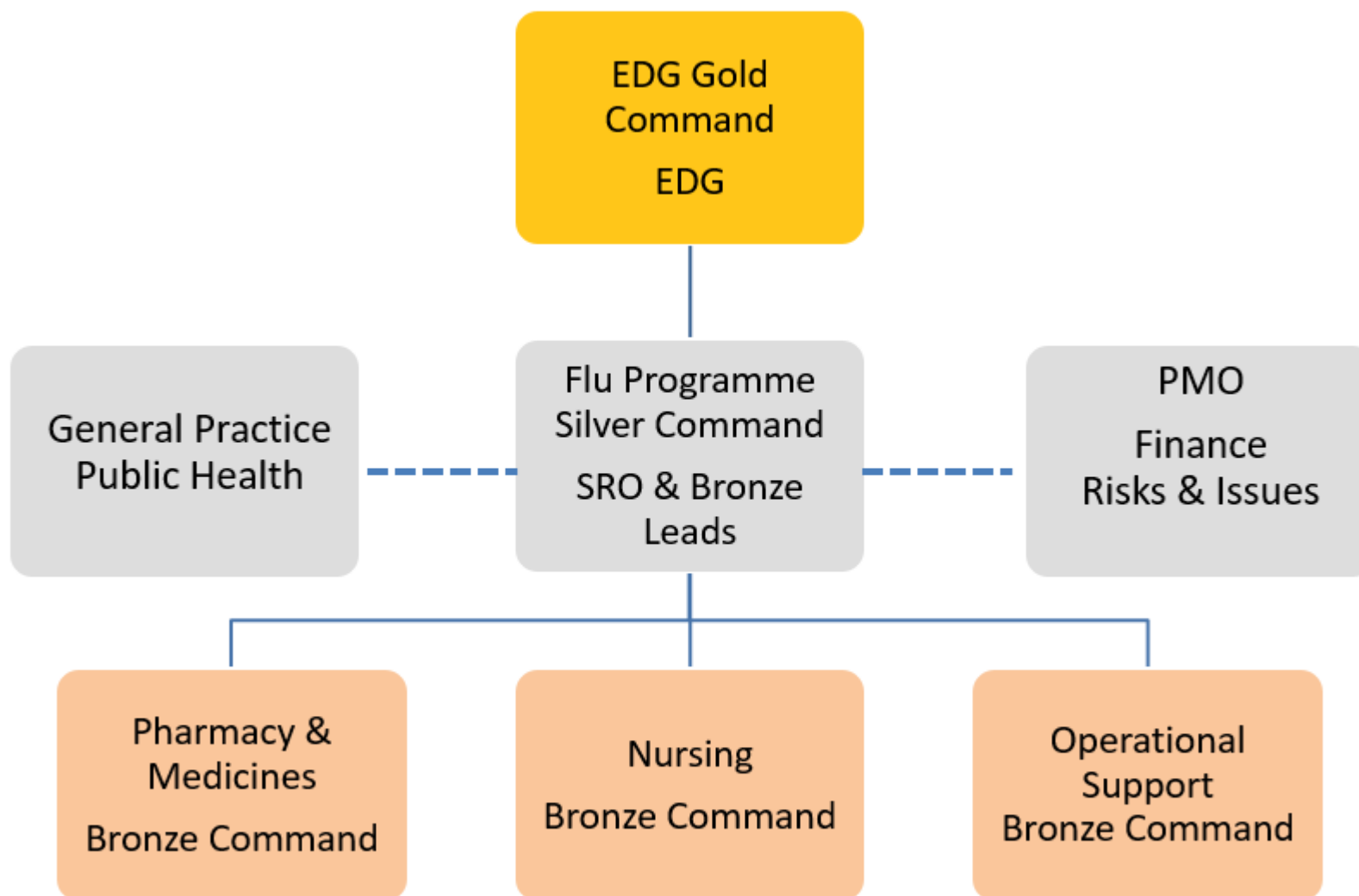
Bronze Groups - Operating Model

Pharmacy & Medicines Chairs: Ben Hannan, Hazel Close	Nursing Chairs: Lynn Barker, Lynne Garvey	Operational Support Chairs: Susan Fraser, Heather Bett
• Supply chain • Community Pharmacy • Medicines Governance, PGDs, changes to vaccination legislation • Inpatient Vaccination programme • Peer Vaccine programme	• Cluster Clinics • Hub Clinics • District Nursing, home visiting • Care Homes • Schools • Workforce (clinical) • Training (clinical)	• Coordination Hub • Appointment "Backlog" • Booking system • IT, Data monitoring and evaluation • Patient Record • Communications • Workforce/training (admin) • HR

NHS Fife

NHS SCOTLAND

Meeting:	**Clinical Governance Committee.**
Meeting date:	**4th November 2020**
Title:	**NHS Fife Elective Orthopaedic Centre Project**
Responsible Executive:	**Helen Buchanan**
Report Author:	**Alan Wilson Capital Project Director**

1   Purpose

This is presented to the group for:

- Decision

This report relates to a:

- NHS Board Strategy

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

NHS Fife has instigated the next stage of the Scottish Capital Investment Manual (SCIM) process for the development of a new Elective Orthopaedic Centre. This involves the production of a Full Business Case (FBC) for submission to the Scottish Government Health and Social Care Directorate Capital Investment Group (CIG) by 13th October 2020 to meet the initial timelines as set out in the Initial Agreement Document (IAD) for their November meeting.

The paper is to provide the group with an update and opportunity to comment on the Full Business Case.

2.2   Background

The new Elective Orthopaedic Centre construction project has key milestones set out in the IAD and the purpose of this report is to provide assurance to the group members on progress against these key milestones.

2.3 Assessment

The Full Business Case is now complete and has been approved for issuing to Scottish Government Health and Social Care Directorates Capital Investment Group for capital funding approval at their meeting on 11th November.

The design has been able to accommodate all the clinical services that were set out not only in the original brief, but we have managed to include provision for all outpatient, pre-assessment and radiology also. This has led to an increase in the project costs, but the project board felt that the benefits of having these additional services within the new facility would enhance the patient experience and thus approved asking for the extra funding.

The funding allocation that has been agreed and submitted also has an allowance in for the integration of digital technology within the operating theatres which will make NHS Fife one of the leaders in the use of this enhanced technologies for orthopaedic surgery.

The project is behind programme due to issues with the planning process for the enabling car parking works due to the demands of both Scottish Water and the Fife Council Planning team. This has been a timely process in regards to communication of design proposals between all the relevant stakeholders and the fact that the planning department are working from home has been an additional challenge.

We should have had planning consent by end of July with work starting in early August but as of writing this report the planning application support has not been received meaning that the enabling works have been delayed by over 2 months.

In relation to all that has been reported previously the programme for starting the construction of the new facility will begin in January pending the approval from the various governance committees of the Full Business Case.

2.3.1 Quality/ Patient Care
The new facility will provide state of the art quality of care for the population of Fife however it may mean that some services are centralised within the unit and not delivered locally as present.

2.3.2 Workforce
The centre will have a positive impact on the workforce with the design capturing the whole service working in the same facility. The garden and staff areas will provide great space to help with staff well being.

2.3.3 Financial
The financial model of the new facility has all been agreed and sits within either capital budget allocation or future revenue funding increases.

2.3.4 Risk Assessment/Management

The project has a full risk register and is a standing agenda on the monthly project board meeting.

2.3.5 Equality and Diversity, including health inequalities

Equality issues will be addressed through the Full Business Case process and will align with all current guidance/policy.

An impact assessment has been completed and is available.

2.3.6 Other impact
N/A

2.3.7 Communication, involvement, engagement and consultation

The project is being delivered in line with Scottish Capital Investment Manual that sets out the standards for the processes and standards for the above.

2.3.8 Route to the Meeting

This paper has been reviewed by the Director of Nursing as Senior Responsible Officer for the Project .

2.4 Recommendation

- **Decision** – For Members to support the approval of the Full Business Case.

3 List of appendices

N/A

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Full Business Case

Fife Elective Orthopaedic Centre
NHS Fife

Proposed Fife Elective Orthopaedic Centre (Image provided by Norr Achitects)

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NHS Fife

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Glossary of Terms

AEDET	Achieving Excellence Design Evaluation Toolkit
HAI	Healthcare Associated Infection
IA	Initial Agreement
DC	Day Case
IP	In patient
FBC	Full Business Case
GIFA	Gross Internal Floor Area
GIRFT	Getting it Right First Time
GP	General Practitioner
HFS	Health Facilities Scotland
KPI	Key Performance Indicator
MSK	Musculoskeletal
NDAP	NHSScotland Design Assessment Process
NEC	New Engineering Contract
OBC	Outline Business Case
PSC	Professional Services Consultant
PSCP	Principal Supply Chain partner
QMH	Queen Margaret Hospital, Dunfermline
SA	Strategic Assessment
SCIM	Scottish Capital Investment Manual
TTG	Treatment Time Guarantee
VHK	Victoria Hospital, Kirkcaldy
WTE	Whole Time Equivalent

1 Executive Summary

1.1 Introduction

This proposal sets out the strategy for re-provision of the elective orthopaedic service at Victoria Hospital, Kirkcaldy (VHK). The existing orthopaedic service provides a dedicated environment in which patients within the catchment of Fife can be treated. The service currently performs extremely well, demonstrating a high level of attainment against relevant benchmarks and KPI's but is held back by condition and functionality of the existing environment in which the service is provided from. The investment proposal therefore seeks to maintain current performance levels whilst safeguarding the service over the longer term via the provision of a sustainable healthcare environment. This will be delivered by providing a standalone Fife Elective Orthopaedic Centre at Victoria Hospital in Kirkcaldy incorporating theatres, inpatient and outpatient accommodation.

A summary of the key changes since OBC are outlined below:

- Some minor changes have been made to the proposed staffing within the Strategic Case – refer to Section 2.5.4

- Stakeholder consultation and the option costs have been updated within the Economic Case – the preferred option continues to score most highly

- The Commercial, Financial and Management Cases have been updated and finalised

1.2 Strategic Case

1.2.1 Existing Arrangements

The existing service consists of 2 laminar flow theatres and a dedicated 24 bed ward provided from the "phase 2" tower bock within VHK. Over and beyond, orthopaedic outpatient services are provided from Queen Margaret Hospital in Dunfermline and VHK.

Currently, surgery time runs from 09:00 to 17:00 Monday to Friday with additional provision on Saturdays where demand dictates. Two 3.5 hour sessions are scheduled each day. To provide a general perspective, 4 major joint operations can be performed in a day. Through working on Saturdays up to 22 sessions can be performed in a week.

From a utilisation and performance perspective the service performs extremely well against all benchmarks and KPI's – further details in this respect can be found at Section 2.2.

The condition and functionality of the existing assets is below the standard expected and is non-compliant in respect to current healthcare guidance (SHTMs and HBNs). The tower block at VHK was constructed in 1967 and the existing main services infrastructure is showing signs of age, increasingly risking service provision and continuity. The service is regularly disrupted because of infrastructure failures. There is no quick fix available (i.e. localised refurbishment) that would allow the service to remain in its current location over the longer term. This investment proposal has therefore been initiated to maintain the current service via the provision of the most effective long-term sustainable solution available within the constraints imposed.

1.2.2 Strategic Context

Through dealing with the need for change, this investment proposal will realise a number of important benefits and these are summarised in the table below:

Need for change	Anticipated benefits
▪ Current ward provision does not support infection control, safety and the overarching strategy to move towards single room accommodation for inpatients.	▪ Positive patient experience and dignity respected
▪ Current ward provision does not reflect the increasing requirement for short stay facilities in the delivery of orthopaedic services. Current ward provision lacks flexibility to meet future demand	▪ Optimises resource usage (theatre and bed utilisation)
▪ Current accommodation does not support effective patient pathways / flow with bottle-necks arising. Situation affects efficiency of service provision.	▪ Maintain support to allow people to live independently together with life quality. Overarching benefit
▪ Current provision compromises patient dignity and quality of experience overall.	▪ Improves the healthcare estate (condition, quality, perception, statutory, back-log and lifecycle)
▪ Condition of existing facilities are below the required standard to support the service over the longer term.	▪ Minimises readmissions (post operation complications) and optimises timely discharge ▪ Optimises resource usage (theatre and bed utilisation) ▪ Improves HAI and patient safety ▪ Community benefits realised from implementation of the investment proposal.

Table 1 - Need for change and benefits

1.2.3 Opportunities

In reviewing the current arrangements and considering the need for change surrounding this investment proposal potential opportunities were highlighted.

1.2.3.1 *Capacity to meet future demand*

In dealing with the underlying need for change, this investment proposal also seeks to take advantage of an opportunity to increase service capacity to cater for future local demand projections and in doing so reducing any Regional strain particularly in respect to separate elective provision that is being considered. In high-level terms the following accommodation is anticipated to cope with future demand over the next 20 years.

Theatres Current	Theatres Proposed
2 laminar flow theatres	3 laminar flow theatres
Wards Current	Wards Proposed
24 beds	33 beds
Outpatient Department Current	Outpatient Department Proposed
11 consulting rooms (variable use)	12 consulting rooms (fully utilised)

Table 2 - Proposed accommodation

1.2.3.2 Colocation of outpatients

Currently Orthopaedic services are delivered across multiple sites within NHS Fife. Working in this manner means there are expected inefficiencies and inconsistency in how some parts of the service is delivered. Clinical time is also lost in asking clinical staff to travel between facilities during the working day. The opportunity to centralise MSK OPD activity within a purpose build facility is appealing and has a potential number of benefits in ensuring the service is delivered in the most efficient way.

This investment proposal seeks to pursue this opportunity by making allowance for an outpatient department within the Fife Elective Orthopaedic Centre.

1.2.3.3 Estate rationalisation

In addition to the opportunities noted above another key aspect relates to the long-term benefit of being able to progressively re-provide all clinical services currently within the tower block at VHK. The condition and clinical functionality of the tower block is unsustainable over the longer term. The estimated capital cost to deal with significant clinical backlog within the tower block is £36.5m, of which £21.4m relates to repairing the external fabric which has reached the end of its life. Through re-providing clinical services, the Board will be better positioned to implement an option appraisal for the tower block within the context of a VHK master plan.

1.3   Economic Case

The Economic Case builds upon the initial work presented within the IA where a long-list of options were rationalised into a shortlist of five. The OBC appraised these options in more detail - the non-financial benefits for the options are measured against cost estimates to identify which option represents best value for money. At FBC, the option costs were updated to reflect the current position. A summary of the results following this exercise is set out in the table below:

	Option 1	Option 2	Option 3	Option 4	Option 5
	As Existing	Refurb. Existing	Refurb other	Modular	New build
Net Present Cost (NPC) - £m	240.9	254.8	323.1	354.5	325.3
Weighted Benefit Points (WBP)	545	660	1,250	1,785	2,000
NPC per WBP - £000	442	386	258	199	163
Rank	5th	4th	3rd	2nd	1st

Table 3 - Cost per benefit point for each option

The net present value/cost has been calculated using discounted cash flow techniques on the capital and revenue costs associated with the options as entered into the generic economic model (GEM).

The recommended preferred option continues to be Option 5:

> Option 5 – preferred way forward (new-build facility at VHK to meet the current requirements together with added capacity for future demand projections)

1.4   Commercial Case

The Commercial Case was developed significantly at OBC and has been finalised within this FBC. Key aspects contained within the commercial case are summarised below.

- The project is being delivered using HFS Frameworks Scotland 2 (FS2) which operates using the NEC3/ECC3 form of contract. Contract option A has been selected which operates under a lump sum price arrangement. Given the maturity of the design it is considered that is the most suitable option for the project.

- The target price has been developed through a robust market testing process where a wide range of contractors have been invited to participate in providing prices for the various work packages.

- The design has been fully developed in conjunction with the Project Team and Stakeholders. With exception to the NSS Design Quality Assurance process which is ongoing, the design has been well received through HAI, NDAP, AEDET and focussed design workshops.

- The has been some upward movement in the area of the building from OBC to FBC. This has been caused by the rooftop plantroom which has increase in size through design development.
- Statutory applications have been made and approvals are anticipated in advance of the planned construction start date.
- The current key risks facing the project are summarised in the table below:

Risk	Mitigation
COVID-19 impacts progress affecting cost and the completion date.	The works will be external until the middle of 2021. The impact up until that date should be minimal as social distancing should be able to be maintained. If COVID-19 is likely to affect the project thereafter, mitigation plans will require to be developed. The risk has been identified within the project risk register and a provisional risk allowance has been made – this may however prove to be inadequate depending on events may unfold. An application for additional funding may be required to cover any deficit that may arise.
BREXIT impact on material availability and impact on programme.	Given the current market, supply chains and procurement of materials extend beyond the UK borders. It is difficult to mitigate and control this risk which will be affected by political policy and decisions regarding trade between borders. The risk has been identified within the project risk register and a provisional risk allowance has been made – this may however prove to be inadequate depending on the severity of any associated restrictions and constraints flowing from BREXIT.
NSS Design Quality Assurance	Towards the end of FBC, the project was informed that the design needed to be reviewed by the NSS Design Quality Assurance team. This process is underway and all parties are cooperating collaboratively. There is a risk that any matters arising through this process may lead to changes to the design and potentially additional cost.
Ground conditions	A lot of due diligence has been undertaken to understand the ground conditions and obstructions through detailed surveys and investigations. This has helped to create a

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Risk	Mitigation
	robust Site Information pack. In construction there is however always a residual risk. This has been identified within the risk register together with an appropriate contingency budget to deal with any unforeseen events arising.

Table 4 - Key risks

1.5   Financial Case

The Financial Case considers the affordability of the scheme, sets out all associated capital and revenue costs, assesses the affordability of the preferred option and considers the impact on **NHS Fife's finances. The affordability model assessment has been developed to cover** all aspects of projected costs including estimates for:

- Capital costs for the option considered (including construction and equipment);
- Non-recurring revenue costs associated with the project;
- Recurring revenue costs (pay and non-pay) for current model i.e. baseline; and
- Recurring revenue costs (pay and non pay) for the preferred option.

1.5.1   Capital Costs

A capital cost summary is provided in the table below demonstrating the total FBC cost for the project, together with the movement in cost since OBC.

OBC	FBC	Movement
£32,155,999	£33,199,596	£1,043,596

Table 5 - Summary of capital costs

The key reasons for the movement in cost since OBC, are set out below:

- Additional car park enabling costs due to planning and flood constraints;
- Design development concerning the roof top plant room increased the building size;
- Design development led to an increase in the building height to accommodate services;
- Am increase in general equipment costs through detailed development of the project requirements; and
- The addition of specialist radiology equipment to equip the radiology rooms (NB: radiology accommodation was not included within the original schedule of accommodation).

Net departmental area has been controlled tightly since IA and is actual marginally less at FBC – this has of course been offset an increase in gross area as noted above. Despite the cost increase from OBC to FBC, the development cost equates to £5,267m/2 which is reasonable when compared to other comparable benchmark projects.

1.5.2 Revenue Costs

A summary of the revenue costs is provided in the table below. Further detail can be found within the Financial Case at Section 6.

Overall Revenue Costs Summary			Proposed Option		
	Baseline	2022	2025	2030	2035
Service Costs	8,973,224		9,589,544	10,548,264	11,678,184
Property Costs	520,214	161,815	703,979	741,970	786,746
Total	**9,493,438**	**161,815**	**10,293,523**	**11,290,234**	**12,464,930**

Figure 1 - Revenue Cost Summary

1.6 Management Case

The Management Case identifies the actions that will be required to ensure the successful delivery of the scheme. The management case has been updated for this FBC and demonstrates that the Board are well prepared to deliver the project successfully during the construction phase and beyond. Key milestones for the project are identified in the table below:

Description / Activity	Date
FBC	
▪ Complete car park enabling works (to enable site to be cleared for construction)	Dec. 2020
▪ Statutory consents	Dec. 2020
▪ Fife Capital Investment Group (FCIG)	1 Oct. 2020
▪ **Executive Director's Group** (EDG)	8 Oct. 2020
▪ Submit to Capital Investment Group (CIG), Scottish Government (SG)	13 Oct. 2020
▪ Clinical Governance	4 Nov. 2020
▪ Finance Performance and Resources Committee (FP&R), NHS Fife	10 Nov. 2020
▪ Capital Investment Group (CIG), Scottish Government (SG) Meeting	11 Nov. 2020
▪ Area Partnership Forum (APF)	18 Nov. 2020
▪ NHS Fife Board Meeting	25 Nov. 2020
Construction and handover (main works)	

Description / Activity	Date
▪ Ground consolidation works	Jan. 2021
▪ Start (main works)	Feb. 2021
▪ Completion	Jul. 2022
▪ NHSF commissioning / service migration	Aug. 2022
▪ Operation / use	Sept. 2022

Table 6 - Milestone dates

1.7 Conclusion and Recommendations

This investment proposal is a key priority for NHS Fife, to safeguard the provision of a high performing, essential clinical service over the longer term. The preferred option will provide the Board with an opportunity to plan for the future, ensuring that the service is robust enough to offer the necessary supply to meet the projected local future demand and to provide a safe, effective and person-centred orthopaedic service. In addition, the preferred option will contribute towards decanting clinical services from within the tower block at VHK unlocking future options within the context of the site masterplan.

A robust stakeholder focussed detailed design has been developed that encompasses all of NHS **Fife's requirements. The accommodation requirements have broadly been controlled w**ithin the constraints set out at IA and notwithstanding some marginal movement in cost from OBC to FBC, the project remains affordable when compared to other comparable benchmark projects. Approval of this FBC will ensure that construction works can commence allowing this critical project to be delivered in line with the projected programme.

2   Strategic Case

2.1   Introduction

The main purpose of the Strategic Case is to confirm the background and drivers for change for the proposition. It also sets out the key investment objectives and associated benefits.

2.2   Revisiting the Strategic Case

Since OBC, there has been minor changes to the staff projections located at Section 2.5.4. Other than that the Strategic Case remains the same and is still valid.

2.3   Description of Existing Service

The service affected by this proposal is the Fife Elective Orthopaedic Centre which caters locally for the community of Fife providing elective orthopaedic treatment.

The **service is located within "Phase 2" of the Victoria Hospital** Tower Block in Kirkcaldy and includes 2 orthopaedic laminar flow theatres on the 3rd floor with supporting ward accommodation (24 bed) on the 4th floor. The two floors are connected by a dedicated lift and an adjacent staircase.

Figure 2 – VHK Tower Block

Figure 3 – VHK Tower Block

Plan drawings capturing the existing theatre and ward layouts are referenced in Appendix B for information.

Orthopaedic Outpatient and Pre-assessment services support the overall care provision. These services are currently spread across two sites at Queen Margaret Hospital (QMH) in Dunfermline and Victoria Hospital in Kirkcaldy (VHK). Resources are diluted and duplicated across sites. Staff travelling time compromises clinical time efficiencies. Opportunities exist to improve the efficiency of OPD service by centralising the majority of service within a single purpose-built facility.

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Queen Margaret Hospital Outpatient Facilities

- OPD 1 (Ortho)
- OPD 2 (GPwSI)
- OPD 5 (Hands)
- Physio department (ad hoc)
- Treatment room
- Venepuncture room

Victoria Hospital Outpatient Facilities

- OPD 5 (ortho)
- OPD 3 and 4
- Preassessment clinic (Level 6) – 3 rooms/venepuncture facilities/communal education area
- VFC Triage room
- Physio department (ad hoc)
- Two treatment rooms

2.4 Existing Service Arrangements

The service currently performs extremely well, demonstrating a high level of attainment **against relevant benchmarks and KPI's** as demonstrated below.

2.4.1 Care Pathways

The patient journey is normally initiated through a GP referral. Thereafter specialist clinics triage the patients prior to listing for surgery. The twelve-week Treatment Time Guarantee (TTG) sets out the requirement for patients to receive treatment within twelve weeks from the point of being diagnosed and agreeing to treatment.

The beds allocated for the service are protected which facilitates an improved patient flow and as a result ensures fewer cancellations. NHS Fife have recently introduced advanced nursing practitioners to support the ward, therefore the ward is not reliant on either rotating junior doctors or locum medical staff. This ensures standardised and consistent care. The clinical and financial benefits of protected beds are well documented (GIRFT Report, March 2016), these include; reduced infection, shorter length of stay and better patient flow with fewer cancellations. As testament to this, NHS Fife is one of the 40% high performing hospitals which manage four daily knee or hip replacements through its elective theatre lists.

From the point of receiving elective orthopaedic treatment in Fife the patient can stay on the ward for circa four days for major joint replacements (hips/knees 2015). This is however amongst the shortest lengths of stay in Scotland (refer to figures 3 and 4 below) demonstrating the excellent service efficiencies. This figure has continued to fall and currently length of stay is around 2.5 days (2019). In the last 2 years the department has developed day surgery hip and knee replacement pathways contributing to this further significant reduction in length of hospital stay.
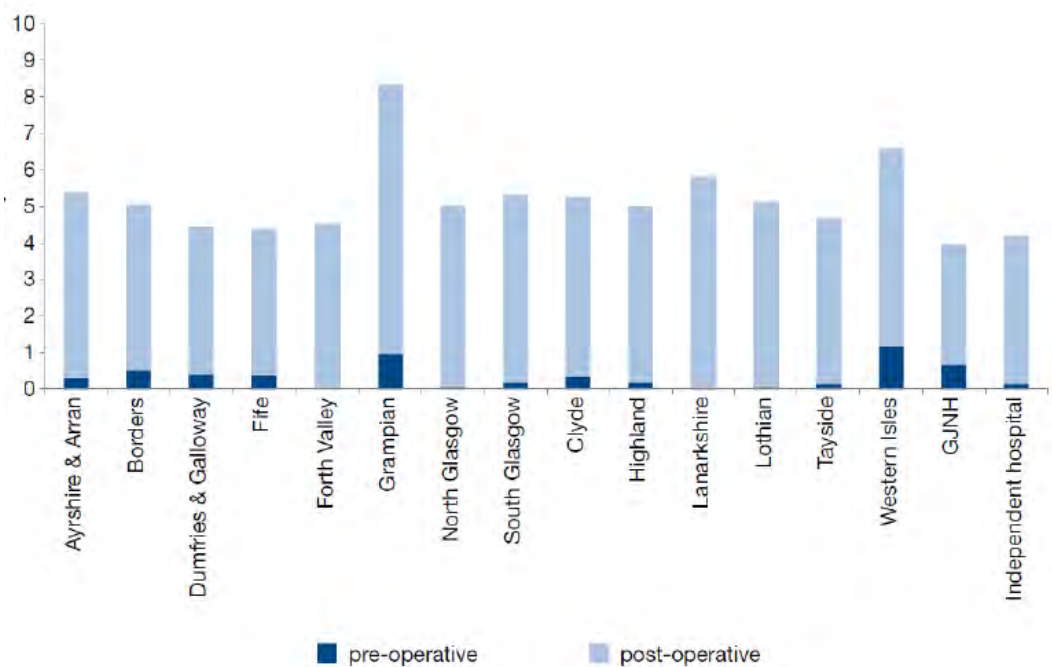
Figure 4 – Average (days) Pre/Post Operative Length Stay – Hip Replacements (2015)
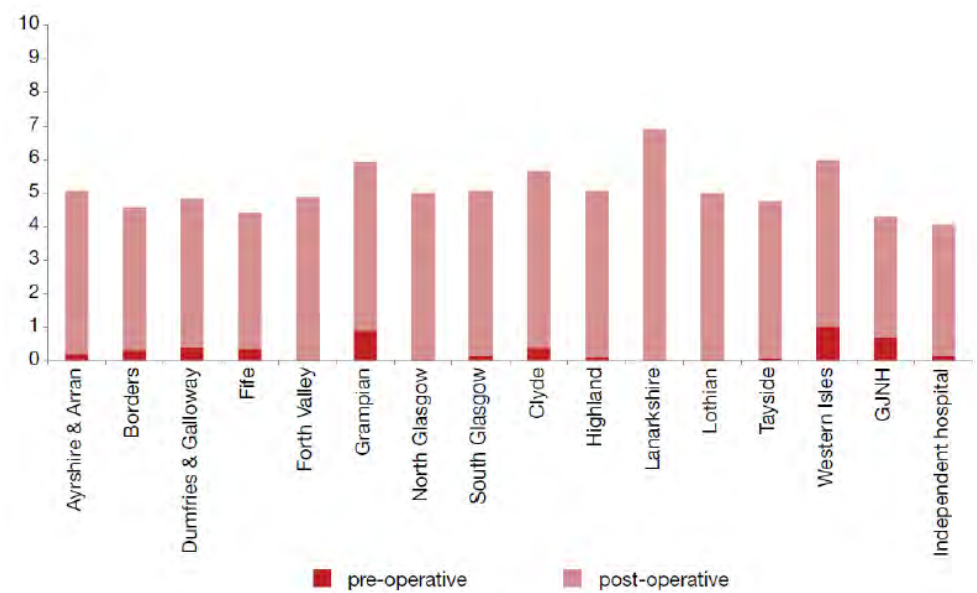
Figure 5 – Average (days) Pre/Post Operative Length Stay – Knee Replacements (2015)

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2.4.2   Patterns of Working

2.4.2.1 Theatres

Currently, surgery time runs from 09:00 to 17:00 Monday to Friday with additional provision **on Saturday's where demand dictates. Two 3.5 hour sessions are** scheduled each day. To provide a general perspective, 4 no. major joint operations can be performed in a day. There are 22 sessions running from Monday to Saturday and the Whole Time Equivalent (WTE) is 16.6 (currently short of 1.0 WTE based on number of sessions covered). There is little flexibility to provide additional theatre sessions to support new consultant appointments required to balance DCAQ and projected increased demand over next 20 years.

2.4.2.2 Outpatient Department

Total clinic room usage is summarised in the graph below. There are 91 sessions per week. The current job plans have a disproportionate number of sessions at the beginning of the week.

Pre assessment clinics currently accounts for 28 sessions of clinic room utilisation. These clinics run 5 days a week and require approximately 3-4 clinic rooms all day Monday to Friday.
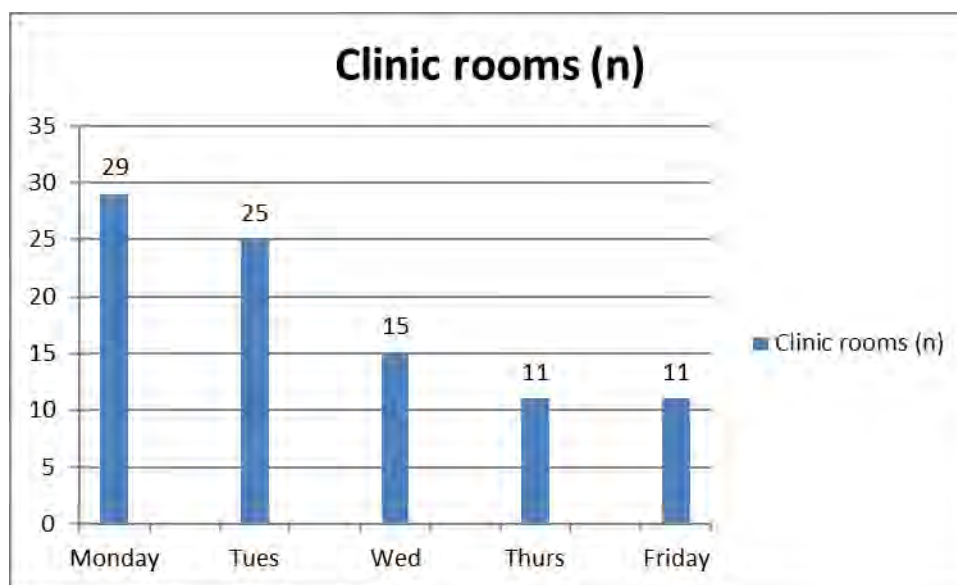
Figure 6 - Clinic room utilisation by day of the week. Each clinic room corresponds to a session (hrs) of clinical activity. Two sessions equates to a clinic room being utilised all day.

2.4.2.3 Wards

The wards facilitate orthopaedic theatre activity and function 24 hours per day, 7 days a week. The available bed numbers reduce from 24 to 16 at weekends. Currently the wards cater for inpatient activity predominantly (90%) as there is no dedicated support for day case activity.

2.4.3   Staffing

2.4.3.1 Theatre Staff

There are currently 22.04 whole time equivalent theatre staff, comprising:

- Band 7 – 1.00
- Band 6 – 1.00

- Band 5 – 11.88
- Band 4 – 0.00
- Band 3 – 2.76
- Band 2 – 0.00
- ODP theatres (band 5) – 2.90
- Anaesthetist – 2.5

2.4.3.2 Ward staff

There are currently 32.46 whole time equivalent ward staff, comprising:

- Band 7 – 1.00
- Band 6 – 1.00
- Band 5 – 17.96
- Band 4 – 0.00
- Band 3 – 1.00
- Band 2 – 6.22
- Physio / OT – 5.28

2.4.3.3 Consultants

There are currently 14.48 whole time equivalent orthopaedic consultants.

2.4.4   Existing Service Capacity

2.4.4.1 Theatres

Based on patterns of working and staffing noted under Section 2.4.2, the theatres are capable of accommodating 22 sessions per week. Two theatres run Monday to Friday (20 sessions) whilst one theatre operates on a Saturday (2 sessions).

No of theatres	Days per week	Sessions per day	Sessions available per week
2	5.5	2	22

Table 7 – Existing service capacity

2.4.4.2 Outpatient Department

Current OPD capacity for NP attendances based on clinic templates for 2018-2019 equate to 12,987 appointments. This includes NP appointments offered by all clinical staff (Cons, ESP, Podiatry, GPwSI). It also includes Virtual Fracture Clinic (VFC) NP referrals.

2.4.4.3 Wards

There is currently access to 24 beds within ward 10 made up of six 4-bedded bays. Capacity can be affected by male/female ratios. Furthermore, day cases are restricted and often fail to attain BADS targets (see Benefits Register) due to a lack of dedicated support suitable for day case facilities.

2.4.5 Existing Service Utilisation

2.4.5.1 Service Utilisation

The theatres and supporting ward accommodation currently run at capacity utilising the proportion of available hours. The table below demonstrates the utilisation rate for all specialities, the figures are an accumulation of both VHK and QMH activity.

Session Holder	June 2019		July 2019		August 2019	
	Unutilised Hours - %	Utilised Hours - %	Unutilised Hours - %	Utilised Hours - %	Unutilised Hours - %	Utilised Hours - %
Cardiology	16.9%	83.1%	7.9%	92.1%	7.6%	92.4%
Ear, Nose & Throat	14.3%	85.7%	15.3%	84.7%	11.7%	88.3%
General Surgery	-1.9%	101.9%	-0.3%	100.3%	-0.2%	100.2%
Gynaecology	3.3%	96.7%	13.2%	86.8%	5.3%	94.7%
Obstetrics	54.7%	45.3%	53.4%	46.6%	55.5%	44.5%
Ophthalmology	10.1%	89.9%	10.4%	89.6%	16.1%	83.9%
Oral-Maxillofacial Sugery	-2.9%	102.9%	-28.7%	128.7%	11.1%	88.9%
Paediatric Surgery	-5.0%	105.0%	-22.0%	122.0%	-1.1%	101.1%
Plastic Surgery	16.0%	84.0%	30.5%	69.5%	22.8%	77.2%
Respiratory Medicine	27.5%	72.5%	21.1%	78.9%	41.8%	58.2%
Trauma and Orthopaedics	-2.0%	102.0%	-0.1%	100.1%	1.0%	99.0%
Urology	6.0%	94.0%	0.9%	99.1%	11.6%	88.4%
Vascular Surgery	39.0%	61.0%	24.9%	75.1%	29.2%	70.8%
Total	17.2%	82.8%	17.5%	82.5%	20.4%	79.6%

Table 8 – Existing service utilisation

2.4.6 Future Projections

2.4.6.1 Theatre demand

Projected future sessional demand for elective surgical in-patient (IP) and day case (DC) activity within NHS Fife is set out below. It should be noted that IP care is currently provided from Victoria Hospital Kirkcaldy whilst DC procedures are delivered from Queen Margaret

Hospital in Dunfermline. A more detailed table providing context and assumptions used to project future demand is contained at Appendix C.

	Current	2025	2030	2035
Session demand	1,459	1,722	1,868	1,940
Percentage change	0%	18%	28%	33%

Table 9 - Projected future sessional demand for elective surgical activity

It can be seen that by 2035 it is projected that there will be a requirement for an additional 481 sessions representing an increase of 33% against current demand.

2.4.6.2 Outpatient demand

Future demand for OPD NP capacity formed part of the Regional Orthopaedics workgroups 2017-2018, where DCAQ activity for the South East Scotland (NHS Fife, NHS Borders and NHS Lothian) was calculated.

Population demographics described population expansion in all areas. Population expansion was expected to be greatest for the cohort of the population with age of greater than 65. This is important as it is this cohort who form the majority of referrals to MSK services for degenerative musculoskeletal problems. The population changes are described in fig. 6.
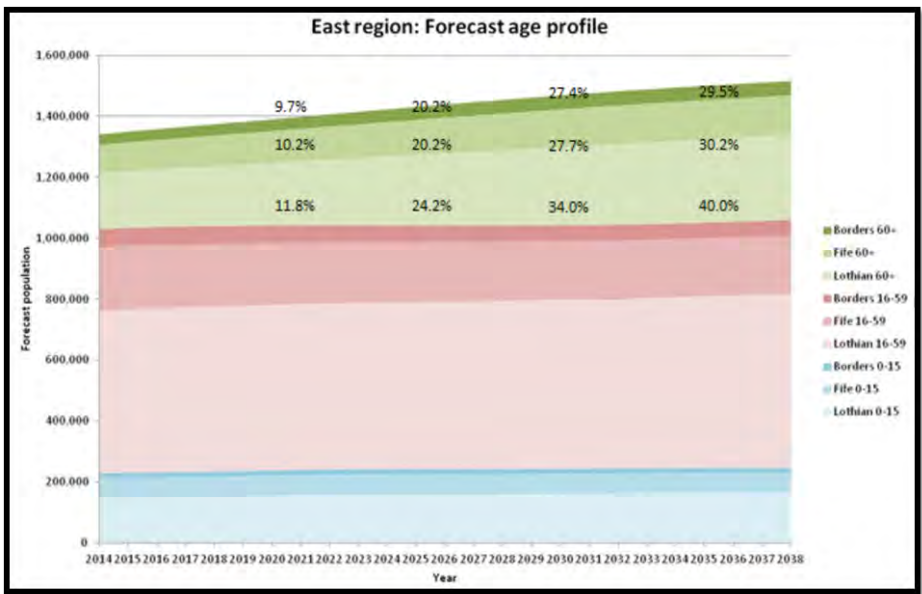
Figure 7 - East Region: Forecast Age profile (presented C Meyers, Acute Workstream Sub Group: Orthopaedic Project Group Workshop 6th Feb 2018)

This is expected to result in an increase in OPD New patient activity (Fig 7). An increase of approximately 6.5% to 10% can be anticipated over the next 20 years. This would equate to an additional 1-2 sessions of NP clinical activity per day across the MSK service if service was to continue to be delivered as it is currently.

Based on predicted growth of arthroplasty in the population >60 and growth in other demand including younger age groups, we feel this is likely to underestimate the increase in new patient attendances for NHS Fife. The true value is likely to be between the 6.5% increase and the 17% indicated for NHS Lothian. For the purpose of projections an increase of 10% is suggested.
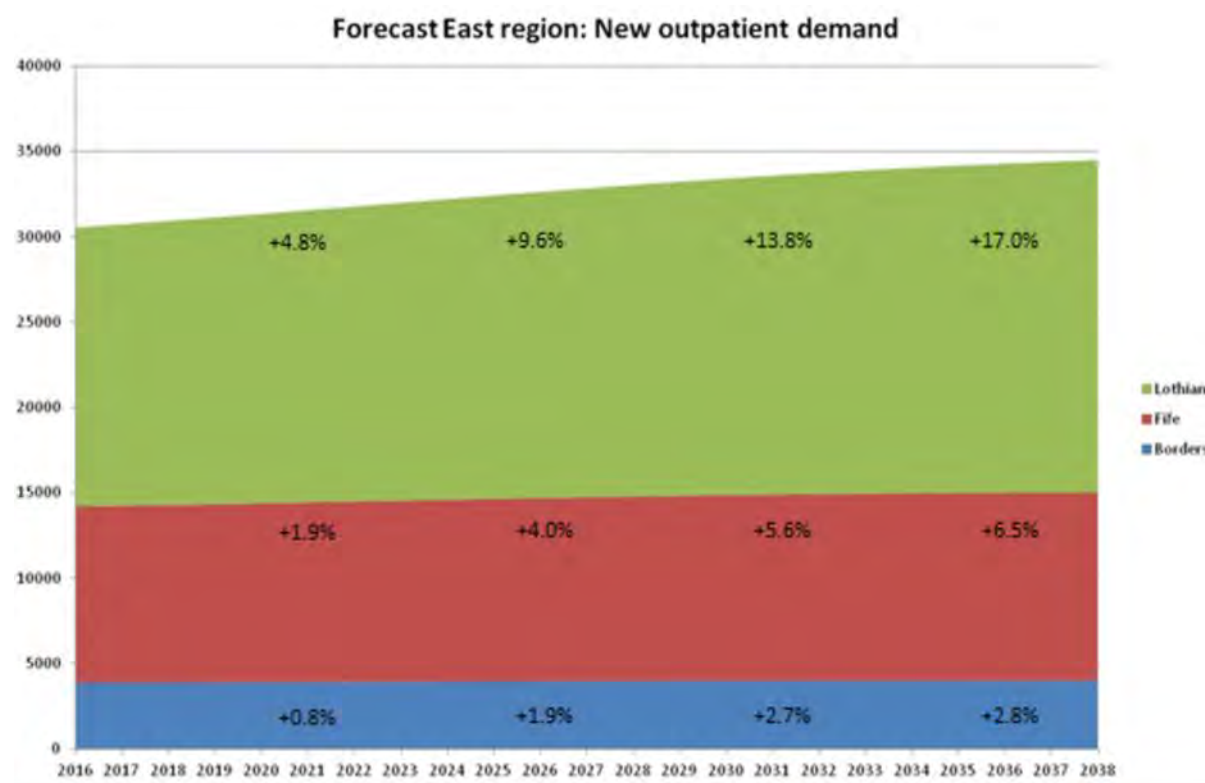
Figure 8 - Forecast East Region: new outpatient demand (presented C Meyers, Acute Workstream Sub-Group: Orthopaedic Project Group Workshop 6th Feb 2018).

2.4.6.3 Wards

Theatres plan to provide increased capacity by the provision of a third elective orthopaedic theatre. This will accommodate future demand for major joint surgery within NHS Fife over the next 20 years. These calculations are based on ISD projections for hip and knee arthroplasty (2017). Short term theatre utilisation will be attained by relocating day case Foot & ankle and arthroscopy lists to the Fife Elective Orthopaedic Centre.

In 2022, the Fife Elective Orthopaedic Centre will have a third theatre. This will accommodate hands which is largely a day case activity. Normally they require up to 10 day beds for a full day list. Therefore, the FEOC needs sufficient beds to accommodate:

1. Current and projected elective activity inpatient beds; and

2. A significant increase in day case activity through a dedicated area (arthroscopic procedures, F&A day case arthroplasty and other day case procedures).

Inpatient beds need to accommodate increased activity over the next 20 years, but with a decreased length of stay. In respect to total patient bed days it is assumed that these forecast

changes can be accommodated within the current footprint (24 beds). It is projected that an additional 9 beds will be adequate to accommodate increased day case activity over the next 20 years. A spilt of single beds and 4-bedded bays will enable inpatient capacity whilst offering flexibility for an increase in day case demand. This will provide a split area of 17 single rooms and a 4-bed. A further 3 4-bed bays will support a short stay facility. This will deliver a clinical space that has flexibility to deliver future service needs.

2.4.7 Service Performance

The service is able to demonstrate excellent performance data via a variety of local and national key performance indicators. A high-level overview of relevant performance data is set out below.

2.4.7.1 Getting it Right First Time (GIRFT)

A highly respected peer review (GIRFT NHS Fife Feedback Repot, 26 November 2015) acknowledged and commended the efficient use of orthopaedic theatres in Fife – "the Health Board should be commended for their orthopaedic advanced recovery programme".

2.4.7.2 Bed Optimisation

NHS Fife has lower than average orthopaedic (mixed emergency and elective) beds per consultant and lower beds per 100,000 population. Despite this the Board and Service are able to maintain excellent theatre efficiency.

Indicator	NHS Fife	Scotland
Available beds per consultant	4.6	5.4
Available beds per 100,000 population	16.4	23.2

Table 10 – Table 2: beds optimisation, T&O Dashboard Report

2.4.7.3 Treatment Time Guarantee (TTG)

As a result of current theatre efficiency, NHS Fife is able to demonstrate a significantly better performance than its peers in respect to meeting the **Scottish Government's** TTG for patients listed for surgery.

Indicator	NHS Fife	Scotland
% of patients not meeting 12 week TTG	0.8	21.7
% of patients not meeting 18 week TTG	9.2	21.5

Table 11 - Inpatient and day case capacity optimisation, T&O Dashboard Report

In respect to the outpatient department, NHS Fife currently performs well against Scottish outpatient waiting times standards. There is a 0.8% failure to meet the 12-week target. The national mean is 30.8%. In addition, NHS Fife has the lowest time to clear its outpatient queue in Scotland.

2.4.7.4 Theatre Capacity Optimisation

The Service is able to demonstrate superior efficiencies in theatre capacity optimisation when compared against its peers.

Indicator	NHS Fife	Scotland
Late starts (>15 min) as % of used theatre hours (scheduled planned sessions)	1.7	4.5
Theatre cancelled session time - % of planned session hours cancelled (scheduled planned sessions)	0	11.8

Table 12 – Table 4: Theatre capacity optimisation, T&O Dashboard Report

2.4.7.5 Workforce

For trauma and orthopaedic services, NHS Fife are able to demonstrate an efficient use of their workforce.

Indicator	NHS Fife	Scotland
Consultants per 100,000 population	3.5	4.5

Table 13 – Table 5: Trauma and orthopaedics WTE headcount, T&O Dashboard Report

2.5 Future Arrangements

2.5.1 Theatres

Referring back to Section 2.4.6.1, it was noted that by 2035 an additional 481 sessions will be required representing an increase of 33% against current demand.

In terms of total orthopaedic care within NHS Fife (IP and DC) there are currently 1,664 sessions available at 100% utilisation. A realistic percentage for session availability is considered to be 85%, therefore if one assumes that 1,414 sessions are available currently and the demand by 2035 is calling for 1,940 sessions then the deficit is 526 sessions. A theatre running 5 days a week for 52 weeks a year would provide 520 sessions. As a result there is considered to be a solid case supporting the requirement for a third theatre.

The above noted projections combine orthopaedic activity at VHK (IP) and QMH (DC). Further detail supporting this analysis can be found at Appendix C.

2.5.2 Wards

The clinical team are projecting a requirement for a further 9 beds which takes the ward accommodation from 24 beds to 33. This will support inpatient short stay surgical activity using a mixture of single rooms and 4-bed bays. The bays will form a short stay area.

2.5.3   Outpatient Department

It is anticipated that twelve consulting and four treatment rooms will provide the required capacity to deliver a centralised orthopaedic OPD services over the next 20 years.

Twelve consulting rooms will allow the majority of current activity to be accommodated, however in order to ensure sustainability of the OPD service over the next 20 years other strategies will be developed as part of the transition of services. It is recognised there will be an increase in OPD activity of approximately 10% over the next 20 years (see Section 2.4.6.2). These strategies will link into initiatives being proposed by the MSK Quality improvement Project in relation to how outpatient services in MSK are delivered. The aim of these strategies is to limit the number of patients who are required to attend for face to face consultant appointments. Strategies include:

- Active Clinical Referral Triage (ACRT): Patients are triaged by trained clinical staff, and where appropriate before patients are offered a face to face new patient appointment, the patient is provided with information which describes treatment options.

- Patient Initiated Follow up (PIFU): This allows patients to be discharged with guidance on how they can access secondary care again if there is a problem, rather than arranging a routine review.

- Remote Consultation via NHSNearMe: This is a video conferencing platform that can allow patient to access clinical appointment remotely by their phone or home PC.

2.5.4   Projected Staffing

Following on from the proposed increase in accommodation, initial staffing projections have also been contemplated and these are set out in the tables below. Staff increases will not be realised straight away, but are likely to be phased to meet demand from 2022 to 2035.

2.5.4.1 Theatres

	Current Staff (WTE)	Projected Staff (WTE)	Difference (WTE)
Band 7	1.00	1.00	0.00
Band 6	1.00	3.00	2.00
Band 5	11.88	16.35	4.47
Band 4	0.00	1.00	1.00
Band 3	2.76	3.56	0.80
Band 2	0.00	3.27	3.27
ODP Theatres – Band 5	2.90	4.37	1.47
Anaesthetist	2.5	3.75	1.25
Total	22.04	33.83	14.26

Table 14 - Theatre Staffing

2.5.4.2 Ward Staffing

	Current Staff (WTE)	Projected Staff (WTE)	Difference (WTE)
Band 7	1.00	1.00	0.00
Band 6	1.00	1.00	0.00
Band 5	17.96	24.13	6.17
Band 4	0.00	0.00	0.00
Band 3	1.00	1.00	0.00
Band 2	6.22	15.81	9.59
Physio / OT	5.28	8.50	3.22
Total	32.46	51.44	18.98

Table 15 - Ward staffing

2.5.4.3 Consultants

Current Staff (WTE)	Projected Staff (WTE)	Difference (WTE)
14.48	16.48	2

Table 16 - Consultant staffing

2.5.4.4 Outpatients

Outpatient staff currently work on a rotational basis across the services. Moving forward there will be an element of staff relocation from Queen Margret Hospital together with an anticipated marginal uplift to meet demand. This uplift has been factored into the revenue costs within the financial case.

2.6 Service Provider

The service is currently provided exclusively by NHS Fife.

2.7 Condition and Performance

2.7.1 Condition

The condition of the existing facilities from where the service is provided is commensurate with the age of the building and supporting infrastructure. The building was erected in 1967 and the last major refurbishment took place circa 20 years ago. The internal fabric of the facilities are showing signs of age which requires to be replenished. The external fabric is in extremely poor condition having reached the end of its useful life. The replacement of the curtain walling would be a significant and costly undertaking due to the location of the tower block within the site.

- Internal fabric condition rating: B (acceptable) / C (requires capital)
- External fabric condition rating: D (not acceptable)

The primary supporting infrastructure (electrical and mechanical) within the tower block is reaching the end of its useful life and requires to be replaced. There are now a number of recurring environmental problems arising from the tower block infrastructure – flooding/leaks and electrical issues. These will continue to occur regardless of any localised upgrade undertaken. Intermittently the service has lost activity within theatres due to drainage problems. In respect to the existing arrangements, it is considered that there is no sustainable solution for this service to be provided from the tower block in the medium to longer term. Meanwhile the current conditions represent a significant threat to service continuity.

- Engineering condition rating: D (not acceptable)

2.7.2 Safety

The facilities are generally considered to be safe when taking recent HAI reports into consideration. Safety performance is considered to be achieved through good management and staff commitment in respect to following mandated processes and procedures. The building fabric and layout does not currently maximise opportunities to support the provision of a safe environment in which to treat patients effectively. This is evidenced via the following statements and photograph.

- The bed accommodation within the wards is provided via open plan bays off the main corridors which is not conducive to best practice infection control;

- The scrub area within the theatres is open plan and can be viewed from the theatre main reception area (Figure 9); and

- The laminar flow within theatres it currently too small to enable all of the trays to be accommodated within the clean air flow.
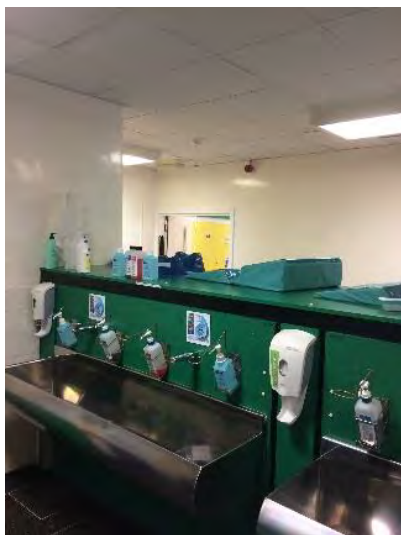
Figure 10 - Scrub area

Figure 9 - Existing bed accommodation

2.7.3 Backlog Maintenance

The summary in respect to the current back-log for the theatres and the ward accommodation is outlined below.

Theatres	£1.185m
Ward 10	£0.954m
Total	£2.139m

Table 17 - Backlog maintenance

The estimated capital cost to deal with significant clinical backlog within the tower block is £36.5m, of which £21.4m relates to repairing the external fabric which has reached the end of its life.

2.7.4 Functional Suitability

The ward and theatres may have been functionally suitable at a point in time, however the facilities are now inhibited on a number of fronts.

The patient journey from the ward to the theatre and vice-versa is functionally unsuitable as there is a bottle-neck when patients arrive at the theatre reception. Patients arriving have to be parked to the side whilst outgoing patients pass-by. There is a privacy curtain, however the current situation does little to contribute towards patient assurance and dignity. Furthermore this staggered approach to patient arrival and departure is inefficient where time is lost transferring patients affecting theatre productivity.

Figure 11 - Lifts to theatre (congested)   *Figure 12 - Theatre reception lobby*

With advances in surgery and complexities in revision surgery, the theatres area is no longer suitable or compliant in terms of current technical guidance in respect to size. This means that currently the area of the laminar flow is too small to allow all of the trays to be accommodated inside the clean air flow. To mitigate this stacking arrangements are used which is inefficient. In addition, circulating areas are also less than recommended. There is a general lack of storage within the theatre accommodation. The effect is that storage has to be found in rooms/spaces that were not designed for this purpose. The knock on effect is that rooms and corridors are cluttered contributing towards inefficiencies in these spaces.

Figure 14 - Existing theatre

Figure 13 - Circulation storage

2.7.5 Space Utilisation

Both the ward and theatre accommodation is currently running at capacity and the space is fully utilised to meet this demand.

2.7.6 AEDET Review of Existing Facilities

An AEDET review of the existing facilities was undertaken where the Stakeholders considered the facilities against the predefined scoring criteria. A summary of the scoring is set out in fig. 14 below.

Note: scoring ranges from "1 – virtually no agreement" to "6 – virtually total agreement".

Category	Benchmark
Use	2.5
Access	2.0
Space	2.0
Performance	1.7
Engineering	2.2
Construction	0.0
Character & Innovation	1.7
Form & Materials	1.8
Staff & Patient Environment	2.1
Urban & Social Integration	1.0

Table 18 - AEDET Benchmark

A score of 3 is "little agreement". It can be seen that all of the scores are 2.5 or less which demonstrates that in the Stakeholder's collective view, the existing facilities are below expectations across all categories.

2.8   Supporting Statement

The current services are still needed and they need to be provided in a similar manner to build upon what is an excellent and efficient service, serving the community of Fife. Wide ranging options were considered as part of the option appraisal exercise and this process helped to reinforce this view.

If the current arrangement is maintained with little or no investment, then there will be significant risks in respect to safety and service continuity due to the condition of the existing accommodation and supporting infrastructure. The VHK tower block is unsustainable as a clinical environment over the longer term, therefore a strategy is required to decant clinical activity to environments that are more suitable. In addition to service risk, the current arrangements fail to contribute sufficiently towards patient dignity and theatre access flows are inefficient counteracting against what is otherwise a very efficient high performing service.

This business case was initially conceived in response to dealing with the condition of the current environment. The problems flowing from the existing situation are not currently performance, demand/supply or patient pathway related. It is more concerned with improving the current condition, functionality and safety of the environment whilst considering other opportunities arising from this principle requirement. In taking forward this investment proposal the following opportunities are being incorporated:

- To increase capacity to cope with future demand on the service.

- To create a standalone Fife Elective Orthopaedic Centre incorporating theatres, inpatients and outpatients.

3 Strategic Context

3.1 The Need for Change

3.1.1 Problems Associated with the Current Arrangements

The problems associated with the current arrangements all primarily flow from the condition and performance of the current facilities as set-out and described in Section 2.7. In addition the key needs for change are summarised within the Strategic Assessment which is contained as Appendix A. A summary of the need for change is outlined below.

What is the cause of the need for change?	What effect is it having, or likely to have, on the organisation?	Why action now:
Current ward provision does not support infection control, safety and the overarching strategy to move towards single room accommodation for inpatients.	Existing arrangements are contributing towards increased levels of infection risk.	To mitigate the existing risk and in doing so seek to contribute towards NHS **Scotland's policy of providing** single room accommodation across the NHS Estate.
Current ward provision does not reflect the increasing requirement for short-stay facilities in the delivery of orthopaedic services.	Current ward provision lacks flexibility to meet future demand.	To provide a sustainable flexible service to meet future demand.
Current accommodation does not support effective patient pathways / flow with bottle-necks arising. Situation affects efficiency of service provision.	Whilst the service is very efficient making the best of the existing situation, the current arrangements are affectin**g the service's ability** to maximise its potential.	With demand for elective orthopaedic procedures set to increase in the future, any additional efficiencies that can be created maximising supply will be of benefit in protecting the sustainability of the service over the longer term.
Current provision compromises patient dignity and quality of experience overall.	The existing situation contributes towards a negative perception from patients diminishing the quality of work/care administered by staff.	Person Centred care is one of NHS Scotland**'s** strategic investment priorities with **"positive experiences"** and **"dignity"** at the core.
Condition of existing facilities are below the required standard to support the service over the longer term.	Space constraints are affecting the services potential to work more efficiently and the existing fabric/infrastructure has and will continue to cause disruptions to service continuity.	Building condition and performance risks will continue to deteriorate if action isn**'t taken now.**

Table 19 – Summarising the Need for Change

3.1.2   Opportunities for Improvement

Opportunities for improvement relate to aspects of the current arrangements that are not necessarily causing a problem but may still present an opportunity to improve as a consequence of instigating the investment proposal. Potential opportunities are noted below.

1. Increased supply through additional beds and/or theatres protecting supply v demand over the longer term;

2. An increase in beds and/or theatres, may permit additional capacity and flexibility for trauma and/ or day case orthopaedic procedures

3. Through increasing supply to meet local future projected demand it may be possible to reduce strain on services from a Regional perspective.

4. A significant increase in capacity may be able to do all of the above plus offer Regional utilisation (i.e. use by other Boards).

5. **There may be an opportunity to improve the Board's quality of estate generally by removing** clinical care from the VHK tower block. This is turn would assist with the strategy of removing clinical services from the tower block to enable a tower block option appraisal to be conducted.

6. There is an o**pportunity to "spend to save". A** refurbishment or new-build option could omit the requirement for back-log costs in the order of £2m overall.

7. There is an opportunity to create a dedicated Fife Elective Orthopaedic Centre incorporating theatres, wards, outpatients and pre-assessment.

The above noted opportunities were considered as part of the option appraisal exercise and have been reflected within the 5 no. shortlisted options where appropriate.

3.1.3   Other Drivers for Change

National, local and service strategies are also contributing towards the need for change. Key strategies are outlined below:

3.1.3.1 *National Strategies*

▪ The Healthcare Quality Strategy for NHSScotland, May 2010: Quality Ambitions include **"safe" and "effective"** care.

▪ 2020 Vision for Health and Social Care: the 2020 vision describes a healthcare system where **"care will be prov**ided to the highest standards of quality and **safety" and where "there wil**l be a focus on ensuring that people get back into their home or community **environment as soon as appropriate, with minimal risk to readmission".**

3.1.3.2 *Local Strategies*

▪ NHS Fife Clinical Strategy, 2016: the strategy discusses the intention to continue the ongoing review into theatre efficiency across all sites (i.e. increase efficiencies within the current capacity). For elective orthopaedics this many involve investigating options for seven day working and longer days whilst continuing to protect beds. The strategy also **mentions the requirement for "efficient, fit**-for-**purpose facilities" and** the intention to **"reconfigure the estate to provide safe, high quality, person centred care from the** most suitable loca**tions".**

3.1.3.3 *Service Strategies & Reports*

▪ GIRFT, Trauma and Orthopaedic ACCESS Review, March 2016 (for NHSScotland): the report focuses on sustainably embedding quality patient pathways of care, optimising the use of existing capacity (theatres and beds), determining if there is sufficient capacity and

addressing gaps to deliver safe and timely care for patients now and in the future – having the services in the right place with the patient at the centre.

▪ MSK and Orthopaedic Quality Drive: five priority work-strands, each with a clinical evidence/best practice base, have been identified to have the greatest impact. The work-strands relevant to theatre redesign are:

  ▪ *Enhanced Recovery - Optimising patient recovery after joint replacement*

  ▪ *Demand and Capacity Planning and Management - Supporting strategic and operational decisions*

▪ GIRFT, Trauma and Orthopaedic ACCESS Review, November 2015 (for NHS Fife): The report **commends the Board's orthopaedic enhanced recovery programme, acknowledging the** efficient use of the theatres. However the report also notes the risks to theatre efficiency over the longer term due to the age of the existing facilities.

3.2 **Organisation's Goals**

3.2.1 Investment Objectives

The existing arrangements and the associated need for change have been set in previous Sections. The table below summarises the key problems flowing from the current arrangements together with what needs to be achieved to overcome these problems – i.e. investment objectives.

Effect of the need for change on the organisation:	What has to be achieved to deliver the necessary change? (Investment Objectives)
Existing arrangements are contributing towards increased levels of infection risk.	Maintain infection control and improve safety risk.
Whilst the service is very efficient making the best of the existing accommodation, the current arrangements are affecting the **service's ability to maximise its potential.**	Improve patient pathways / flows.
The existing environment contributes towards a negative perception from patients which potentially may lead to reputational damage for the Board.	Improve patient perception.
Space constraints are affecting the services potential to work more efficiently and the existing fabric/infrastructure has and will continue to cause disruptions to service continuity.	Improve accommodation in respect to space standards and physical condition.

Table 20 - Investment Objectives

Each of the identified investment objectives is described in further detail below outlining how they may be achieved.

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3.2.1.1 Improve Infection Control and Safety Risk

This investment objective could be achieved by improving the condition of the facilities, utilising best practice finishes, fixtures and fittings to achieve a modern environment that can be cleaned and maintained efficiently. In addition functionality of rooms and spaces can be improved to reduce infection risk – as discussed previously single room accommodation and segregated scrub areas are key examples of where improvement can be sought.

3.2.1.2 Improve Patient Pathways / Flows

This can be achieved by reviewing the accommodation requirements and planning spatial adjacencies in such a way that maximises efficiencies in respect to the patient throughput. The patient journey from the ward to theatre and vice-versa will be important considerations.

3.2.1.3 Improve Patient Perception

This objective can be realised by improving the condition of the facilities generally and by planning the accommodation, flows and adjacencies in such a way that patient dignity can be respected in a passive manner.

3.2.1.4 Improve Accommodation in Respect to Space Standards and Physical Condition

This can be achieved ensuring that any new facilities are designed and constructed in accordance with current healthcare guidance in respect to space planning and technical requirements.

3.2.2 Benefits

If the investment objectives can successfully be realised then it is anticipated that the associated benefits will also be generated.

A summary of the key benefits flowing from the investment objective is outlined below:

- Positive patient experience and dignity respected;
- Maintain support to allow people to live independently, together with life quality;
- Improves the healthcare state (condition, sustainability, quality, perception, statutory, back-log and lifecycle);
- Minimises readmissions (post operation complications) and optimises timely discharge;
- Optimises resource usage (theatre and bed utilisation);
- Maintains excellent HAI standards and improves patient safety; and
- Community benefits flowing from the need for a project necessary to implement the changes.

The Benefits Register is located at Appendix K and the Benefits Realisation Plan can be found at Appendix L.

3.2.3 Risks

Risk is now covered within the Commercial Case (Section 5) and Management Case (Section 7). The project's Risk Register can be found at Appendix O.

3.2.4   Constraints and Dependencies

3.2.4.1 Constraints

Constraints are limitations on the investment proposal. Key constraints relating to this particular investment proposal are noted below:

- Financial – given the current climate it is recognised that the project is likely to be constrained financially. Once the project budget it is set, the project will require to be delivered within this.

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

- Quality – the project will require to comply with all applicable healthcare guidance and achieve the AEDET pre-defined target criteria across all categories.

- Sustainability – as the preferred option is a new-build there will be a requirement to achieve **BREEAM "Excellent".**

- Site – as the preferred option is within a live environment, delivery of the project may be restricted and constrained depending on the preferred location. Careful planning will be required to plan how the project can be delivered efficiently and safely with minimal disturbance to adjacent areas of the hospital.

3.2.4.2 Dependencies

Dependencies are where action from others is required to ensure success of the investment proposal.

The preferred option is a new-build facility at Victoria Hospital Kirkcaldy. The new facility will be constructed on existing car parking spaces in order to provide a physical connection to the existing building for an ICU adjacency. The car parking spaces will be re-pro**vided at Whyteman'**s Brae and must be in place in advance of the main building works to ensure there is no deficit in parking provision.

This car park enabling project is considered to be the only dependency project, however it is controlled by the Project Team helping to mitigate any associated programme risk.

4 Economic Case

4.1 Introduction

The purpose of the Economic Case is to undertake a detailed analysis of the costs and benefits of a short list of options, including a do nothing and/or do minimum option, for implementing the preferred strategic / service solution(s) identified within the IA.

The objective is to demonstrate the relative value for money of the chosen option in delivering the required outcomes and services.

4.2 Revisiting the Economic Case

Since OBC, the Economic Case has been updated as follows:

- Section 4.3 – has been updated to reflect the status of Stakeholder Engagement at FBC.
- The option costs, scoring and sensitivity analysis has been updated to reflect the final position at FBC. Option 5 continues to be the preferred option.

4.3 Stakeholder Engagement

An important aspect of considering options and developing them in subsequent business case stages is Stakeholder engagement. The following table summarises the current status in respect to Stakeholder engagement for the project.

Stakeholder Group	Engagement	Support
Patients / service users	Patient and service user engagement has been obtained through the initial design briefing process where participants were invited to provide views on the important characteristics of the proposed facility from their perspective. This helped to inform the Design Statement from a patient / service user perspective. More recently patients / service users have been involved in the subsequent AEDET workshops at OBC and FBC. These workshops allowed for the design proposals to be reviewed and assessed against the Design Statement. AEDET then allows the design proposals to be assessed and scored.	The AEDET scores at OBC and FBC, demonstrate that the design has successfully responded to the Design Statement receiving wide stakeholder support from patients / service users and staff. Refer to the Commercial Case for a summary of the AEDET scores.
General public	Public consultation was required as part of the statutory planning process. This involved publicly consultation event in multiple local newspapers. Two public consultation events were held on 28 January 2020 and 11 February 2020.	Despite robust advertising across Fife, the two events were not well attended. For those who did attend, no adverse comments were received on the proposals. The lack of attendance/interest is possibly be due to the service

Stakeholder Group	Engagement	Support
		remaining at Victoria Hospital. In addition, the proposed development is within the vicinity of the existing hospital site with no / limited impact on adjacent developments.
Staff / resources	Staff are well represented at Project Board and Project Team level. Staff representatives have been heavily involved in the project from inception all the way through to completion of the FBC. To date they have been involved in: ▪ Creation of the design statement ▪ 1:500 (site/departmental adjacency) workshops ▪ 1:200 (room adjacency) workshops ▪ 1:50 room layout workshops ▪ AEDET (design review) workshops ▪ HAI SCRIBE workshops ▪ Monthly Project Team meetings ▪ Technical workshops (multiple)	Due to the engaging and iterative design process, staff have been involved all the way through the design process. Their comments have been reviewed and incorporated into the design proposals where appropriate. Meeting notes and comment trackers have been generated to record this process.
Other key stakeholders and partners	HFS and A+DS have been involved all the way through the process. They were initially involved in assisting with the development of the design statement. They were then involved in reviewing the design information at OBC and FBC in line with the NDAP process map. More recently, the project has been asked to participate in the new "design quality assurance" review process. The initial meeting in respect to this initiative was on 31 August 2020.	Subject to a number of recommendations, NDAP were supportive of the project at OBC and praised how the Project Team went about integrating them into the process to develop BREEAM targets etc. NDAP were also supportive of the project at FBC subject to six key observations being purified (refer to the Commercial Case for further information).

Stakeholder Group	Engagement	Support

Table 21 – Stakeholder engagement

4.4 Long List of Options

A Stakeholder workshop was arranged to review a long list of possible options. Options were generated against 3 no. headings:

- Scope of Services
- Service Solution
- Potential Delivery Options

The feasibility of the options were considered and either noted as **"preferred", "possible" or "discounted".** For detail in respect to the long list of options considered, please refer to Appendix D.

In contemplating the long list of options against the needs for change and investment objectives, the Stakeholders also considered the opportunities arising through contemplating change. Whilst the fundamental initial need for change could be tackled by providing like for like facilities it was considered to be remiss not to take cognisance of future orthopaedic care requirements and what this might mean in terms of demand and supply. A decision was taken to present this business case on the basis of re-provision whilst taking advantage of the opportunity to plan for future demand. Whilst this will result in an increase in accommodation, staffing and overall affordability, the key benefits are as follows:

- Additional accommodation would provide NHS Fife with additional surgical capacity to manage NHS Fife patients locally now and well into the future;
- The theatres would be used flexibly offering in-patient and day case capacity;
- It is important to maintain a robust core orthopaedic service (i.e. provision of care for low volume complex work such as ankle replacements, shoulder replacements, elbow replacements). This will support the increasing trauma demand for fragility fractures over the next 20 years; and
- A robust orthopaedic service within Fife will reduce strain on any interconnected Regional offer.

In addition to building in capacity to meet future demand, the opportunity to develop a standalone Fife Elective Orthopaedic Centre was pursued. This involves providing theatres, inpatients and outpatient services via one standalone facility.

4.5 Short List of Options

From the long list of options, the Stakeholders subsequently consolidated a blend of feasible options to arrive at a shortlist of five main options. The shortlist of options were considered in detail, together with their advantages and disadvantages and to what extent they met the investment objectives. High level affordability was also considered before determining whether **the shot listed option was "preferred", "possible" or "rejected". All of the detail in respect to** the option appraisal is clearly set out in Appendix D, however a high-level summary is provided below for ease of reference.

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Option	Description	Meets Investment Objectives?	Preferred / Possible / Rejected
Option 1 - Do minimum (as existing)	Elective orthopaedic centre as per current arrangements	No	Rejected
Option 2 – Refurbishment of existing	Elective orthopaedic centre as per current arrangements provided from its current location	Partially but not sufficiently	Rejected
Option 3 – Refurbish other estate at VHK	Services to be provided at VHK within a refurbished area of the existing Estate Elective orthopaedic centre as per current arrangements but with added capacity to meet future local service demand projections	Partially	Possible
Option 4 – VHK modular new-build	Service would be provided within a dedicated new modular building on the VHK site. Elective orthopaedic centre as per current arrangements but with added capacity to meet future service demand projections	Yes, but not to the same extent as option 5	Rejected
Option 5 – VHK new-build	Service would be provided within a dedicated traditional new building on the VHK site. Elective orthopaedic centre as per current arrangements but with added capacity to meet future service demand projections	Fully	Preferred

Table 22 - Shortlist of options

4.5.1   Option 1 – do minimum (as existing)

This option is the base option where the existing service would be provided in the same way from the same facilities. It is considered that some work (minimal) would be required to improve the existing condition of the facilities, however this would not be sufficient to overcome the wider systemic issues present within the VHK tower block which is no longer fit for clinical use as a consequence of risks within the existing supporting infrastructure which cannot be resolved locally. In addition, this option fails to realise the opportunity to remove clinical services from **the tower block, restricting the Board's ability to consider longer term** options for the tower block within the context of the site masterplan. Option 1 does not sufficiently deal with the needs for change or meet the investment objectives and thus has been discounted.

4.5.2 Option 2 – refurbishment of existing

This option is similar to option 1, in that the existing services would continue to be provided in the same way from the same facilities. The existing accommodation would undergo a more significant refurbishment under this option which would go some way to improving conditions at least in the short term. Ongoing risks with the VHK tower block would continue to threaten service provision under this option and it is considered that the existing footprint would do little to improve accommodation adjacencies or space standards. In addition, this option fails to realise the opportunity to remove clinical services from the tower block, restricting the Board's ability to consider longer term options for the tower block within the context of the site masterplan. Option 2 does not sufficiently deal with the needs for change or meet the investment objectives and thus has been discounted.

4.5.3 Option 3 – refurbish other estate at VHK

This option is based on the same service but anticipates additional accommodation to meet local future demand projections. Additional capacity will also help the orthopaedic service to work more flexibly servicing in-patient and day case to meet spikes in demand. The accommodation would be offered through refurbishment of the Board's existing assets elsewhere within the VHK estate. Space has been identified at Phase 1 of the hospital that would be suitable for refurbishment, however the space is inadequate to accommodate a third theatre, additional ward space and supporting accommodation. This option is the best in terms of utilising the Board's existing estate and reducing back-log, however decant and space re-provision costs would need to be offset against this benefit. This option would assist with enabling clinical services to be removed from the tower block and this is of value to the Board in the context of the long-term site masterplan at VHK. This option overall is worthy of consideration for a like for like service solution. However, in contemplating additional accommodation to meet future demand, this option is inadequate as sufficient and suitable space is not available.

4.5.4 Option 4 – VHK modular new-build

This option is based on the same service but anticipates additional accommodation to meet local future demand projections. Additional capacity will also help the orthopaedic service to work more flexibly servicing in-patient and day case to meet spikes in demand. This option would assist with enabling clinical services to be removed from the tower block and this is of value to the Board in the context of the long-term site masterplan at VHK. The accommodation would be offered through a modular new building at VHK. This option is quite attractive in that it meets most of the investment objectives and being modular could be delivered more quickly than a conventional building. Although the quality of modular buildings have improved in recent years there is a concern that a modular facility would not offer the required quality over the longer term (FM and lifecycle) when compared to a conventional building and being modular compromises might require to be accepted in terms of the design, layout, future flexibility and adjacencies. Initial cost projects also suggest that a modular building might be more expensive than a traditional building due to the scale. This option is a possibility but due to compromises on quality and initial cost projections it has been discounted.

4.5.5 Option 5 – VHK new-build

This option is based on the same services but anticipates additional accommodation to meet local future demand projections. Additional capacity will also help the orthopaedic service to work more flexibly servicing in-patient and day case to meet spikes in demand. This option would assist with enabling clinical services to be removed from the tower block and this is of value to the Board in the context of the long-term site masterplan at VHK. The accommodation would be offered through a conventional new building at VHK. The option would meet all of the

investment objectives and stands the best chance of realising all of the briefing criteria set out within the Design Statement. It is the second most expensive option, but money spent on this option will not be compromised to the same extent that it might be if another option was to be pursued – as such it is the preferred option.

4.6   Indicative Costs

Indicative costs for each of the proposed solutions is demonstrated in the table below. The costs noted within the table have been updated for FBC purposes. The area (GIFA) noted for options 3-5 has also been updated at FBC and equalised for comparative purposes.

Description	Option 1	Option 2	Option 3	Option 4	Option 5
	As existing (GIFA – 1,992m/2	Refurb. of existing asset GIFA – 1,992m/2	Refurb of other asset GIFA – 6,303m/2	New-build modular (GIFA – 6,303/2	New-build traditional (GIFA – 6,303m/2
Capital cost	£63,386	£12,154,400	£27,133,495	£46,995,526	£33,199,596
Life cycle costs (60 years)	£78,036	£15,298,713	£33,001,095	£78,740,876	£14,958,500
Operating costs (FM) (60 years)	£569,737,148	£595,033,670	£774,442,873	£833,466,335	£762,758,403
Estimated net present value of costs (60 years)	£240,969,592	£254,764,650	£323,103,580	£354,534,630	£325,335,195

Table 23 - Indicative costs

The net present value/cost has been calculated using discounted cash flow techniques on the capital and revenue costs associated with the options as entered into the generic economic model (GEM).

4.7 Option Appraisal

The non-financial benefits for the options are measured against cost estimates to identify which option represents best value for money.

4.7.1 Benefits Criteria and Weightings

The benefits criteria and associated weightings were established at a workshop in August 2019. Service Leads, the Clinical Lead and Service Manager were in attendance. The table provided below summarises the benefits and agreed weightings.

Benefit	Weighting (%)
Positive patient experience and dignity respected	20
Maintain support to allow people to live independently together with life quality	10
Improves the healthcare estate (condition, quality, perception, statutory, back-log and lifecycle)	20
Minimises readmissions (post operation complications) and optimises timely discharge	15
Optimises resource usage (theatre and bed utilisation)	15
Improves HAI and patient safety	15
Community benefits	5
	100

Table 24 - Benefits and weightings

4.7.2 Option Scoring

Following the exercise to weight the benefits, the group systematically scored the options using a scale of 0 to 20. A score of 0 indicates that the option offers no benefits at all in terms of the relevant criterion, while a score of +20 indicates that it represents some "maximum" or "ideal" level of performance. Scores between 0 and +20 indicate intermediate levels of performance. Net scoring of the options prior to applying the benefit weighting criteria is presented in the table below.

Benefit	Option 1	Option 2	Option 3	Option 4	Option 5
	As Existing	Refurb. Existing	Refurb other	Modular	New build
Positive patient experience and dignity respected	5	7	10	13	20
Maintain support to allow people to live independently together with life quality	15	15	16	19	20
Improves the healthcare estate (condition, quality, perception, statutory, back-log and lifecycle)	0	2	12	18	20
Minimises readmissions (post operation complications) and optimises timely discharge	12	12	18	20	20
Optimises resource usage (theatre and bed utilisation)	5	5	12	20	20
Improves HAI and patient safety	2	4	10	20	20
Community benefits	2	3	10	15	20
Total	41	48	88	125	140
Rank	5th	4th	3rd	2nd	1st

Table 25 - Non financial benefits scoring (net scores)

The net scores were then multiplied by the agreed benefit weighting criteria to arrive at a total weighted score. The results are summarised in the table below:

Benefit	Option 1	Option 2	Option 3	Option 4	Option 5
	As Existing	Refurb. Existing	Refurb other	Modular	New build
Positive patient experience and dignity respected	100	140	200	260	400
Maintain support to allow people to live independently together with life quality	150	150	160	190	200
Improves the healthcare estate (condition, quality, perception, statutory, back-log and lifecycle)	0	40	240	360	400
Minimises readmissions (post operation complications) and optimises timely discharge	180	180	270	300	300
Optimises resource usage (theatre and bed utilisation)	75	75	180	300	300
Improves HAI and patient safety	30	60	150	300	300
Community benefits	10	15	50	75	100
Total	545	660	1,250	1,785	2,000
Rank	5th	4th	3rd	2nd	1st

Table 26 - Non financial benefits scoring (weighted scores)

4.7.3 The Preferred Option

This section presents the case for the selection of the preferred option. The first step merges the results of the NPV/NPC calculations and non-financial benefits. In line with HM Treasury guidance, the NPC is divided by the weighted benefits (WBP) score to determine the cost per benefit point for each option.

	Option 1	Option 2	Option 3	Option 4	Option 5
	As Existing	Refurb. Existing	Refurb other	Modular	New build
Net Present Cost (NPC) - £m	240.9	254.8	323.1	354.5	325.3
Weighted Benefit Points (WBP)	545	660	1,250	1,785	2,000
NPC per WBP - £000	442	386	258	199	163
Rank	5th	4th	3rd	2nd	1st

Table 27 - Cost per benefit point for each option

These results demonstrate that although option 5 has second highest NPC, it has the highest WBP and also the lowest cost of providing each weighted benefit point. Option 5 is therefore confirmed as the preferred option.

4.8 Sensitivity Analysis

Sensitivity analysis is a technique used to assess the impact of uncertainty over the assumptions being made within the evaluation. The basic procedure is to alter an assumption and recalculate the NPC for each option, to test how these uncertainties may affect the choice between options. This tests the rigour of the appraisal conclusions to consider how options are affected relative to each other by reasonable variations in each assumption.

Sensitivity analysis of both costs and non-financial benefits has been carried out to understand how reactive the results are to change in the underlying assumptions. This tests whether changes to any of the capital or revenue costs have a significant impact on the option rankings. The following scenarios/tests were undertaken for each option:

▪ Capital costs increased/reduced by 20%; and

▪ Service costs increased/reduced by 20%.

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Sensitivity Scenario	Option 1		Option 2		Option 3		Option 4		Option 5	
	NPC per WBP £000	Rank	NPC per WBP £000	Rank	NPC per WBP £000	Rank	NPC per WBP £000	Rank	NPC per WBP £000	Rank
No changes	442	5	386	4	258	3	199	2	163	1
Capital costs increased by 20%	442	5	390	4	263	3	206	2	166	1
Capital costs decreased by 20%	442	5	382	4	254	3	192	2	160	1
Service costs increased by 20%	531	5	459	4	305	3	231	2	192	1
Service costs decreased by 20%	442	5	382	4	254	3	192	2	160	1

Table 28 - Sensitivity Analysis (costs)

The ranking is unchanged in all cases and Option 5 remains ranked above all other options.

Sensitivity analysis has also been undertaken in relation to the changes in the weights and scores used to evaluate non-financial benefits. The following scenarios have been evaluated:

- Equal weighting applied to all criteria; and
- Scores with the highest weighted criterion excluded.

Sensitivity Scenario	Option 1		Option 2		Option 3		Option 4		Option 5	
	NPC per WBP £000	Rank	NPC per WBP £000	Rank	NPC per WBP £000	Rank	NPC per WBP £000	Rank	NPC per WBP £000	Rank
No changes	416	5	359	4	240	3	189	2	151	1
Equal weight	421	5	377	4	259	3	204	2	164	1
Exclude top rank score	544	5	527	4	394	3	307	2	268	1

Table 29 - Sensitivity analysis non-financial benefits

The ranking is unchanged in all cases and Option 5 remains ranked above all other options.

4.9 Conclusion

The recommended preferred option is:

Option 5 – preferred way forward (new-build facility at VHK to meet the current requirements together with added capacity for future demand projections)

5 Commercial Case

5.1 Introduction

This section outlines the commercial arrangements and implications for the Project. This is done by responding to the following points:

- The procurement strategy and appropriate procurement route for the Project

- The scope and content of the proposed commercial arrangement

- Risk allocation and apportionment between public and private sector

- The payment structure and how this will be made over the lifetime of the Project

- The contractual arrangements for the Project

5.2 Revisiting the Commercial Case

The commercial case has generally been updated and expanded since OBC in accordance with SCIM FBC guidance. The main sections remain the same and text has been updated where appropriate to reflect the current status of the project.

5.3 Procurement Strategy

To enable the project to be delivered in accordance with NHS Scotland construction procurement policy, NHSScotland Frameworks Scotland 2 (FS2) has been selected as the most appropriate option. This procurement route operates via capital funding where a single contractor (including design team) is appointed to deliver the project within agreed time, cost and briefing parameters. FS2 has been used successfully by NHS Fife for many years and there is a clear organisational understanding of the process.

The following are the key features of the proposed procurement route for the delivery of this Project:

- The Framework Agreement is managed by Health Facilities Scotland (HFS) (a division of NHS National Services Scotland) on behalf of the Scottish Government Health Directorate (SGHSCD).

- The Framework embraces the principles of collaborative working, public and private sectors working together effectively, and it is designed to deliver on-going tangible performance improvements due to repeat work being undertaken by the supply chains.

- The form of contract is proposed to be the Engineering and Construction Contract (NEC3), Option A.

- **The general principle of the Framework is that risks are passed to 'the party best able to manage them', subject to value for money.**

This capital procurement route is consistent with the other elective care developments currently being progressed across Scotland as part of the national elective care programme.

Under FS2, there is no need to advertise in the Official Journal of the European Union (OJEU). The five PSCPs on the Framework have been selected via a compliant OJEU tender process for capital investment construction schemes across Scotland. Appointment of the PSCP is made following a mini-competition process.

The same form of process applies to the NHSScotland Consultants Frameworks (PSCs) for Project Manager, Joint Cost Advisor and Supervisor.

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The summary table below provides an overview in respect to procurements to date:

Framework	Appointment	Status
Contractor, designers and Principal Designer (PSCP)	Graham Construction	Appointed to FBC
Project Manager	Thomson Gray	Appointed to FBC
Joint Cost Advisor	Gardiner and Theobald	Appointed to FBC
NEC3 Supervisor	AECOM	Appointed to FBC

Table 30 - Consultant procurement status

Upon approval of the FBC, NHS Fife would look to extend the above appointments to cover the construction stage of the project. This is all in accordance with the FS contract procedures which is geared towards contracting stage by stage.

5.3.1 Sub-contractor procurement

Through FS2, a two-stage tender process is adopted. Following appointment of the PSCP, the design is developed in collaboration with all necessary Stakeholders. Once the design is developed to a detailed stage (RIBA Stage 4), the PSCP develops the price through engaging with the market.

Sub-contractors were identi**fied from the PSCP's existing supply chain, through NHS Fife** recommendations and via the local market to establish a robust tender list. Multiple sub-contractors (10+ generally) were identified to tender per package and in m**ost cases ≥3** returns were received**. The Cost Advisor's tender report** is currently being finalised but can be provided upon request thereafter.

5.4 Scope of Works

5.4.1 Overview

The project involves designing and constructing a new Fife Elective Orthopaedic Centre at Victoria Hospital in Kirkcaldy. The new building is currently scheduled to be 6,303m2 in size and will be physically connected to the existing buildings to enable a direct route to the Intensive Care Unit. The facility will include 3 no. operating theatres, 17 inpatient beds, 16 short stay bays, an outpatient department (12 consulting rooms), two radiology rooms and supporting staff areas. The overall complement of accommodation will serve to provide a dedicated Fife Elective Orthopaedic Centre.

A conceptual image is provided below to aid context and understanding of the proposed development.

Figure 15 - Proposed development (Norr Architects)

The scope of the project entails designing and constructing the Fife Elective Orthopaedic Centre. The operation of the new facilities following completion and handover of the construction phase will be undertaken directly by NHS Fife and fall out with the scope of the project.

In order to facilitate the connection to ICU, the new building will be located on an existing car park. The displaced car parking spaces will be re-provided as part of the project and costs relating to this aspect have been included and set out within the Financial Case. Fife planning have advised that the car parks must be constructed and available for use prior to the main development commencing. The car parks will therefore be delivered via a separate enabling works contract. The car parks will be constructed at Whytemans Brae and Lauder Road. Statutory consents are awaited for the car parks and the works are schedule to take place between October and December 2020.

5.4.2   Current Design Status

The design has been completed to RIBA Stage 4 which aligns with FBC and NDAP requirements. The table referenced below provides an overview of how the project is performing against predefined FBC requirements.

FBC Design Requirements	Project Status
Developing Design incl. Arch, M&E, C&S, Fire, Landscape, plus specialists e.g. acoustics, biodiversity	Complete
3D images of key Design Statement spaces	Complete
Contract drawings (≥1:200, key ≥1: 50) & spec's	Complete
Developed sustainability plan incl.	Models developed and provided as part of

FBC Design Requirements	Project Status
BREEAM RAG ratings, BRUKL, accurate thermal & energy DSMs	NDAP and design quality assurance process. BREEAM initial target of 34.44% met (PASS rating). Currently achieved 40.89% and now seeking to achieve a target of 47.28% (GOOD rating).
Developed equality plan incl. Access, Health Promo	Complete
Developed construction plan incl. HAI, CDM	HAI 1-3 complete. Construction phase plan being developed.
Developed commissioning plan (CMP) incl BIM, Soft Landings, Equipping Responsibility Matrix,	Complete
Evidence OBC /Interim NDAP response incorporated	Complete – project team responded to OBC NDAP recommendations
Completed Design Statement FBC self-assessment	Complete – assessed through AEDET workshop
Completed AEDET FBC self-assessment	Complete
Evidence of Local Authority Planning & Warrant status	Planning application submitted (response/consent projected for November 2020). Slight delay due to initial feedback on drainage strategy. Staged warrant submitted. Approval to first (fire) and second (substructure) stage projected for October 2020.
Extract of draft FBC detailing benefits & risks analysis	Provided within this FBC.
Evidence of HAI & CDM consultation	HAI SCRIBE Stages 1, 2 and 3 have been completed. A Principal Designer is in place. Pre-construction information has been developed and the construction phase plan is currently being developed. The F10 will be obtained in advance of construction commencing.
Evidence Equality & access commitments will be met	Complete.
Evidence of VfM e.g. WLC on key design	Value against the brief has been monitored

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FBC Design Requirements	Project Status
options	throughout the OBC and FBC programme. Lifecycle costs have been developed for the project based on the FBC design.
Evidence Sustainability commitments are met. e.g. accurate & NCM models (DSM). BREEAM, .CAB files and BRUKL; show how design is optimised	Models developed and provided as part of NDAP and design quality assurance process. BREEAM initial target of 34.44% met (PASS rating). Currently achieved 40.89% and now seeking to achieve a target of 47.28% (GOOD rating).
Evidence Activity Data Base (ADB) use optimised	Room data sheets and 1:50 layouts have been produced for every room in the building including corridors / circulation areas. HFS standard room layouts have been adopted where practicable.
Evidence NHS guidance & technical standards will be met; list any derogations, with their technical reasons	Complete – refer to Section 5.4.4 below.
FBC design report evidencing all above & **IA brief met ≥1:500, ≥1:200, key ≥1: 50**; diagrams, sections plans, 3Ds, specs, comfort & energy DSMs, to RIBA Stage 3 Developed Design, plus key elements to Stage 4.	Complete – NDAP FBC submission made between 25 May 2020 and 9 June 2020.

Table 31 - OBC design status

5.4.3   Schedule of Accommodation (SoA) Development

A SoA was developed at the IA stage of the project. Whilst the schedule was tested with stakeholders at this stage to inform budgetary costings it was very much a working draft. The schedule was developed further within the OBC stage in parallel with the concept design and was frozen during the initial months of the FBC stage.

The table below compares the IA SoA to the OBC and FBC **"as drawn" outturn**s. The gross area has increased from IA through to FBC due to a requirement for a link corridor and quite an extensive rooftop plantroom. The net departmental area has however actually decreased since IA (3,062m2 v 3,017m2) despite adding two radiology rooms there were not originally briefed.

IA SoA (m2)	**OBC "as drawn" (m2)**	**FBC "as drawn" (m2)**
5,920	6,142	6,303

Table 32 - SoA Development

5.4.4 Standards

The brief for the design process is that the proposal must conform to all statutory requirements. In addition, the design proposals must meet all relevant Healthcare Guidance as published by HFS on their website.

The PSCP is required to schedule all relevant healthcare guidance and identify any associated derogations against that guidance. The FBC derogation schedule is located at Appendix I.

In respect to governance, the Project Team has been charged with reviewing and agreeing proposed derogations. Thereafter the Project Board has assumed responsibility for sanctioning any proposed derogations. This has been an iterative process which will culminate in formal acceptance of the derogations in advance of Stage 4 (construction). The Project Team has liaised with Health Facilities Scotland for support and guidance where necessary when contemplating derogations.

The derogation schedule provided at Appendix I has been shared with HFS as part of the FBC NDAP process and has been tabled and accepted by the Project Board. It will be included in the construction contract as part of the Works Information.

5.4.5 NHSScotland Design Assessment Process (NDAP)

The purpose of NDAP is to promote design quality and service. It does this by mapping design standards to the key investment deliverables, including Scottish Government objectives and expectations for public investment, then demonstrating their delivery via self, and independent assessments. NDAP is made up of personnel from Health Facilities Scotland (HFS) and Architecture Design Scotland (A&DS).

During the IA Stage, A&DS helped to facilitate a Design Statement workshop. This document forms part of the Project Brief, setting out design objectives for the Project Team. **The project's** design statement is located at Appendix I.

The OBC NDAP submission was issued on 26 September 2019. The Project Team met with HFS and A&DS on 9 October 2019 to present the proposals. **HFS and NDAP's** OBC report was received on 11 February 2020. Following receipt of the report the Project Team responded to the recommendations via a tracker on 6 March 2020.

The FBC NDAP submission was issued between 25 May 2020 and 9 June 2020. The Project Team met with HFS and A&DS on 10 June 2020 to present the proposals. **HFS and NDAP's** FBC report was received on 26 June 2020 **and the allocated status was "supported unverified". In** the covering email HFS advised that six particular items required to be purified to receive **"verified" status. A le**tter acknowledging and responding to these six items was issued by NHS Fife to HFS on 10 July 2020. A detailed tracker responding to the balance of recommendations was issued on 18 September 2020.

"Verified**"** status is currently awaited from HFS, however given that the six items above have been purified it is anticipated that this will be formalised in due course.

5.4.6 NSS Design Quality Assurance

Around the time of completing the detailed design and submitting the FBC NDAP information, the Project Team was informed that it would be subject to a separate quality assurance review. Indeed, all future healthcare projects will be subject to this independent review to confirm that the technical proposals and execution is robust helping to mitigate operational risks when using the facilities.

The initial kick-off meeting took place on 31 August 2020 and the process is now underway. Due to timing, there is an obvious risk associated with this late review where any matters arising may lead to changes in scope and design. This in turn may lead to cost and time **impacts for the project. This risk had been identified in the project's risk register me**antime.

5.4.7 Achieving Excellence Design Evaluation Toolkit (AEDET)

In accordance with SCIM guidance and the investment objectives, AEDET has been used throughout the development of the Project to help NHS Fife assess the design from initial proposals through to detailed design.

The AEDET toolkit has three key dimensions (functionality, build quality and impact) and outlines 10 assessment criteria. Each of the 10 areas is assessed using a series of questions which are scored on a scale of 1 - 6.

AEDET assessments are to be undertaken at predefined stages throughout the pro**ject's** lifecycle. The stages are outlined in the table below together project progress against these to date.

Stage	Project Progress
Benchmark – assessment of current asset(s)	Completed at IA
Target – aspiration for project	Completed at IA
OBC – assessment of design proposals	Complete
FBC – assessment of design proposals	Complete

Table 33 - AEDET status

On 17 August 2020, an AEDET workshop was held to review the FBC stage design against the agreed target scores. This workshop involved a wide range of participants including staff, service users and the PSCP. The FBC AEDET scores are included in the table below together with the OBC, benchmark and target scores to allow a comparison. As it can be seen the FBC design scored well across all categories surpassing the agreed target scores by a comfortable margin. The engineering and construction scores are marginally lower, due to the fact that the group wanted to operate the systems before awarding higher scores at this stage and in respect to the construction stage, the HAI3 has yet to completed and construction phase plans are still being developed and finalised.

Category	Benchmark	Target	OBC	FBC
Use	2.5	4.2	4.5	5.7
Access	2.0	2.0	3.4	5.7
Space	2.0	4.1	4.5	5.8
Performance	1.7	4.1	2.1	5.0

Engineering	2.2	3.4	0.0	4.4
Construction	0.0	4.0	0.0	4.0
Character & Innovation	1.7	3.4	3.3	5.8
Form & Materials	1.8	3.7	2.1	5.3
Staff & Patient Environment	2.1	3.9	4.0	5.7
Urban & Social Integration	1.0	3.0	4.5	5.7

Table 34 - FBC AEDET

5.4.8   BREEAM

Projects requiring capital investment through the Scottish Government are required to demonstrate sustainable credentials to contribute towards the development of a sustainable NHS estate.

The project has been assessed using BREEAM UK New Construction 2018. The initial assessment took place at a workshop on 15 August 2019 with representation from the Project Team and HFS. The collaborative workshop allowed all the criteria to be discussed and debated. A bespoke approach was adopted where criteria offering value to NHS Fife was targeted. Following the exercise an initial target score of 34.44% was identified which equates to a PASS rating. A number of additional credits were identified as possibilities.

Currently the project has identified additional possible credits and is now targeting a score of 47.28% which equates to a GOOD rating. Currently the project has achieved 40.89% and is seeking to achieve the balance of credits to realise the GOOD rating.

NOTE: BREEAM UK New Construction 2018 is in its infancy – initial benchmarks for other recent healthcare projects in Scotland are generating target scores between 30-40%. As a comparison the Fife Elective Orthopaedic Project currently sits within this range.

5.4.9 Healthcare Associated Infection System for Controlling Risk in the Built Environment (HAI SCRIBE)

HAI SCRIBE is a risk management process aiding the identification and mitigation of design and construction related infection risks within the built environment. There are four stages within the process – these are identified in the table below together with project progress against these stages to date.

Stage	Project Progress
Stage 1 – Site Selection	Completed at OBC stage.
Stage 2 – Design	Completed at FBC stage.
Stage 3 – Construction	Completed at FBC stage.
Stage 4 – Occupation	To be completed post completion.

Table 35 - HAI SCRIBE status

5.4.10 Building Information Modelling (BIM)

Building Information Modelling (BIM) describes the process of designing and constructing a building collaboratively using one coherent system of digital models and linked non graphical data, as opposed to separate sets of drawings and documents. These models and data also incorporate information which will be carried over and used in the operational phase.

NHSScotland is supporting the adoption of Level 2 BIM maturity following the SG mandate in **support of the recommendations of the "Re**view of Scottish Public Sector Procurement in **Construction" which endorsed that "BIM will be introduced i**n central government with a view to encouraging adoption across the public sector. The objective states that, where appropriate, projects across the pu**blic sector adopt BIM level 2 by April 2017."**

The NHSScotland BIM strategy is intended to ensure the creation of a digitised information management process which all Boards and teams working on NHSScotland programmes should follow to maintain consistency and facilitate collaborative working, which will in turn reduce waste and non-conformances.

The Project will use BIM as a key design tool during the design and construction phases of the project helping to facilitate coordination and mitigate risks. Another benefit of BIM is that NHS Fife will have **true "as built" records along with the project specific asset** tagging that will assist with the operation, maintenance and replacement of components.

An NHS Fife Employers Information Requirements (EIR) has been developed and offered to the PSCP as part of the Project Brief. The EIR in turn has helped to inform the BIM Execution Plan (BEP) which has been developed by the PSCP. These two documents control how BIM is utilised on the project.

5.4.11   eHealth

Consultation has been ongoing with eHealth during the OBC phase of the project. Initial efforts have largely focussed on ensuring the IT infrastructure will be sufficiently robust and flexile to accommodate a number of wider initiatives that will help to support the service over the longer term during the operational phase. Such initiatives (subject to separate funding sources) include:

- Pre appointment system via internet / mobile phones
- Self check-in facilities
- Virtual clinics
- Waiting management solutions for OPD
- Theatre cameras for education
- Theatre sound system
- General information screens
- Trak care
- Flexible/efficient patient entertainment system
- Pharmacy fridges security controlled like "hotel fridges" (to identify user)
- Theatre robot – *considered at OBC but discounted due to cost / benefit*
- Paperlite clinical environment
- Potential for integrated theatres (depending on budget availability)

5.5   Risk Allocation

Framework Scotland 2 stipulates the use of the NEC, Engineering and Construction Contract (ECC). The ECC is a collaborative form of contract that encourages good management, flexibility and ease of understanding. The contract endeavours to allocate risk fairly via its Compensation Event procedure where the Contractor is compensated if a predefined event occurs. The risk table below provides a high-level overview in respect to the likely risk profile through utilising this form of contract.

	Potential allocation of risk		
Risk Category	Public	Private	Shared
Client / Business risks (title, ground conditions, where not disclosed)	100%	0%	
Design	0%	100%	
Development and Construction (note dark ground and contamination remain with the public)	50%	50%	√

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	Potential allocation of risk		
Risk Category	Public	Private	Shared
Transition and Implementation (commissioning and migration Board responsibility)	100%	0%	
Availability and Performance (during operation)	100%	0%	
Operating	100%	0%	
Revenue	100%	0%	
Termination	40%	60%	√
Technology and Obsolescence	80%	20%	√
Control	100%	0%	
Financing	100%	0%	
Legislative	100%	0%	
Other Project risks	50%	50%	√

Table 36 - Risk allocation

The risk register established at IA has been developed in greater detail during the FBC stage. A copy of the updated project risk register is contained at Appendix M.

5.5.1 Key Risks

The key risks currently facing the project are referenced below.

Risk	Mitigation
COVID-19 impacts progress affecting cost and the completion date.	The works will be external until the middle of 2021. The impact up until that date should be minimal as social distancing should be able to be maintained. If COVID-19 is likely to affect the project thereafter, mitigation plans will require to be developed. The risk has been identified within the project risk register and a provisional risk allowance has been made – this may however prove to be inadequate depending on events may unfold. An application for additional funding may be required to cover any deficit that may arise.
BREXIT impact on material availability and impact on programme.	Given the current market, supply chains and procurement of materials extend beyond the UK borders. It is difficult to mitigate and control this risk which will be affected by political policy and decisions regarding trade between borders. The risk has been identified within the project risk register and a provisional risk allowance has been made – this may however prove to be inadequate depending on the severity of any associated restrictions and constraints flowing from BREXIT.
NSS Design Quality Assurance	Towards the end of FBC, the project was informed that the design needed to be reviewed by the NSS Design Quality Assurance team. This process is underway and all parties are cooperating collaboratively. There is a risk that any matters arising through this process may lead to changes to the design and potentially additional cost.
Ground conditions	A lot of due diligence has been undertaken to understand the ground conditions and obstructions through detailed surveys and investigations. This has helped to create a robust Site Information pack. In construction there is however always a residual risk. This has been identified within the risk register together with an appropriate contingency budget to deal with any unforeseen events arising.

Table 37 - key risks

5.6 Payment Structure

Under Frameworks Scotland 2 Consultants and the PSCP are appointed under the NEC form of contract – Options A or C. Under option A, a fixed price is submitted and payment is made on completion of each activity in an activity schedule. Option C is a target price **where "defined costs" are** paid monthly up to a target cap.

For the OBC and FBC stages of the project, consultants have been appointed under Option A whilst the PSCP has been appointed under Option C. Given the maturity of the design it is considered that there would be little benefit implementing and Option C contract, therefore an Option A lump sum price arrangement is proposed. Option A contracts are more efficient to administer and are arguably more favourable to the Client in respect to risk share.

Payments are made monthly in line with the NEC contract provisions for both consultants and the PSCP.

5.6.1 Project Bank Account

The Project will operate a Project Bank Account (PBA), consistent with Scottish Government Guidance for public sector construction projects. A Project Bank Account is a ring-fenced bank account from which prompt payments are made directly and simultaneously to a lead contractor and members of the supply chain. P**BA's improve subcontractors' cashf**low and ring-fence it from upstream insolvency.

The PBA will become operational during Stage 4 (construction) of the project. The documentation and contractual arrangements associated with setting up the PBA are currently being developed and finalised between NHS Fife and the PSCP.

5.6.2 Risk Contingency Management

A project risk register was created at IA and this has since been developed further during OBC and FBC. It is used as an active management tool to identify and mitigate risks progressively as the design is developed. The risks have been fairly allocated to the party best able to manage them. The risk register has been priced to inform residual contingency allowances for each party during the construction stage of the project.

During the construction stage of the project risks and issues are communicated using the NEC3 Early Warning process. This process encourages the PSCP and Project Manager to alert each other to emerging issues and risks so that they can be discussed and managed collaboratively for the overall benefit of the project.

It is important to note that the risk register is primarily a tool for identifying and managing risks. It is then conveniently used as a method for assessing reasonable allocations of risk contingency in advance of construction. Once in construction however, Employer risks are defined within the NEC3 contract and administered in line with the contract provisions – i.e. the risk register has no commercial relevance.

5.6.3 Contract Variations

As noted, the project is procured under the FS2 NEC3 form of contract which manages contract variations by means of Compensation Events. The major benefit of this process is that Compensation Events are dealt with quickly within pre-defined timescales, this helps to maintain an up to date cost forecast.

The Compensation Event process enables Employer's risk items which transpire to be reflected in an adjustment to the Target Price and/or an adjustment to the programme.

5.6.4 Disputed Payments

The FS2 NEC3 form of contract has processes to manage disputed payments. PSCP applications for payment may have disallowed costs which are monitored by the Joint Cost Advisor (JCA) at each monthly assessment to ensure that only payments due and fully accounted for are passed.

5.6.5 Payment Indexation

Payment indexation is managed centrally on FS2 and hourly staff rates for both PSCs and PSCPs are adjusted and notified annually across the Frameworks by HFS.

Construction inflation is managed by reference to Building Cost Information Services (BCIS) published cost indices. The construction inflation risk is held by the PSCP for the first two years of the programme. The risk is then passed to the NHS Client for the balance of the programme beyond two years.

5.6.6 Utilities and Service Connection Charges

As the Project is publicly funded, utilities and service connection charges are paid by NHS Fife as part of the contract.

5.6.7 Performance Incentives

The proposed contract is NEC3 (ECCC) Option A. This is a lump sum form of contract and performance incentives can be introduced through secondary option clauses. However, given the ongoing collaboration between the PSCP and Board to date, performance incentives are not deemed to be necessary for this project.

5.7 Contractual Arrangements

5.7.1 Contractual Overview

As previously noted under FS2 the NEC3 (ECC3) form of contract will be used to administer the contract. The NEC3 is a flexible contract allowing Client or Contractor design. It also allows for sharing of design responsibility. In addition, the contract supports six main pricing options. Under FS2, two options are offered these being:

- Option A: Price contract with activity schedule
- Option C: Target Contract with Activity schedule

In respect to design responsibility, the contract will be drafted so that 100% design responsibility is allocated to the contractor (PSCP). The contract will therefore be 100% contractor led design and build.

In terms of the main options for the PSCP, Option C has been utilised for the pre-construction phases of the project (OBC and FBC). For the construction stage, given the maturity of the design it is considered that an Option C would yield little benefit. For that reason, an Option A lump sum contract is the preference.

The project will be procured via stages in line with FS2 methodology. At the end of each stage the contract documentation for consultants and the contractor will be updated and executed to allow entry into the subsequent stage. The key stages and outline dates are set out below:

Stage	Dates	In contract?
Stage 2 – OBC	May 19 to Oct. 19	Yes
Stage 3 – FBC	Nov. 19 to Sept. 20	Yes
Enabling work car parks	Oct. 20 to Dec 20	No (imminent)
Ground consolidation works	Jan. 21	No (subject to FBC approval)
Stage 4 – Construction	Feb. 21 to July. 22	No (subject to FBC approval)

Table 38 - Milestone dates

5.7.2   Roles and Responsibilities

Contractual roles and responsibilities are set out within the ECC. These roles are summarised below:

- Employer: NHS Fife
- Contractor: Graham Construction
- Project Manager: Thomson Gray
- Supervisor: AECOM

5.7.3   Dispute Resolution and Termination

Procedures for contract administration, dispute resolution and termination are clearly set out within the NEC3 form of contract.

5.7.4   Asset Ownership

In respect to asset ownership, the project is being procured using traditional capital funding. In this relationship the PSCP is responsible for designing and constructing the facilities. At Completion, NHS Fife will take possession of the building and will be responsible for the ongoing operation and maintenance of the facilities.

5.7.5   Personnel Implications

There are no employees who are wholly or substantially employed on services that will be transferred to the private sector under the proposals for this Project, and therefore the Transfer of Undertakings (Protection of Employment) Regulations 1981 (TUPE) will not apply.

6 Financial Case

6.1 Introduction

The Financial Case considers the affordability of the scheme. This section sets out all associated capital and revenue costs, assesses the affordability of the preferred option and **considers the impact on NHS Fife's** finances. The affordability model assessment has been developed to cover all aspects of projected costs including estimates for:

Capital costs for the option considered (including construction and equipment);

Non-recurring revenue costs associated with the project;

Recurring revenue costs (pay and non-pay) for current model i.e. baseline; and

Recurring revenue costs (pay and non pay) for the preferred option.

6.2 Revisiting the Financial Case

The IA was approved by Scottish Government Health and Social Care Department (SGHSCD) in January 2018 and the OBC in May 2020 and no specific conditions were outlined in the approval letters in relation to the Financial Case.

NHS Fife have assessed the financial impact of this proposal by reviewing the financial implications of investment, both capital and revenue for the FBC. This assessment will require to be considered and funding sources confirmed as part of the preparation of the NHS Fife Medium Term Financial Plan 2012/22 – 2023/24.

6.3 Financial Model: Costs and Associated Funding for the Project

6.3.1 Capital Costs

Capital costs have been estimated by independent Cost Advisors Gardiner & Theobald and have been summarised in the table below. The Capital Cost Report Summary is included in Appendix J and the full detailed Cost Report is available if required.

Summary of conventional capital costs				
Capital Costs:	**Funding Required at OBC** **£000's**	**Additional Funding required due to Movement from IAD to OBC** **£000's**	**Additional Funding required due to Movement from OBC to FBC** **£000's**	**SGHSCD Funding Requirement** **£000's**
Building & Engineering Works	21,396,989	- 1,061,651	1,692,790	23,089,779
Location Adjustment		-		-
Pre October 2019 Inflation	718,617	718,617		718,617
Post October 2019 Inflation	1,078,074	1,078,074		1,078,074
Quantified Construction Risk	614,445	364,445		614,445
Total Construction Costs	23,808,125	1,099,485	1,692,790	25,500,915
Site Acquisition				
Reprovision of Car Parking	700,788	- 437,467	- 700,788	-
Decant	108,000	8,000	- 70,000	38,000
Total other construction related costs	808,788	- 429,467	- 770,788	38,000
Furniture				
IT				
Radiology Equipment			200,000	200,000
Medical Equipment	367,200	27,200	232,800	600,000
Additional itemised costs				
Total Furniture and equipment	367,200	27,200	432,800	800,000
Additional Quantified Risk	1,115,473	1,115,473	- 200,000	915,473
fees	26,099,586	1,812,692	1,154,802	27,254,388
VAT	5,219,917	362,538	230,960	5,450,878
Estimated Vat Recovery PSCP	- 318,199	- 318,199	- 8,664	- 326,863
Project Direct Labour Costs	375,727	0		375,727
		-		-
Professional Fees	862,762	382,762	- 332,202	530,559
Estimated Vat Recovery on Fees	- 83,794	- 83,794	- 1,299	- 85,093
Total estimated cost including VAT and fees but before optimism bias	32,155,999	2,155,999	1,043,597	33,199,596
Allowance for optimism bias				
Total estimated cost	32,155,999	2,155,999	1,043,597	33,199,596

Figure 16 - Summary of Conventional Capital Costs

The total cost of the preferred option, which is to develop an Elective Orthopaedic Centre for NHS Fife is £33,199,596.

The table below provides a summary of key project cost adjustments. The adjustments are described further beneath the table from a budgetary perspective.

Project Cost Adjustments			
Construction Cost Details	OBC £000's	FBC £000's	Increase/Decrease £000's
Quantifiable risk robust enough to release into project	1,729,918	1,529,918	- 200,000
Movement in cost plan due to Car park flood alleviation works to appease local authority The requirement to build two separate car parks due to local authority constraints Rooftop plantroom to safeguard critical theatre plant Design development - increase in building height to accommodate M&E services Market conditions affecting some packages of work	21,396,989	23,089,779	1,692,790
Direct Labour Costs for project	375,727	375,727	-
Medical equipment increase due to: General development of the existing budget; Equipping the Outpatient Department (equipment budget did not originally extend to this)	367,200	600,000	232,800
The radiology rooms were included through development of the SoA therefore the original equipment budget did not take cognisance of these rooms		200,000	200,000
Inflation costs not included in IAD	1,796,691	1,796,691	-
Reduction in decant costs	108,000	38,000	- 70,000
Car parking now included in construction costs	700,788		- 700,788
Car parking surveys and fees now included in construction costs	862,762	445,466	- 417,296
VAT adjustments due to increased costs and VAT recovery estimates applied.	4,817,924	5,124,015	306,090
Total	32,155,999	33,199,596	1,043,596

Figure 17 - Project Cost Adjustments

Following submission of the IA to SGHSCD it was agreed at CIG that car parking re-provision and direct labour costs associated with the project should be allowed for within the budget – the IA figure rose from £28,258,368 to an agreed £30,000,000 to take account of this. The car parking re-provision amounted to £1,365,906 whilst the direct labour costs for the project were established at £375,727.

In respect to the approved OBC cost plan, there was a difference amounting to £2,155,999 when compared to the agreed IA allocation (£30,000,000). This difference is attributed to inflation from a budgetary perspective and has been calculated against the construction costs from IA to construction. Costs have been allocated within the adjusted budget taking account of inflation.

Within the FBC there is a forecast inflation allowance built in from the period October 2019 to construction.

The estimates above include the following key assumptions:

Cost	Assumption
Professional Fees	Professional fees are based on tenders awarded.
Equipment	Estimated % cost based on cost advisor allowance. Transferable equipment will be moved to the new unit.
Contingency	A priced risk register is in place.
Inflation	Based on October 2019 Indices to construction.
VAT	VAT has been applied where applicable. Cost advisor VAT recovery estimates have been built in to the cost plan – this will to be confirmed with VAT advisors and HMRC after contract is awarded.

Table 39 – Capital key assumptions

6.3.2 Revenue costs

In order to confirm the revenue implications of the project the baseline costs (do nothing/minimum option) have been thoroughly reviewed and then compared to the projected costs of the preferred option to assess the financial implications.

A number of assumptions made at the OBC stage have been evaluated and revised throughout the process to FBC completion. These assumptions are as detailed in the table below.

Cost	Assumption
Costs	Costs are calculated using 2019/20 prices and using 2019/20 budgetary information.
Workforce	Calculations include allowances for on-costs, enhancements, sick leave, public holidays and annual leave. Workforce increases are based on forecast demand growth.
Non-Pay	Non-pay costs assumed to increase in line with phased forecast demand.
Depreciation	Building – 60 years and equipment 10yrs.

Table 40 - Revenue key assumptions

The clinical and support costs for the existing Elective Orthopaedic service have been calculated as the baseline and then used as a benchmark against which any changes are considered. Estimated costs for the preferred option reflect forecast demand from 2025 (initial

forecast activity increase), 2030 the second phased activity increase and then 2035 onwards showing the full impact of the increased anticipated activity.

6.3.2.1 Service model costs

The tables below summarise the total increase in costs arising from these estimates. Costs are phased over the planned activity increases with the majority of the initial cost impact being in 2025.

Service Model Revenue Costs	Do Nothing Baseline £	2022 £	2025 £	2030 £	2035 £
Pay	5,486,481		5,862,485	6,447,380	7,136,720
Non-Pays (incl drugs)	3,956,624	161,815	4,376,957	4,782,945	5,261,431
Other Services	50,333		54,080	59,909	66,780
Total	**9,493,438**	**161,815**	**10,293,523**	**11,290,234**	**12,464,930**

Figure 18 - Revenue Cost Increases

6.3.2.2 Property costs

An outline of the changes in both running costs and depreciation is summarised below. Costs are phased over the planned activity increases with the majority of the initial cost impact being in 2025. Costs associated with rates and utilities will impact on opening of the facility.

Property Costs Service	BASELINE	FACILITY OPENING COST 2022	PROPOSED OPTION 2025	2030	2035
Maintenance	45,464		50,189	57,539	66,201
Catering	53,460		57,480	63,733	71,102
Utilities	35,786	75,436	111,222	111,222	111,222
Rates	39,803	83,905	123,708	123,708	123,708
Portering	38,368		38,368	38,368	38,368
Security	10,045		10,045	10,045	10,045
Domestics	242,633	2,474	254,203	272,199	293,410
General Service	48,958		52,639	58,365	65,114
Bedding & Linen	5,696		6,124	6,790	7,576
	520,214	**161,815**	**703,979**	**741,970**	**786,746**

Figure 19 - Property Costs

6.3.2.3 Depreciation

The depreciation for the preferred option is £633,327 based on an asset building life of 60yrs and 10yrs for equipment on an overall capital cost of £33,199,596. The overall increase in depreciation is £633,327 – discussions will be held with SG regarding agreement around future funding of the increased depreciation from the current ring-fenced NHS Fife non-core depreciation budget. The buildings depreciation charge is pre any Valuation Office valuation being done after completion – there is an expectation that any non-value works will reduce the value held in the balance sheet once the valuation is carried out and therefore reduce the depreciation charge going forward.

6.3.2.4 Revenue cost summary

Overall Revenue Costs Summary		Proposed Option			
	Baseline	2022	2025	2030	2035
Service Costs	8,973,224		9,589,544	10,548,264	11,678,184
Property Costs	520,214	161,815	703,979	741,970	786,746
Total	9,493,438	161,815	10,293,523	11,290,234	12,464,930

Figure 20 - Revenue Cost Summary

The FBC identifies a phased overall recurring revenue impact by 2035 onward of £2,971,492 (excluding depreciation) for the preferred option against the baseline costs.

There are considerable staff costs associated with this development - staffing, non-pay and consumable costs these have been reviewed for the FBC.

The additional recurring revenue costs associated with the project have increased by £193,342 compared to the OBC figure. The reasons for the increase are the following:

- Increase in overall square meterage has had an impact on some forecast running costs;
- Forecast pay costs have been re-aligned to reflect 19/20 pay scales;
- Changes in the mix of the additional staffing required since OBC.

6.3.3 Accounting Treatment

The traditional funding route for the project will impact on NHS Fife's Balance Sheet - both the capital cost of the development and the associated capital equipment will be added as non-current assets to the balance sheet and depreciated over the life of the assets in line with accounting policies. Confirmation of the treatment of the impact on the Balance Sheet will be discussed with our External Auditors.

6.4 Statement of Affordability

NHS Fife confirms that this project remains affordable in relation to capital expenditure. The capital costs of the investment will be met through a capital allocation from the Scottish Government Health and Social Care Division capital budget.

This programme is a strategic priority for NHS Fife, in this context affordability in revenue terms will require to be considered and funding sources confirmed as part of the preparation of the NHS Fife Medium Term Financial Plan 2021/22 – 2023/24.

All options were subject to robust testing at IAD and OBC for both financial costs and other non- financial measures. These measure where used to score the options. All options were tested for robustness using sensitivity analysis.

6.5 Stakeholder Support

As the project will be delivered by NHS Fife for Fife, written agreement of Stakeholder support from other NHS Scotland / public sector organisations is not required in this instance.

6.6 Financial situation

Based on the current costs and assumptions identified, NHS Fife recognises the project will exceed what was estimated within the Local Delivery Plan 2017/18, due to various different models that were considered. The original submission has since evolved into a standalone elective orthopaedic centre, providing future sustainability for the people of Fife.

NHS Fife have assessed the financial impact of this proposal by reviewing the financial implications of investment, both capital and revenue for the FBC. This assessment will require to be considered and funding sources confirmed as part of the preparation of the NHS Fife Medium Term Financial Plan 2021/22 – 2023/24.

6.7 Resources

Both Project Board and Project Team have been established with governance arrangements in place. The Project Board will ensure appropriate governance throughout the project. The Board has insured that the following dedicated internal resources have been made available to date:

- Project Director (full time);
- Finance Accountant (part-time);
- Clinical Advisor (part-time);
- Project Administrator (full time);

Other internal stakeholders outlined at Section 7.3.1 are involved and committed to the project as noted – their project roles are over and above their core day to day roles.

6.8 Capital and revenue constraints

NHS Fife's capital funding commitments mean that the project cannot exceed the available budget.

Other than capital funding from the Scottish Government, there are no additional capital contributions from external partners in respect to this project. The current plan confirms that the theatre activity generated by the centre will be utilised in full by NHS Fife. In the event that residual capacity becomes available over time and can be offered to NHS Boards out with NHS Fife, the expectation is that Boards would cover the costs of this as appropriate.

6.9 Signed Statement from Project Board Members

A signed statement from the Project Board Members is provided at Appendix O confirming that **they have been satisfactorily engaged and/or consulted on the project's development; that** they have a clear understanding of the financial implications of the proposed commercial

arrangements, associated spend, and contractual obligations; and that they are committed to supporting the project with the appropriate resources.

7 Management Case

7.1 Introduction

The main purpose of the Management Case is to demonstrate that NHS Fife is ready and capable of delivering the project successfully.

7.2 Revisiting the Management Case

The management case has generally been updated and expanded since OBC in accordance with SCIM FBC guidance. The main sections remain the same and text has been updated where appropriate to reflect the current status of the project.

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7.3 Reporting Structure and Governance Arrangements

7.3.1 Project Organisation

In order to deliver the project successfully, good governance is required to monitor and direct it. An understanding of the structure and mechanisms for escalation and reporting is set out on the organogram overleaf.
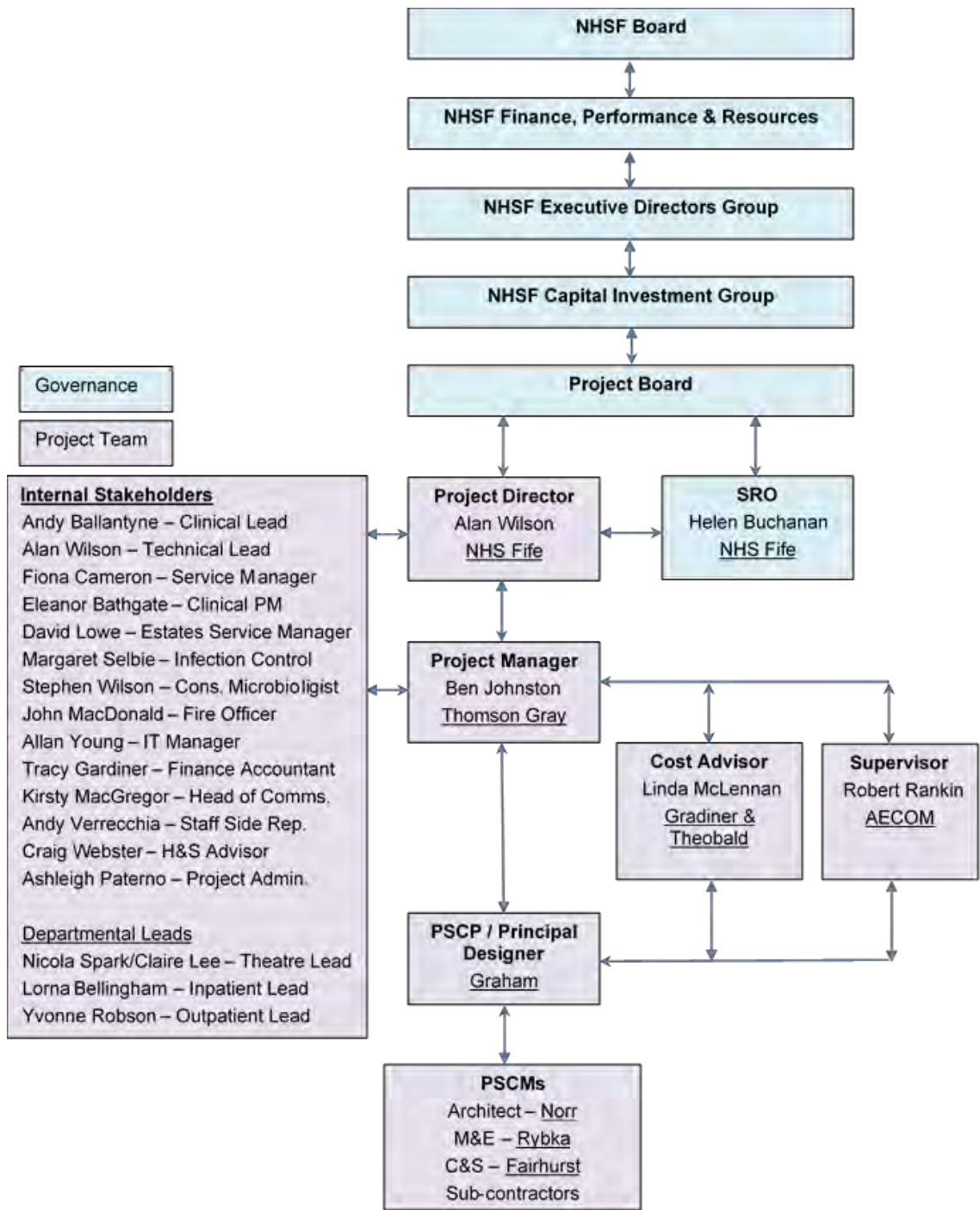
Figure 21 - Project structure

7.3.2   Project Board

A Project Board has been established to oversee the project. The Project Board was set up at commencement of the OBC and Terms of Reference have been agreed. The Project Board meets monthly where they receive a regular project update report from the Project Director. Necessary matters are escalated by the Project Director as required whilst the Project Board offers direction to the Project Team.

Project Board membership and experience is outlined in the table below:

Named Person	Project Role and Responsibilities	Experience
Helen Buchanan (Director of Nursing)	Senior Responsible Officer – SRO with overall responsibility and accountability for the project.	Helen Buchanan took up her role **as NHS Fife's Executive** Director of Nursing in July 2015. Helen was previously the Associate Director of Nursing at NHS Forth Valley where she was the Board lead for the nursing and midwifery quality improvement agenda and was involved in a range of national programmes. Helen has a broad portfolio of experience gathered across a range of strategic and clinical roles in both acute and primary care.
Alan Wilson (Capital Projects Director)	Project Director – Responsible for the delivery of the project from inception to completion.	Alan has worked within NHS Fife for 23 years within Estates Operations. He has over 10 years experience in the delivery of a wide range of Capital Projects within Healthcare environment. Alan is a Chartered Engineer and also an accredited NEC Project Manager.
Andy Ballantyne (Lead Consultant Orthopaedics)	Clinical Lead - Responsible for clinical governance.	Andy Ballantyne is a Consultant Orthopaedic Surgeon with NHS Fife since 2005.Andy has been the Clinical lead for Orthopaedics in NHS Fife since 2015. Andy was also a member of the core team involved in the development and submission of the IA for

Named Person	Project Role and Responsibilities	Experience
		the Fife Elective Orthopaedic Centre delivered to CIG in Nov 2018. Andy has extensive experience in local DCAQ planning and delivery. Andy is an active member of the national Scottish Committee for Orthopaedic s and Trauma for 10 years, in roles of treasurer and more recently secretary and is also Co-Chair on the East Region Acute service review – orthopaedics work stream with specific involvement in DCAQ evaluation 2016-2018.
Margo McGurk (Director of Finance)	Project Board Member – Responsible for Financial Governance	Margo joined NHS Fife as Director of Finance in February 2020. She is a CCAB qualified accountant, with a broad range of experience across the public sector but particularly within the NHS in Scotland. She has significant experience of decision-making at strategic and operational levels and has a strong personal focus on developing strategy, supporting culture, delivering sound financial control and best value from the allocation of resources. Very experienced in delivering professional leadership to the finance function, she has held a number of senior roles across a number of NHS Boards. She is particularly interested in working in partnership across organisations and leading on the development and delivery of financial strategies to support delivery against agreed priorities.

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Named Person	Project Role and Responsibilities	Experience
Andrew Fairgrieve (Director of Estates, Facilities & Capital Services)	Project Board Member – Responsible for contributing towards general governance.	Andrew has vast Property and Asset management experience in the private sector and within the NHS. Andrew has a degree in IT/Electronics and a Masters Degree in building services design (mechanical and electrical). Andrew has also managed large new build and refurbishment projects.
Andy McKay (Deputy Chief Operating Officer)	Project Board Member – Responsible for contributing towards general governance	Andy has been with NHS Fife for just over a year and currently leads our Acute Services Division. Andy brings a range of experience to NHS Fife; he previously held senior operational leadership roles within Professional Services in the UK, and overseas, and has served as a Commissioned Officer with the British Army.
Fiona Cameron (Service Manager Planned Care)	Service Lead – Responsible for service governance.	Fiona is Service manager Orthopaedic, theatres & anaesthetics. Fiona has 15 years experiences of Orthopaedics as an extended scope physiotherapist, Orthopaedic service improvement lead and service manager. Fiona was a member of the core team involved in the development and submission of the IA for the Fife Elective Orthopaedic Centre. Fiona is also a Member of the Scottish Orthopaedic Service managers group and a member of East Region Orthopaedic service review group. Fiona has extensive experience of Orthopaedic and theatre redesign projects.

Named Person	Project Role and Responsibilities	Experience
Dr Chris McKenna (Medical Director)	Project Board Member – Responsible for contributing towards clinical governance	Dr Chris McKenna started as Medical Director within NHS Fife on 1st March 2019. Dr McKenna has previously served as Director of Emergency Care, where he has helped lead the redesign of services.
Kirsty MacGregor (Communications Manager)	Project Board Member – Responsible for communications governance.	Kirsty MacGregor brings more than 25 years of experience in public relations and marketing communications. Kirsty has a proven track record of providing expert and informed advice to senior management teams on all aspects of internal and external communications across a range of sectors including Higher Education, Local Government and the NHS. A CIPR Accredited Practitioner, Kirsty also holds two Postgraduate Diplomas from the Chartered Institute of Public Relations, and the Chartered Institute of Marketing.
Murray Cross (General Manager Planned Care)	Project Board Member - Responsible for contributing towards general governance.	Murray has worked in NHS Fife for over 30 years, having started in Finance before moving into management in 1999. Murray has held a wide range of management positions across the Acute Division and has been in his current post of General Manager for Planned Care for the last 4 years.
Rona Laing (Non Executive Board Member)	Project Board Member – Responsible for contributing towards	Rona has been a Non-Executive Board member for 5 years she chaired the

Named Person	Project Role and Responsibilities	Experience
	general governance.	Audit and Risk Committee for several years and now chairs the Finance Performance and Resources Committee. Rona has contributed to the review and enhancement of the Board governance processes
Tracy Gardiner (Capital Accountant)	Capital Finance Lead – Responsible for financial governance.	Tracy has worked within NHS Fife for 25 years within the capital branch of the finance department. Tracy has a wide range of knowledge and experience in the delivery of capital projects within NHS Fife.
Wilma Brown (Employee Director)	Project Board Member – Responsible for staff governance.	Wilma has been the Employee Director for 10 years and will ensure we meet the required Staff Governance Standards through our Partnership processes. Wilma has been involved in a number of projects such as this and will ensure any aspects of the SG Standards are correctly identified and communicated between staff, staff side reps and the Project Board.

Table 41 - Project Board experience

7.3.3 Project Team

The project team sits below the Project Board and are responsible for delivering the project on a day to day basis. This includes, developing the design, managing risks, developing the costs, developing the business case, constructing the facility, commissioning the facility and successfully handing the facility over to NHS Fife at completion.

Within the Project Team, there are a range of roles with different responsibilities. The key roles and responsibilities are listed below:

Project Director – the Project Director is responsible for overseeing the delivery of the project on a day-to-day basis and for generally acting as the link between the Project Team and the Project Board. The Project Director will report to the Senior Responsible Officer and Project Board.

Clinical Lead and Service Manager – the Clinical Lead and Service Manager is responsible for clinical governance ensuring that sufficient engagement and participation is evidenced to allow the briefing and related design proposals to be robustly developed. They will also be responsible for accepting design proposals from a clinical perspective at key stages as part of the governance process and for resolving any conflict amongst Clinical Stakeholders.

Clinical Project Manager – the Clinical Project Manager role will involve providing support to the Clinical Lead and Service Manager. The role will also include leading on commissioning from a service perspective ensuring that the transfer to the new asset is managed smoothly.

Technical Lead – the Technical Lead will be responsible for ensuring that the briefing and related technical proposals align with the **Board's expectations and requirements. The** Technical Lead will also be responsible for accepting design proposals from a technical perspective at key stages as part of the governance process.

Technical Stakeholders – the Technical Stakeholder group consists of representation form the following areas: estates, FM, fire, ICT and infection control. They will be responsible for providing local knowledge and advice in order to refine the briefing. They will also be required **to review the PSCP's proposals and at**tend agreed meetings so that the proposals can progressively be accepted in advance of the construction stage.

Clinical Stakeholders – the Clinical Stakeholder group are responsible for providing local knowledge and advice in order to refine the briefing. They will also be required to review the **PSCP's proposa**ls and attend agreed meetings so that the proposals can progressively be accepted in advance of the construction stage.

Project Manager – the Project Manager will be the central hub within the project responsible for delivering the project within pre-agreed time, cost and quality parameters. All project communication should flow through the Project Manager as outlined within the organogram at Section 7.3.1. The Project Manager will report to the Project Director. The Project Manager will also be responsible for managing the project in accordance with the contract option selected.

Joint Cost Advisor – the Joint Cost Advisor will primarily work alongside the Project Manager assisting with setting the budget, creating cost plans, agreeing the target/price whilst contributing towards value management, value engineering and risk management. They will also assist the Project Manager with payment assessments and compensation events. The Joint Cost Advisor wi**ll act in a "joint" capacity assisting the PSCP with pre**paring pricing schedules / bills of quantities and other documentation required for tender purposes.

Supervisor **– the Supervisor's** main duties relate to ensuring quality is provided during the construction stage. They do this through acting in accordance with the contract. The Supervisor may be appointed during the pre-construction phase to assist with developing the Works Information **(testing requirements) and reviewing the PSCP's proposals.**

PSCP **–** the PSCP is responsible for designing and constructing the project within the agreed time, cost and quality constraints. They are also responsible for working in a safe manner whilst mitigating the risk of any operational disruption caused by the works. The **PSCP's full** scope of duties are contained within the contract Works Information.

Principal Designer **–** the PSCP will be appointed as Principal Designer, in line with the CDM Regulations 2015. The role involves planning, management and coordination of health and safety in the pre-construction period, help and advice in bringing together the pre-construction information pack, working with the other designers to eliminate foreseeable health and safety risks, and ensuring the PSCP team are informed of risks requiring management in construction.

The Principal Designer is also responsible for coordinating and developing the Health and Safety File and for providing copies at the end of the project.

PSCMs **–** Principal Supply Chain members are designers and sub-contractors appointed directly by the PSCP to deliver and design the works.

7.3.4 External Advisors

Independent consultants who have been appointed by the Board are set out in the table below:

Project role	Organisation	Lead person(s)
Project Manager	Thomson Gray	Ben Johnston
Cost Advisor	Gardiner & Theobald	Neil Cowan Linda McLennan
Business Case Author	Thomson Gray	Ben Johnston
NEC Supervisor	AECOM	Robert Rankin
Clerk of Works	AECOM	Robert Rankin

Table 42 - External Advisors

7.3.5 Project Recruitment Needs

The Project Team has been developed robustly during the OBC and FBC Stages. All key roles are fulfilled and there are no immediate recruitment needs.

7.3.6   Project Plan and Key Milestones

The project plan and key milestones are set out in the table below. A fully detailed draft construction programme has been developed and can be provided upon request.

Description / Activity	Date
FBC	
▪ Complete car park enabling works (to enable site to be cleared for construction)	Dec. 2020
▪ Statutory consents	Dec. 2020
▪ Fife Capital Investment Group (FCIG)	1 Oct. 2020
▪ Executive Director's Group (EDG)	8 Oct. 2020
▪ Submit to Capital Investment Group (CIG), Scottish Government (SG)	13 Oct. 2020
▪ Clinical Governance	4 Nov. 2020
▪ Finance Performance and Resources Committee (FP&R), NHS Fife	10 Nov. 2020
▪ Capital Investment Group (CIG), Scottish Government (SG) Meeting	11 Nov. 2020
▪ Area Partnership Forum (APF)	18 Nov. 2020
▪ NHS Fife Board Meeting	25 Nov. 2020
Construction and handover (main works)	
▪ Ground consolidation works	Jan. 2021
▪ Start (main works)	Feb. 2021
▪ Completion	Jul. 2022
▪ NHSF commissioning / service migration	Aug. 2022
▪ Operation / use	Sept. 2022

Table 43 - Project plan and key milestones

7.4 Change Management Arrangements

7.4.1 Operational and Service Change Plan

The Fife Elective Orthopaedic Centre will result in the following changes:

1. Increased surgical capacity by the provision of a third elective orthopaedic theatre with capacity to manage elective orthopaedic requirements for inpatient activity for the next 20 years based on ISD projections;

2. Increased ward capacity to provide a mixture of single room and day case facility to reflect the changing requirements for inpatient elective orthopaedic surgery;

3. Centralisation of NHS Fife MSK services to a single site, with resultant improved efficiency in OPD activity through developments consistent with the objectives of the Scottish Access Collaborative (SAC) in demand management within outpatients; and

4. Utilisation (where appropriate) of IT strategies building consistency with local and national strategy in the delivery of the aims of the SAC in demand management.

7.4.1.1 *Theatres*

Theatres plan to provide increased capacity by the provision of a third elective orthopaedic theatre. This will accommodate future demand for major joint surgery within NHS Fife over the next 20 years. These calculations are based on ISD projections for hip and knee arthroplasty (2017).

Short term theatre utilisation will be attained by relocating day case foot & ankle and arthroscopy lists to the Fife Elective Orthopaedic Centre. In addition, the expansion of the consultant workforce by 2 consultants will ensure the 3rd theatre is fully utilised and realise increased planned orthopaedic surgical capacity required to balance DCAQ. The movement of services will release day case capacity to be used by other services as part of wider planned care surgical service reorganisation.

Future demand will be accommodated by increasing theatre time utilisation and job plan redesign (weekend working, backfill and 3 session days).

The relocation of day case services will coincide with the opening of the Fife Elective Orthopaedic Centre. Subsequent adjustment to job plans will be recognised in future consultant appointments and a review of current job plans will be undertaken with a view to increasing flexibility. This will be a progressive process over the next 20 years reflecting the demands on service.

This will be led by Clinical Leads and Service Managers working in partnership with consultants to achieve theatre efficiency and delivery of the TTG.

7.4.1.2 Wards

In respect to the increased ward capacity, the workforce planning tool will be utilised to determine future nursing needs.

It is recognised that providing a mixture of day-case beds and single room inpatient beds offers patient capacity consistent to the changing requirements for inpatient bed space. An increasing number of patients, including lower limb arthroplasty, can be managed through a day-case facility. This has the benefit of maximising the efficient use of staff as it is recognised that a 100% single room wards have increased nursing requirements.

7.4.1.3 Centralisation of MSK services

Currently MSK service is delivered form a number of sites across NHS Fife. Often MSK practitioners are working in isolation with limited clinical or peer support. The centralisation of MSK services to a single purpose-built facility in Fife offers a number of benefits:

- MDT MSK delivery from single site;

- Opportunity to develop MDT support – clinical staff not working in isolation;

- Development of consistently applied pathways for MSK conditions;

- Efficiency opportunities in how aspects of service delivered (fracture clinics);

- Opportunities to develop AHP staff into more advance roles (fracture clinic nurses/ANP roles); and

- Opportunities to incorporate national and local IT strategies consistent with the Scottish Access Collaborative aims in demand management within outpatient services:

    a Opt-In care

    b Patient initiated review appointments

    c Development of virtual clinics (NP and review)

This will be achieved by the service undertaking a review of current OPD activity and through a series of workshops looking at redesigning part of the service. Staff and patient engagement will be implemented within this transition. Service redesign will occur over the next three years to enable changes to be embedded prior to the transfer of services to the Fife Elective Orthopaedic Centre.

7.4.2 Facilities Change Plan

The new facility will be serviced by NHS Fife's in-house facilities team. The facility is a replacement for the current orthopaedic theatres and the associated ward currently located in Phase 2 tower block. The facility will be serviced under the existing facilities strategy through the link corridor provided in the new design that connects to the hospitals main FM corridor. Recognition has taken place that there will be a need for extra revenue costs for providing facilities services to the new building due to the increase in patient numbers projected over the next 25 years. These costs have been provided within the Financial Case (see Section 6).

7.4.3 Stakeholder Engagement and Communications Plan

A Stakeholder Engagement and Communication Plan has been developed and endorsed by the Project Board. A copy of the plan can be located at Appendix O.

Stakeholder engagement has occurred at different levels to date. From a design perspective staff and service users have been actively involved in helping to develop the design of the facility. This has occurred through the following workshops:

- **Development of the project'**s Design Statement;

- 1:500 / 1:200 site and departmental adjacency workshops;

- 1:50 room adjacency workshops; and

- Achieving Excellence Design Evaluation Toolkit (AEDET) workshops.

Separately, several tools have been used to communicate the project to wider staff, service users and the general public. These tools have included:

- Dedicated **website page on NHS Fife's website;**

- Statutory consultation meetings (2 no.); and

- Project displays / notice boards within the main hospital reception at VHK.

7.5 Benefits Realisation

7.5.1 Benefits Register

The rationale for an investment needs to be reflected in the realisation of demonstrable benefits, as this will provide the evidence base that the proposal is worthwhile and that a successful outcome is achievable. The benefits to be achieved are discussed in the Strategic Case and have resulted in the creation of a Benefits Register and Benefit Realisation Plan for the Project. The Benefits Register is located at Appendix K.

The benefits register includes a range of benefits to be realised by the development. Each benefit includes a target that will be used to indicate the measure of success during the Post Project Evaluation (PPE).

Benefits are either assessed in a quantitative or qualitative manner.

For the quantitative benefits, the register indicates the baseline (current position) at the start of the project including the source. This will be compared with the same data source when the PPE is completed.

For benefits that are qualitative in nature, questionnaires will be developed, and a mix of patient and staff surveys/interviews will be undertaken to outline the baseline for these benefits. The same survey tools will be used during the PPE to examine to what degree the improvements sought were achieved.

Additionally, a Red, Amber, Green (RAG) score highlighting the relative importance of each benefit is indicated using the scale outlined below in the table below.

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

Table 44 - Benefits and relative importance

The baseline and target values for each benefit have been refined and updated during the FBC phase ensuring that relevant data is available for comparative purposes during the PPE.

Community Benefits

The Benefits Register also sets out wider sustainability opportunities associated with this Project. Notably there is potential to deliver community benefits through education, training and recruitment, whilst targeting work packages offered to Small or Medium Size Enterprises (SMEs).

Within the procurement process the requirement for community benefits was set out in the tender documentation. These requirements are referenced within the Benefits Register which the PSCP will be expected to meet and surpass.

7.5.2   Benefits Realisation Plan

A Benefits Realisation Plan has been produced to support the achievement of the benefits outlined in the Benefits Register, and it is included as Appendix M.

The benefits realisation process is a planned and systematic process consisting of four defined stages outlined below. The implementation of this plan will be reviewed regularly by the Project Board.
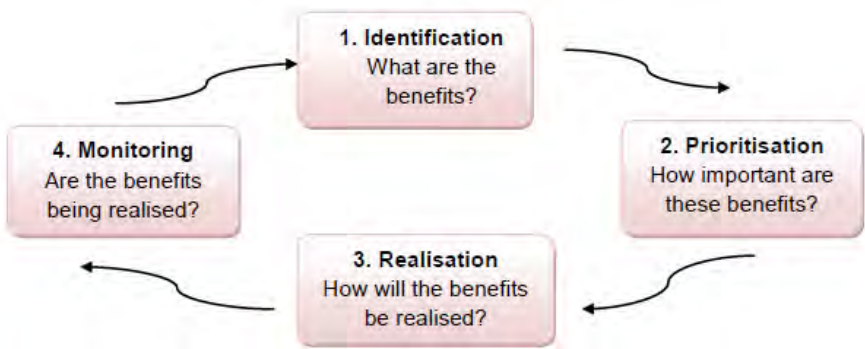
Figure 22 - Benefits realisation process

The Benefits Realisation Plan outlines:

- Which Investment Objective the benefit addresses;

- Who will receive the benefit;

- Who is responsible for delivering the benefit;

- Any dependencies that could affect delivery of the benefit; and

- Any support needed from other agencies etc. to realise the benefit.

Benefits monitoring will be ongoing over the life of the Project through the planning, procurement and implementation phases. Progress will be reported to the Project Board at regular intervals and will culminate in the Project Evaluation Report to be produced in 2023.

7.6   Risk Management

Risk management is a structured approach to identifying, assessing and controlling risks that emerge during the project lifecycle. It is a critical and continuous process throughout the planning, procurement and implementation journey of a project.
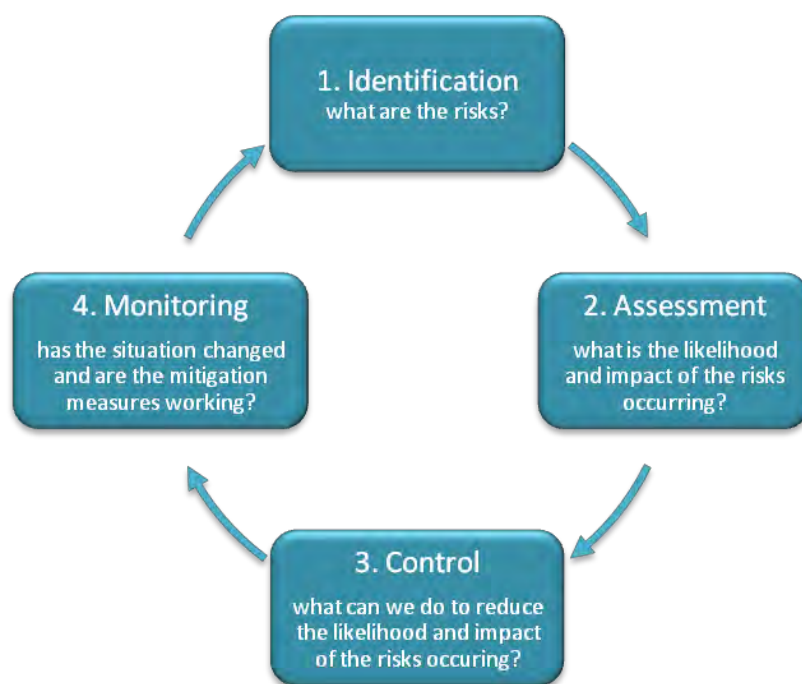
Figure 23 - Risk management process

7.6.1 Updated Risk Register

The Project Team have continued to develop the Risk Register provided at OBC. The current FBC risk register can be located at Appendix M. The Risk Register is up to date and representative of the residual risks that may be encountered during the construction phase of the project. The headline items noted below, demonstrate how the risk register has been developed since IA.

- New risks have been identified and added to the register, whilst other risk have been closed;

- Probability, impact and risk ratings have been updated progressively at risk workshops;

- Mitigation measures have been agreed and updated;

- Each risk has been identified as quantifiable or unquantifiable – where the risk is identified as quantifiable it has been carried forward to allow contingency pricing;

- Risk owners and managers have been allocated. *A risk owner has overall responsibility for the risk, whilst a manager is responsible for helping to mitigate the risk.*

The commercial arrangements associated with the Risk Register are set out within the Commercial Case.

7.6.2 Governance

The Project Director has overall responsibility for the project risk register. The Project Manager is however responsible for maintaining the risk register on a day to day basis and for organising regular risk workshops to review and manage the risks.

The risk register is updated and provided to the Project Board on a monthly basis as an Appendix to the Project Ma**nager's monthly** progress report. Key risks are extracted from the **risk register and highlighted within the Project Manager's monthly report for e**ase of reference. The Project Board provide direction to the Project Director and Project Manager on risk matters as necessary.

7.7 Commissioning

The importance of the commissioning process cannot be underestimated, as failure to adequately consider this process is likely to cause increases to project costs and failure to deliver agreed service benefits and project outcomes. The Project Board and Director are fully committed to implementing a robust commissioning process, ensuring that the facilities are safe to use and operate from the outset.

The commissioning process will be treated as a distinct workstreams, but fully integrated into the overall project to enable a smooth transition to the new working arrangements and realisation of the anticipated benefits. Workstreams will include Technical Commissioning and Operational Commissioning and these will be supported by BIM and Soft Landing processes.

Technical Commissioning concentrates on the readiness of the facility to support operational activity. As such the mechanical and electrical systems all need to be operating satisfactorily at handover of the facility and beyond. Operational Commissioning on the other hand is involved with getting the clinical services transferred into the facility with minimal disruption to business continuity. Given these separate requirements an Operational Commissioning Manager has been appointed directly by NHS Fife. The Technical Commissioning Manager role will be undertaken by the PSCP; however, the Project Director, Project Manager, NEC / Clerk of Works

and Estates Service Manager will maintain active roles helping to facilitate a robust technical commissioning process.

The Commissioning Managers will report to the Project Manager on a day to day basis but will maintain lines of communication with the wider team to deliver against the plans.

A Commissioning Strategy and detailed commissioning programme has been developed to assist with the understanding and management of the commissioning process for the project – this is located at Appendix P.

7.8   Post Project Evaluation

The arrangements for post implementation review and project evaluation reviews have been established in accordance with best practice. These reviews will determine whether the anticipated benefits identified at the outset have been delivered. The project will be evaluated in stages:

Stage 1 – Procurement Process Evaluation

An evaluation of the procurement process will be undertaken following the signing of the contract to assess the effectiveness of the procurement process in meeting the project objectives. This will identify any issues and lessons to be learned that will benefit future projects. This evaluation can take place shortly after commencement of the construction phase.

Stage 2 – Monitoring Construction

During the construction period progress will be monitored to ensure delivery of the project to time, cost, and quality to identify issues and actions arising. On completion of the construction phase the actual project outputs achieved will be reviewed and assessed against requirements, to ensure these **match the project's intended outputs and deliver its obj**ectives.

Following completion, the Project Manage**r's and Supervisor's monthly reports will be reviewed** and summarised to represent a holistic view of how the project performed during the construction period.

Stage 3 – Initial Project Evaluation of the Service Outcomes

This will be undertaken 6 to 12 months after the new facility has been commissioned. The objective is to determine the success of the commissioning phase and the transfer of services into the new facilities and what lessons may be learned from the process.

Stage 4 – Follow-up Project Evaluation

This will be undertaken 2 years into the operational phase by the Evaluation Team to assess the longer-term service outcomes and ensure that **the project's objectives continue to be delivered.**

The following questions will be asked at each stage:

- Have relevant project objectives been achieved?
- Has the project progressed as planned?
- If the plan was not followed, why did this occur?
- If appropriate, how should plans for future projects be amended?

The process will be led by evaluators, independent of the delivery team, who will meet with representatives of the user groups and other key stakeholders. The Project Sponsor, on behalf of the Project Board, will receive reports at each stage of the evaluation process.

Appendix A **–** Strategic Assessment

Appendix B – Existing Plans

Appendix C – Projected Future Demand

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Appendix D – Long and Short List of Options

Appendix E – Proposed Floor Layouts

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Appendix F – AEDET

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Appendix G – HAI SCRIBE

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Appendix H – Design Statement

Appendix I – Derogation Schedule

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Appendix J – Target Price and Project Budget Summary

Appendix K – Benefits Register

Appendix L – Benefits Realisation Plan

Appendix M – Risk Register

Appendix N – Communication Plan

Appendix O – Project Board **Member's Statement of Support**

Appendix P **–** Commissioning Strategy

Strategic Assessment
Project: Fife Elective Orthopaedic Centre
13/03/2017—Rev. 3

Current Arrangements: Service is provided within Phase 2 at Victoria Hospital, Kirkcaldy serving the community of Fife. Current provision includes 2 no. orthopaedic laminar flow theatres and a supporting 24 bed ward. 22 no. sessions delivered over 6 days at capacity. Condition and flow of existing accommodation in need of improvement in order to sustain the service for the future.

What is the need for change?	What benefits will be gained from addressing these needs?	How do these benefits link to NHSScotland's Strategic Investment Priorities?	What solution is being proposed?

Identify Links

Identify Links

Prioritisation Score

1. Current ward provision does not support infection control, safety and the overarching strategy to move towards single room accommodation.

2. Current accommodation does not support effective patient pathways / flow with bottle-necks arising. Situation affects efficiency of service provision.

3. Current provision compromises patient dignity and quality of experience overall.

4. Condition of existing facilities are below the required standard to support the service over the longer term.

Positive patient experience and dignity respected.

Maintains support to allow people to live independently together with life quality. **Overarching benefit.**

Improves the healthcare state (condition, quality, perception, statutory, back-log and lifecycle).

Minimises readmissions and improves timely discharge.

Optimises resource usage.

Improves HAI and patient safety.

Person centred — 5

Safe — 5

Effective quality of care — 5

Health of population — 3

Value and sustainability — 5

TOTAL SCORE — 92

Service scope/size

Orthopaedic service centre for NHS Fife

Service arrangement

Co-location of 2 no. theatres and supporting ward accommodation

Service providers

NHS Fife

Impact on assets

Improve existing assets

Value and procurement

Frameworks Scotland 2/3 (capital) - £8m

ROOF

13
12
11
10
9
8
7
6
5
4
3 ░░░░░░ PHASE 2 THEATRES
2
1
0
LEVEL B   GROUND
                           LEVEL

LOCATION DIAGRAM

E BED LIFT 03.BA.16
DRY RISER

D BED LIFT 03.BA.15

C THEATRE LIFT 03.BA.14

LIFT HALL 03.BA.02

MAIN STAIRS 03.BA.01

B GOODS LIFT 03.BA.13

A GOODS LIFT 03.BA.12

PASSENGER LIFT 1 03.BA.03

PASSENGER LIFT 2 03.BA.04

EQUIPMENT STORE 03.BA.43

CORRIDOR 03.BA.10

CORRIDOR 03.BA.05

CORRIDOR 03.BA.06

STORE 03.BA.17

D.S.R. 03.BA.12

FIRE ESCAPE 03.BA.11

SLUICE ROOM 03.BA.30

THEATRE 1 03.BA.31

ANAESTHETIC ROOM 1 03.BA.32

PATIENT TRANSFER AREA 03.BA.26

ANAESTHETIC ROOM 3 03.BA.27

THEATRE 3 03.BA.28

STORE 03.BA.29

FIRE ESCAPE 03.BA.07

ESTATES STORE (WEST)

STERILISING ROOM & STERILE STORE 03.BA.44

SCRUB-UP THEATRES 1&2 03.BA.33

DARK ROOM 03.BA.34

RECOVERY ROOM 03.BA.46

SCRUB-UP THEATRE 3 03.BA.23

STERILISING ROOM & STERILE STORE 03.BA.22

D.S.R. 03.BA.21

ESTATES STORE (EAST)

PLASTER ROOM 03.BA.45

X-RAY STORE 03.BA.35

SLUICE ROOM 03.BA.47

STORE 03.BA.24

FEMALE CHANGING & LOCKERS 03.BA.20

WC
WC 03.BA.19

WC

STORE 03.BA.41

TROLLEY BAY 03.BA.10

STERILE STORE 03.BA.36

STAFF LOUNGE 03.BA.25

MALE CHANGING & LOCKERS 03.BA.18

SH

STORE 03.BA.40

SLUICE ROOM 03.BA.39

THEATRE 2 03.BA.38

ANAESTHETIC ROOM 2 03.BA.37

CLEAN CORRIDOR 03.BA.09

CLEAN CORRIDOR 03.BA.08

SH SH

SH

WC

E BED LIFT

D BED LIFT

C THEATRE BED LIFT

LIFT HALL

B GOODS LIFT

A GOODS LIFT

PASSENGER LIFT 1   1

PASSENGER LIFT 2   2

ROOF
13
12
11
10
9
8
7
6
5
4
3
2
1
0
LEVEL B

WARD 10

GROUND LEVEL

LOCATION DIAGRAM

STORE CONSULTANT 1 BED WC 1 BED STAFF WC (M) SECRETARIES CONSULTANT PLANT ROOM EQUIPMENT STORE NURSES LOCKERS CHARGE NURSE MEDICAL OFFICER STAFF WC (F) 1 BED WC 1 BED 1 BED WC

SWITCH CUPBOARD

WARD 10

FIRE ESCAPE

SHOWER (M) SHOWER (M) WASHROOM (M) NURSE'S STATION REGISTRAR SLUICE/ DIRTY UTILITY TREATMENT ROOM CLEAN UTILITY KITCHEN D.S.R. SLUICE NURSE'S STATION WASHROOM (F) SHOWER (F) SHOWER (F)

FIRE ESCAPE

WC (M) 4 BED 4 BED 4 BED WC (M) DAY SPACE MEDICAL SECRETARIES WC (F) 4 BED 4 BED 4 BED WC (F)

STORE STORE STORE STORE

Project Title
VICTORIA HOSPITAL, KIRKCALDY
PHASE 2 - LEVEL 4, (BLOCK BA-4)
WARD 10

Drawing Title
FLOOR PLAN

Date **JUN 96** Rev

Drawn **ROB**

Scale **N.T.S.**

Drawing No
VHK \ BA-4 \ FLOOR \ A3

Sessions required to maintain demand/capapcity balance using ISD projections for arthroplasty applied to all subspecialities [2]						
	Description of the sessional surplus/defecit of planned ortho theatre when comparing current availability with projected demand until 2035					
		Current	2025	2030	2035	Comments
Total sessions activity 2016-2017 and forward projections (2025,2030,2035) [1]	Total	0% 1459	18% 1722	28% 1868	33% 1940	
Total theatre (IP/DC) sessions available current (@90% utilisation)	1498	39 [4]	-224	-370	-442	
Total theatre (IP/DC) sessions available current (@85% utilisation)	1414	-45	-308	-454	-526	Reflects current utilisation 1 theatre utilised 52 week/yr = 520 sessions
Total theatre (IP/DC) sessions available current (@80% utilisation)	1331	-128	-391	-537	-609	

Notes:

[1] Total activity (planned orthopaedics) includes all the funded consultant core capapcity (as in Cons contracts), WLI and activity undertaken outwith board (GJNH). In 2016-17 demand and capapcity was balanced

[2] ISD produced projections for increased arthroplasty actvity in 2025,2030 ands 2035. It was assumed similar increases would be seen across all specialities. These projected increase in activty were applied to sessional requirements for 2016-2017 to give an estimate of future demand. These are described in sessional requirements for NHS Fife for elctive orthopaedics in 2025,2030 and 2035

[3] Theatre utilisation (as a percentage of all available sessions) was calculated at 100%, 90%, 85% and 80%. The figure calcculated reflects the total number electvie orthopaedic theatre sessions avaiulable for the described utilisation. The figures of 85% utilisation is reflective of current theatre use. NHS Fife is recognised as having some of the most efficient electvie orthopaedics theatres within Scotland.

[4] A positive number represents a surplus of theatre sessions at the defined theatre utilisation, a negative number represents a defecit of theatre sessions to meet demand compared to current sessional availability.

ISO A1 - 594mm×841mm

DEPARTMENT

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- 04 - ENTRANCE and FM
- 05 - STAFF/COMMUNAL
- 06 - PLANT
- 07 - CIRCULATION
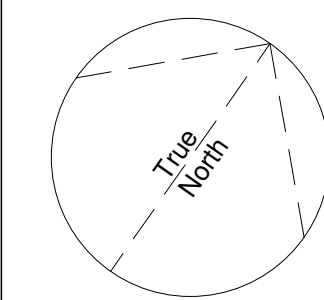
North Arrow

True North

Detail Symbol

Detail No.
Sheet No.

NORR
NORR Consultants Limited.
An Ingenium International Company

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Glasgow G3 8JU
Scotland, UK
norr.com

Drawn	Date
HR	10/01/2020
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NP	10/01/2020
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1 : 100 @ A1	

Client
NHS FIFE

Project
FIFE ELECTIVE ORTHOPAEDIC CENTRE

Drawing Title
GA GROUND FLOOR PLAN

Sheet Status
S3 - FOR REVIEW

Project No.
IAGG19-0018

Drawing No.	Rev.
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DEPARTMENT

- 03 - INPATIENTS
- 06 - PLANT
- 07 - CIRCULATION

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NP	10/01/2020

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Project
FIFE ELECTIVE ORTHOPAEDIC CENTRE

Drawing Title
GA FIRST FLOOR PLAN

Sheet Status
S3 - FOR REVIEW

Project No.
IAGG19-0018

Drawing No.
EOC-NOR-XX- 02-DR-A-00002

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P09

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- 05 - STAFF/COMMUNAL
- 06 - PLANT
- 07 - CIRCULATION
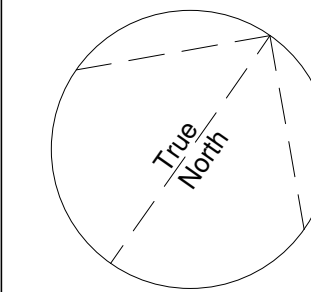
North Arrow

True North

Detail Symbol

Detail No.

Sheet No.

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Drawn	Date
HR	10/01/2020
Checked	Date
NP	10/01/2020
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Client
NHS FIFE

Project
FIFE ELECTIVE ORTHOPAEDIC CENTRE

Drawing Title
GA SECOND FLOOR PLAN

Sheet Status
S3 - FOR REVIEW

Project No.
IAGG19-0018

Drawing No.
EOC-NOR-XX- 03-DR-A-00003

Rev.
P09

SCALE - 1:100

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ISO A1 - 594mmx841mm

1/1

170/561

AEDET Refresh v1.1 Feb 2016   **Fife Elective Orthopaedic Centre**   **Summary**

Category	Benchmark	Target	OBC	FBC	POE
Use	2.5	4.2	4.5	5.7	0.0
Access	2.0	2.0	3.4	5.7	0.0
Space	2.0	4.1	4.5	5.8	0.0
Performance	1.7	4.1	2.1	5.0	0.0
Engineering	2.2	3.4	0.0	4.4	0.0
Construction	0.0	4.0	0.0	4.0	0.0
Character and Innovation	1.7	3.4	3.3	5.8	0.0
Form and Materials	1.8	3.7	2.1	5.3	0.0
Staff and Patient Environment	2.1	3.9	4.0	5.7	0.0
Urban and Social Integration	1.0	3.0	4.5	5.7	0.0

NHS National Services Scotland

Health Facilities Scotland

Summary Progress

Initial brief and proposed site for development HAI – SCRIBE Sign off		
HAI-SCRIBE Name of Project	NHS Fife Elective Orthopaedic Centre	
Name of Establishment	Victoria Hospital, Kirkcaldy	National allocated number
HAI-SCRIBE Review Team	Margaret Selbie and Julia Cook	
Completed By (Print Name) Ben Johnston of Thomson Gray		Date 25.07.19
Signature(s)		Date 25.07.19

Stage 1:

Additional Notes:

Attendees reviewed the project against information that is currently available. In some instances information was not available to confirm if there is a risk that needs to be managed and mitigated at this stage - for example, Ground Investigation for item 1.1. Therefore it was agreed to leave this SCRIBE open in draft meantime and review it again once the information becomes available. Items 1.1 and 1.11 remain open at 25 July 2019.

Update 02/06/20 (rev 1) – updates identified in red text.

Update 09/06/20 (rev 2) – updates identified in blue text

Note: Advice may be required from specialists on issues such land engineering, etc.

Development stage 1: Initial brief and proposed site for development

Some Hazards in the surrounding areas may present a risk of pollution rather than direct infection with the control measures for the healthcare facility to keep windows and ventilation intakes closed however. However, this may increase the risk of HAI in the healthcare facility. It may be necessary to seek further information as part of the assessment of the hazard. Potential hazards from adjacent sites may include:

- the extent of the dust, noise, smell and other pollution;

- the risk of bacterial or fungal infection from existing industries in the area which may be present e.g. cooling towers and/or demolition or construction works;

- the hours of operation;

- the volume of traffic;

- the kind of materials being handled and processed;

- the volumes of materials being handled and processed;

- the time/frequency of deliveries and site traffic movement volume;

- the deliveries being in closed or open containers;

- the transfer arrangements from delivery vehicles to storage/processing facilities;

- the exhaust flues from the processing plant;

- the prevailing wind direction;

- the areas of the healthcare development most likely to be affected;

- the measures which could be designed into the proposed healthcare development to eliminate or minimise the impact of the pollution and if these measures might increase the risk of HAI;

- risk of flooding;

- asbestos in any existing buildings;

- proximity of rivers or streams;

- previous use of site, greenfield/brownfield site;

- land contamination;

- potentially polluting activities during periods of high rainfall.

Health Facilities Scotland

Implementation strategy

SHFN 30 Part B: HAI-SCRIBE

NHS
National
Services
Scotland

Initial Brief and proposed Site for development identification of hazards, associated risks and control measures		
1.a	Brief description of the proposed development project and the planned development site.	Theatres (3 no.), inpatient accommodation (34 beds) and outpatient accommodation (12 consulting rooms). New build adjacent to ward 6.
1.b	Identify any potential hazards associated with the design and/or proposed site.	1. Adjacent to live operational buildings - dust, traffic, fumes. 2. Maintenance of fire escape routes adjacent to site. 3. Maintenance of general access routes for staff/patients. 4. Access for pharmacy deliveries may be compromised.
1.c	Identify any risk associated with the hazards above.	Dust, fumes, noise and general H&S.
1.d	Outline the control measures that require to be implemented to eliminate or mitigate the identified risks. Ensure these are entered on the project risk register.	Access routes for staff/patients/visitors during construction to be developed. Temporary and permanent pharmacy delivery arrangements to be discussed and agreed. Adjacent buildings (A&E, wards 5-8 and pharmacy) to be considered in respect to openings, ventilation intake and privacy in advance of construction. Much of the above noted measures will be tackled as part of HAI3 but are referenced here for future consideration.
	Control Measures.	
1.e	It has been recognised that control measures identified to address the project risk may have unintended consequences e.g. closure of windows can lead to increased temperatures in some areas. Such issues should be considered at this point, they should be noted and action to address these taken.	
	Potential Problems.	
	Control Measures.	
1.f	Actions to be addressed. 1. Building to incorporate deterrents for nesting birds as part of the design. Action: PSCP Deadline: FBC 2. Asbestos survey for areas where the project is breaking into the existing structure and where services are being routed through existing corridors. Action: PSCP Deadline: FBC/Construction	

By	Deadline

Initial Brief and proposed site for development, development stage 1: checklist to ensure all aspects have been addressed			
1.1	Is contaminated land an issue? e.g. asbestos, oils and heavy metals. (Refer to the Contaminated Land Register)	Yes ☐ No ☒ N/A ☐	
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☐ No ☐ N/A ☒	
Comments	There is no indication of asbestos, oils or heavy meatal and therefore "No" has been selected above and there are no associated actions to be addressed. Notwithstanding, it may be of intertest to note that some low gas concentrations have been encountered. These will be mitigated through the technical design of the building which will include barrier pipe and a gas membrane.		
1.2	Is there a locally recognised increased risk of contamination or infection e.g. cryptosporidium? If yes give details.	Yes ☐ No ☒ N/A ☐	
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☐ No ☐ N/A ☒	
Comments			
1.3	Are there industries or other sources in the neighbourhood which may present a risk of infection or pollution e.g. animal by-products processing plant? If yes give details.	Yes ☐ No ☒ N/A ☐	
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☐ No ☐ N/A ☒	
Comments			
1.4	If there are any industries or other sources identified in question 1.3 above, will they affect the designed operation of the healthcare system? Consider the planned function of the design as well as issues such as: Ventilation Opening of doors and windows Water systems etc.	Yes ☐ No ☒ N/A ☐	
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☐ No ☐ N/A ☒	

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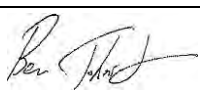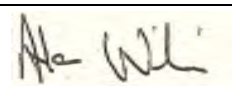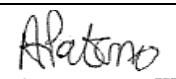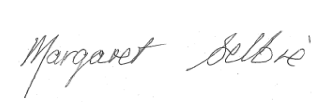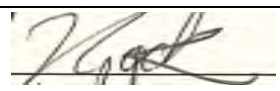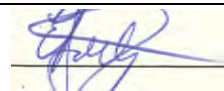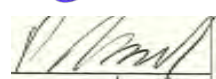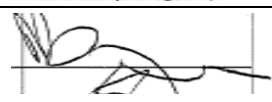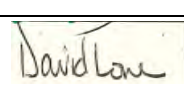
		Initial Brief and proposed site for development, development stage 1: checklist to ensure all aspects have been addressed continued		
1.5		Are there construction/demolition works programmed in the neighbourhood which may present a risk of pollution or infection (including fungal infection)?	Yes ☐ No ☒ N/A ☐
		Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☐ No ☐ N/A ☒
Comments			
1.6		Are there cooling towers in the neighbourhood which may present a risk of *Legionella* infection? Consider also air handling units, water pipes etc.	Yes ☐ No ☒ N/A ☐
		Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☐ No ☐ N/A ☒
Comments			
1.7		Does the topography of the site in relation to the surrounding area and the prevailing wind direction present any HAI risk e.g. from entrainment of plumes containing *Legionella*?	Yes ☐ No ☒ N/A ☐
		Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☐ No ☐ N/A ☒
Comments			
1.9		Will the proposed development impact on the surrounding area in any way which may present potential for infection risk? Consider possible restrictions being applied to the operation of the proposed facility e.g. Facilities Management routes.	Yes ☐ No ☒ N/A ☐
		Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☒ No ☐ N/A ☐
Comments The building could attract nesting birds. The design is to be considerate of this as far as possible.			

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Initial Brief and proposed site for development, development stage 1: checklist to ensure all aspects have been addressed continued		
1.10	Will lack of space limit the proposed development and any future expansion or change of use of the facility?	Yes ☐ No ☒ N/A ☐
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☐ No ☐ N/A ☒
Comments		
There will be room to expand in the future but this would be on car parking area. The briefing has built in additional space to cope with future projected demand.		
1.11	Has a demolition/refurbishment asbestos survey been carried out?	Yes ☐ No ☒ N/A ☐
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☒ No ☐ N/A ☐
Comments		
There will be a requirement to carry out an asbestos survey in connection to breaking into the existing building in order to form the link corridor. The R&D surveys will be undertaken in FBC and/or Stage 4 (construction) and will be linked into the project programme.		
1.12	Has consideration been given to the projected lifespan of the facility and its impact on planning and development?	Yes ☒ No ☐ N/A ☐
Comments		
Considered as part of the business case where refurbishment, modular and traditional buildings were appraised. Decision taken to pursue a traditional building which has the longest lifespan.		
Additional notes - Stage 1		
Options for the location of the building were significantly constrained due to the briefing requirement to form a physical connection to ICU. The site adjacent to ward 6 was the only viable option.		

Development Stage 1: HAI-SCRIBE applied to the initial brief and proposed site for development				
Certification that the following documents have been accessed and the contents discussed and addressed at the Infection Control and Patient Protection Meeting held on.				
Venue	Victoria Hospital Kirkcaldy, Staff Club		Date	27.05.19
'Healthcare Associated Infection System for Controlling Risk in the Built Environment' *'HAI-SCRIBE' Implementation Strategy: Scottish Health Facilities Note (SHFN) 30: Part B*				
Declaration: We hereby certify that we have co-operated in the application of and where applicable to the aforesaid documentation.				
Present				
Print name	Signature	Company	Telephone Numbers	Email address
Ben Johnston		Thomson Gray		Ben.johnston@thomsongray.com
Alan Wilson		NHS Fife	29363	Alan.wilson1@nhs.net
Ashleigh Paterno		NHS Fife	29175	Ashleigh.paterno@nhs.net
Margaret Selbie		NHS Fife	22508	Margaret.selbie@nhs.net
Julia Cook		NHS Fife	21441	Juliacook1@nhs.net
Eleanor Bathgate		NHS Fife	21349	Eleanor.bathgate@nhs.net
Craig Webster		NHS Fife	20412	Cwebster3@nhs.net
Paul Moreland		Graham Construction		Paul.moreland@graham.co.uk
Andy Ballantyne		NHS Fife	29634	andyballantyne@nhs.net
David Lowe		NHS Fife	28118	Davidlowe1@nhs.net

Susan Grubb		NHS Fife	28010	Sgrubb1@nhs.net

Document to be signed once items 1.1 and 1.11 are updated.

Development stage 2: Design and planning		
HAI-SCRIBE Name of Project	**Fife Elective Orthopaedic Centre**	
Name of Establishment	**NHS Fife**	National allocated number
HAI-SCRIBE Review Team	**Margaret Selbie and Stephen Wilson**	
HAI – SCRIBE **Sign Off**		
Completed by (Print name) **Ben Johnston – Thomson Gray**		Date **18/06/20**
Signature(s)		Date **18/06/20**
Stage 2		

Additional notes:

Actions arising from HAI SCRIBE Stage 1:-

1. Building to incorporate deterrents for nesting birds as part of the design. Action: PSCP
Deadline: FBC
Update at 18/06/20: mitigation measures incorporated into the design including window, cill, roof and landscaping considerations. All satisfied with the design response. <u>Action closed</u>.

2. Asbestos survey for areas where the project is breaking into the existing structure and where services are being routed through existing corridors.
Action: PSCP
Deadline: FBC/Construction
Update at 18/06/20: Plans being mark-up to identify the areas to be surveyed. Desktop check can then take place based on R&D surveys undertaken to date. This will allow a gap analysis for any new survey requirements. <u>Action ongoing.</u>

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Development Stage 2: HAI-SCRIBE applied to the design and planning stage of the development

Issues to be considered at the design and planning stage of the development will include an overall assessment of the project and any infection spread risk from the design and layout of the facility. An assessment of infection risk from detailed engineering and building features should also be undertaken.

Issues to be considered include (but are not limited to) the following:

- the design and layout of the healthcare facility should inhibit the spread of infection;

- the design and layout of the healthcare facility should take account of the healthcare procedures and services to be provided and the appropriate management of risk required for the range of population groups (refer to Table 2) verification of work carried out);

- finishes and floors, walls, ceilings, doors, windows, fixtures and fittings;

- space around beds;

- isolation rooms;

- provision of hand-wash basins, liquid soap dispensers, paper towel and alcohol hand rub dispensers;

- provision of sinks for decontamination purposes;

- engineering services;

- storage facilities;

- laundry and linen services.

Note: It should be noted that this document can be used for clinical and non clinical areas and some of the questions in the checklist may not apply e.g. building external plant rooms, car parking facilities. In these cases other issues may require to be addressed and the project team should consider these. All additional information should be added to the appropriate section of this document.

Design and Planning: checklist to ensure all aspects have been addressed		
2.a	Brief description of the work being undertaken.	**Theatres (3 no.), inpatient accommodation (17-beds), short stay bays (16 no.) and outpatient accommodation (12 consulting rooms). New build adjacent to ward 6 at Victoria Hospital Kirkcaldy.**
2.b	Identify any potential hazards associated with this work.	**1. Adjacent to live operational buildings – infection, dust, traffic, fumes. Risks associated with this.** **2. Dust / noise affecting neighbours and or public infrastructure (roads/paths).** **2. Risk of design issues compromising patient safety and operation of the asset (water and ventilation in particular).** **3. Risk of commissioning issues compromising safe use and operation of the building.** **4. Aseptic unit ventilation intake.**
2.c	Identify any risk associated with the hazards identified above.	**As noted above.**
2.d	Outline the control measures that require to be implemented to eliminate or mitigate the identified risks. Ensure these are entered on the project risk register.	**1. Robust construction phase plan.** **2. Robust HAI Stage 3 feeding into construction phase plan.** **3. Operative training / toolbox talks.** **4. Competent PSCP and design team.** **5. Development of robust derogations schedule against healthcare guidance providing a clear understanding of any areas where the design may not align with guidance.** **6. Robust commissioning strategy and clear commissioning roles and responsibilities.** **7. Aseptic unit ventilation intake faces in the opposite direction so should be ok – check filters etc as required.**
	Control Measures.	
2.e	It has been recognised that control measures identified to address the project risk may have unintended consequences e.g. closure of windows can lead to increased temperatures in some areas. Such issues should be considered at this point, they should be noted and action to address these taken.	**1. Closing/sealing of some windows may indeed lead to increased temperatures in the adjacent ward block. To be reviewed as part of HAI3.**
	Potential Problems.	
	Control Measures.	

2.f	Actions to be addressed.		
	1. 2.10 Group 3 soft furnishings to be impervious and wipeable. Group to be set up to review soft furnishings selection from FM and IC perspective.		
	2. 2.4 - Check required to ensure that "big linen trolley" can be accommodated within linen rooms together with the smaller trolley.		
	3. 2.41 - Theatre lighting to be reviewed in due course for ease of cleaning.		
	4. 2.42 - No water filtration on incoming potable supply. A risk assessment will be completed and tabled at the NHSF Water Safety Group for acceptance.		
	5. 2.47 - Issues noted with louvre quality on other projects. Spec to be provided to NHSF for acceptance.		
By		Deadline	

General overview			
2.1	In order to minimise the risk of HAI contamination is there separation of dirty areas from clean areas?	Yes [X] No [ ] N/A [ ]	
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes [ ] No [ ] N/A [X]	
Comments	**Clean utilities and dirty utilities separated** **Theatre service areas kept away from clinical areas** **Separate FM access route and lobby generally provided**		
2.2	Are the food preparation areas (including ward kitchens) and distribution systems fit for purpose and complying with current food safety and hygiene standards?	Yes [X] No [ ] N/A [ ]	
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes [ ] No [ ] N/A [X]	
Comments	**Ward kitchens reviewed by Stakeholders including Infection Control and FM as part of room layout development process.** **Segregated access route to kitchen provided.** **Vending areas at ground floor and within staff room.**		
2.3	Are waste management facilities and systems robust and fit for purpose and in compliance with the Waste (Scotland) Regulations?	Yes [X] No [ ] N/A [ ]	
	Consider: Local and central storage	Yes [X] No [ ] N/A [ ]	
	Systems for handling and compaction of waste	Yes [X] No [ ] N/A [ ]	

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Systems for segregation and security of waste (especially waste generated from healthcare requiring specialist treatment/disposal) to avoid mixing with other waste and recyclates.	Yes [X]	No [ ]	N/A [ ]
Have these issues and actions to be taken been noted in actions to be addressed section?	Yes [ ]	No [ ]	N/A [X]

Comments

Disposal holds provided in agreed areas per department. Layout and design worked through via 1:50 Stakeholder workshops

Waste disposal via link bridge to main hospital facility

General overview continued			
2.4	Are there satisfactory arrangements for effective management of laundry facilities? Consider:	Yes [X]	No [ ]	N/A [ ]
	Local and central storage	Yes [X]	No [ ]	N/A [ ]
	Systems for movement of laundry to central storage	Yes [X]	No [ ]	N/A [ ]
	Systems for handling laundry	Yes [X]	No [ ]	N/A [ ]
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes [ ]	No [ ]	N/A [X]

Comments

Laundry facilities via link bridge to main hospital Local storage / disposal areas provided

Linen stores provided within departments as discussed and agreed at 1:200 stage

Layout of linen stores discussed and agreed as part of 1:50 Stakeholder meetings

Check required to ensure that "big linen trolley" can be accommodated within linen rooms together with the smaller trolley.

2.5	Are there sufficient facilities and space for the cleaning and storage of equipment used by hotel services staff?	Yes [X]	No [ ]	N/A [ ]
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes [ ]	No [ ]	N/A [X]

Comments

DSR size, locations and content reviewed through each stage of the development process

One larger DSR hub provided at ground floor with smaller (but compliant) satellites provided on the first and second floors

2.6	Are staff changing and showering facilities suitably sited and readily accessible for use, particularly in the event of contamination incidents?	Yes [X]	No [ ]	N/A [ ]
	Have these issues and actions to be taken been noted	Yes [ ]	No [ ]	N/A [X]

	in actions to be addressed section?	

Comments
Staff change and shower facilities located adjacent to theatres to allow direct access.
Facilities serve rest of building. Location and facilities discussed and agreed as part of the development process.
Gender neutral facility provided.

2.7	Is the space around beds for inpatients, day case and recovery spaces in accordance with current relevant NHSScotland guidance?	Yes [X] No [ ] N/A [ ]

Comments
Bedrooms and short stay areas are sized to standard layouts / arrangements and are in accordance with healthcare guidance.
Recovery spaces sized in relation to existing facilities and agreed through the room layout development process.

General overview continued		
2.8	Are there sufficient single rooms to accommodate patients known to be an infection or potential infection risk?	Yes [X] No [ ] N/A [ ]

Comments
Room types discussed and agreed through development process.
17 no. single rooms and 16 no. short stay bays provided within the inpatient dept.
Significant dialogue on single to mutli room split at OBC stage. Discussed within NHSF, HFS and Scottish Government. OBC approved on the basis of 17 single rooms and 16 shot stay bays.

2.9	Are all surfaces, fittings, fixtures and furnishings designed for easy cleaning?	Yes [X] No [ ] N/A [ ]

Comments
All wall and floor surfaces are impervious and resilient to cleaning.
Refer to specs. In general vinyl floor, painted walls (cleanable uPVC at theatres local IPS panels at sanitaryware, laminate doors, cabinetry and fixed furniture. Ceilings are mix of cleanable lay in grid systems and cleanable uPVC at theatres.
Stakeholder consultation meetings held during FBC stage to discuss and agree material selection with infection control, cleaning and maintenance at the forefront of the selection process.
NP confirmed that there will be a 20mm gap between IPS panels allowing for ease of cleaning.

2.10	Are soft furnishings covered in an impervious material in all clinical and associated areas, and are curtains able to withstand washing at disinfection temperatures?	Yes [ ] No [ ] N/A [ ]

Comments
Soft furnishings will generally be group 3. The soft furnishings when selected will be covered in impervious material. Carry forward as an action.
No curtains envisaged except for clinical curtains.

2.11 P	Is the bathroom/shower/toilet accommodation sufficient and conveniently accessible, with toilet facilities no	Yes [X] No [ ] N/A [ ]

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	more than 12m from the bed area?	
Comments **Yes, in all areas including short stay bays.**		
2.12 D	Are the bathroom/shower/toilet facilities easy to clean?	Yes X No ☐ N/A ☐
Comments **Wipeable surfaces to all walls and floor (uPVC with IPS locally)** **Floor coved up wall to 100mm** **Floor mounted toilets selected by FM for cleaning preference**		
2.13	Where required are there sufficient en-suite single rooms with negative/positive pressure ventilation to minimise risk of infection spread from patients who are a known or potential infection risk?	Yes ☐ No ☐ N/A X
Comments **Single en-suite rooms are mechanically ventilated. They are not designed for isolation purposes. The en-suites are negative to the bedroom. The bedroom is slightly positive to the corridor. The ventilation rate to the bedrooms is 6air changes and balanced.**		

NB: In the above and following Table "D" refers to "Design" and "P" refers to "Planning".

	Provision of hand-wash basins, liquid soap dispensers, paper towels and alcohol rub dispensers	
2.14	Does each single room have clinical hand-wash basin, liquid soap dispenser, paper towels, and alcohol rub dispenser in addition to the hand-wash basin in the en-suite facility?	Yes X No ☐ N/A ☐
Comments **MS noted that alcohol dispensers should not be provided in the patient bedrooms. KR confirmed that this is in line with the drawings currently. Dispensers will be provided outside the patient bedrooms generally.**		
2.15	Do intensive care and high dependency units have sufficient clinical hand-wash basins, liquid soap dispensers, paper towels, and alcohol rub dispensers conveniently accessible to ensure the practice of good hand hygiene? An assessment should be made, however, to ensure that there is not an over-provision of hand-wash basins resulting in under-use.	Yes ☐ No ☐ N/A X
Comments **No intensive care of high dependency, but one per bay in theatre recovery.** **1 no. whb provided in each recovery bay – agreed that this is the best solution in respect to infection control, clinical requirements, patient dignity, estates/maintenance and standardisation/familiarisation across the wider campus. Basins will be used regularly and bay use will be rotated avoiding any potential legionella risk. Basins on the back walls will be less likely to incur damage or impinge on circulation space. All parties**		

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taking part in this HAI SCRIBE agreed that basins per recovery bay was the best solution for this environment.

2.16	Is there provision of clinical l hand-wash basins, liquid soap dispensers, paper towels, and alcohol rub dispensers in lower dependency settings like mental health units, <mark>acute,</mark> elderly and long term care settings appropriate to the situation with a ratio of 1 basin/dispenser to 4–6 beds?	Yes [X] No [ ] N/A [ ]
Comments	**One per single bedroom, two per short stay bay.**	

2.17	Do out-patient areas and primary care settings have a clinical hand-wash basin close to where clinical procedures are carried out?	Yes [X] No [ ] N/A [ ]
Comments	**Clinical hand wash basin provided to all clinical areas**	

2.18	Do all toilets have a hand-wash basin, liquid soap dispenser and paper towels?	Yes [X] No [ ] N/A [ ]
Comments	**No hand dryers – paper towels provided.**	

2.19	Are all clinical hand-wash basins exclusively for hand hygiene purposes?	Yes [X] No [ ] N/A [ ]
Comments		

Provision of hand-wash basins, liquid soap dispensers, paper towels and alcohol rub dispensers continued		
2.20	Does each clinical hand-wash basin have wall mounted liquid soap dispenser, paper towel dispenser?	Yes [X] No [ ] N/A [ ]
Comments	**Refer to standard assemblies for details**	
2.21 D	Does each clinical hand-wash basin satisfy the requirement not to be fitted with a plug?	Yes [X] No [ ] N/A [ ]
Comments	**In addtion, no overflows provided.**	
2.22 D	Are elbow-operated or other non-touch mixer taps provided in clinical areas?	Yes [X] No [ ] N/A [ ]
Comments		

2.23 D	Does each hand-wash basin have a waterproof splash back surface?	Yes [X] No [ ] N/A [ ]
Comments		

2.24 D	Is each hand-wash basin provided with an appropriate waste bin for used hand towels?	Yes [X] No [ ] N/A [ ]
Comments		

	Provision of facilities for Decontamination LDU	
2.25 D	Are separate, appropriately sized sinks provided locally, where required, for decontamination? (The sinks should be large enough to immerse the largest piece of equipment and there should be twin sinks, one for washing and one for rinsing. A clinical hand-wash basin should be provided close to the twin sinks).	Yes [ ] No [ ] N/A [X]
Comments		
2.26 P	Are appropriate decontamination facilities provided centrally for sterilisation of specialist equipment?	Yes [ ] No [ ] N/A [X]
Comments		
2.27 P	Is there adequate provision in terms of transport, storage, etc. to ensure separation of clean and used equipment and to prevent any risk of contamination of cleaned equipment?	Yes [ ] No [ ] N/A [X]
Comments		
2.28 P	Does the system in operation comply with the current guidance on decontamination facilities and procedures?	Yes [ ] No [ ] N/A [X]
Comments		
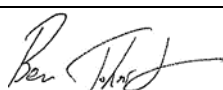
	Storage	

2.29 P	Is there suitable and sufficient storage provided in each area of the healthcare facility for the following if required patients' clothes and possessions, domestic cleaning equipment and laundry, large pieces of equipment e.g. beds, mattresses, hoists, wheelchairs, trolleys, and other equipment including medical devices, wound care, and intravenous infusion equipment, consumables etc?	Yes [X] No [ ] N/A [ ]
Comments	**Patient storage provided in each bedroom** **All areas have specific local stores for equipment, cleaning, disposables etc** **Refer to plans for details – all discussed and agreed with Stakeholders through 1:200 and 1:50 process**	
2.30 P	Is there separate, suitable storage for contaminated material and clean material to prevent risk of contamination?	Yes [X] No [ ] N/A [ ]
Comments	**Clean, dirty utility and disposal holds provided** **Refer to plans for details – all discussed and agreed with Stakeholders through 1:200 and 1:50 process**	
	Engineering services (Ventilation)	
2.31 P	Are heat emitters, including low surface temperature radiators, designed, installed and maintained in a manner that prevents build up of dust and contaminants and are they easy to clean?	Yes [X] No [ ] N/A [ ]
Comments	**Radiant panels and flush to the ceiling with anti-bacterial paint finish. Easy access is allowed to DX room cooling units for cleaning filters.**	
2.32 D	Is the ventilation system designed in accordance with the requirements of SHTM 03-01 'Ventilation in Healthcare Premises'?	Yes [X] No [ ] N/A [ ]
Comments	**No derogations or deviations from SHTM 03-01**	
2.33 D	Is the ventilation system designed so that it does not contribute to the spread of infection within the healthcare facility? *(Ventilation should dilute airborne contamination by removing contaminated air from the room or immediate patient vicinity and replacing it with clean air from the outside or from low-risk areas within the healthcare facility.)*	Yes [X] No [ ] N/A [ ]
Comments	**Room air flow rate and pressure regime as appendix 1 within SHTM 03-01. No isolation rooms are briefed or provided. Also refer to – 2.13.**	
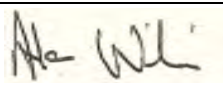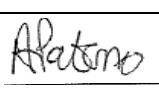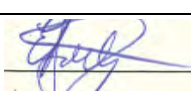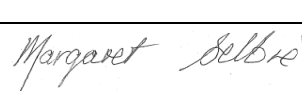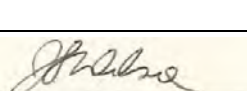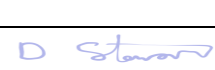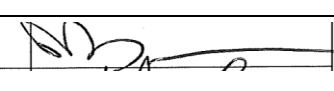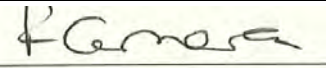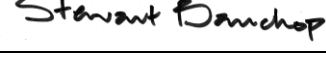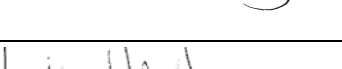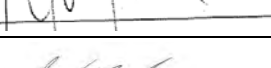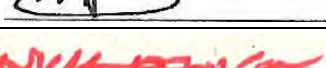
	Engineering services (Ventilation) continued		
2.34 D	Are the ventilation system components e.g. air handling, ventilation ductwork, grilles and diffusers designed to allow them to be easily cleaned?	Yes [X] No [ ] N/A [ ]	
Comments			
Access and maintenance space allowed as per SHTM 2025. Duct cleaning access as TR 19			
2.35 P & D	Are ventilation discharges located a suitable distance from intakes to prevent risk of contamination?	Yes [X] No [ ] N/A [ ]	
Comments			
Yes - minimum 4m separation as SHTM 03-01. MB confirmed that everything has been that can practicaly be done to maximise the seperation distances.			
2.36 P	Does the design and operation of re-circulation of air systems take account of dilution of contaminates and the space to be served? *(NB: Recirculation would only arise in UCV theatres)*	Yes [X] No [ ] N/A [ ]	
Comments			
Air change rates as appendix 1 within SHTM 03-01 or other associated HFS documents e.g. SHPNs etc. **MB confirmed that there is no re-circulation of air on any system.**			
2.37	Is the ventilation of theatres and isolation rooms in accordance with current guidance?	Yes [X] No [ ] N/A [ ]	
Comments			
UCV theatre suites as designed to appendix 2 & appendix 3 new standard room No.4 layout.			
2.38	Do means of control of pathogens consider whether dilution or entrainment is the more appropriate for particular situations?	Yes [ ] No [ ] N/A [X]	
Comments			
2.39	Where ventilation systems are used for removal of pathogens, does their design and operation take account of infection risk associated with maintenance of the system?	Yes [ ] No [ ] N/A [X]	
Comments			
2.40	Are specialised ventilation systems such as fume cupboards installed and maintained in accordance with manufacturers' instructions?	Yes [ ] No [ ] N/A [X]	
Comments			

Engineering services (Lighting)		
2.41 D	Is the lighting designed so that lamps can be easily cleaned with minimal opportunity for dust to collect?	Yes [X] No [ ] N/A [ ]
Comments		
LED luminaires specified throughout sealed and flush with ceiling. **Confirmed that over bed lighting will be sealed type also.** **Lighting all as per CIBSE lighting guide LG2 for healthcare and as referenced within the environmental matrix.** <mark>**Theatre lighting to be reviewed in due course.**</mark>		

Engineering services (Water services)		
2.42 D	Are water systems designed, installed and maintained in accordance with current guidance?	Yes [X] No [ ] N/A [ ]
Comments		
Compliant with SHTM 04-01 with the derogation exception of no water filtration on incoming potable supply. AW noted that he has discussed the proposed derogation with the internal and external AE. <mark>**A risk assessment will be completed and tabled at the NHSF Water Safety Group for acceptance.**</mark>		
2.43	Are facilities available to enable special interventions for *Legionella*?	Yes [X] No [ ] N/A [ ]
Comments		
Dosing points provided in heating system. Disinfection facility on the hot side. **And access provided to the cold water at the storage tank. Local valves provided for isolating so that pipes in a zone can be chemcially treated if required.**		
2.44	Is the drainage system design, especially within the healthcare facility building, fit for purpose with access points for maintenance carefully sited to minimise HAI risk?	Yes [X] No [ ] N/A [ ]
Comments		
Access to access doors/rodding eyes on stacks via access panels on IPS. Access also via ceiling void. Access above and below whb via IPS arrangements. Stacks in accordance with British Standards with access doors at all changes of direction.		
2.45	Are surface mounted services avoided and services concealed with sufficient access points appropriately sited to ease maintenance and cleaning? (These services would include water, drainage, heating, medical gas, wiring, alarm system, telecoms, equipment such as light fittings, bedhead services, heat emitters.)	Yes [X] No [ ] N/A [ ]
Comments		

Estates services (Pest control)		
2.46	Is the concealed service ducting designed, installed	[X] [ ] [ ]

	and maintained to minimise risk of pest infestation?	Yes	No	N/A

Comments

All incoming ducts will be sealed once services installed. All spare ducts also sealed with draw wire

	Estates services (Maintenance access)			
2.47	Does the design and build of the facility allow programmed maintenance of the fabric to ensure the integrity of the structure and particularly the prevention of water ingress and leaks and prevention of pigeon and other bird access?	Yes [X]	No [ ]	N/A [ ]

Comments

Roof areas are accessible to allow inspection / checks. Maintenance to be via local scaffold as required. Main section of building is airtight so prevents vermin ingress. Rooftop plant area is single continuous enclosure of metal cladding and louvres Enclosure will be checked for gaps on completion. Enclosure materials are generic and simple to patch / replace if required. No external ventilation plant on the roof, all within the roof plantroom. No requirement for bird netting. Anti-bird spikes should be fitted to outdoor cooling condensers. All intake and discharge louvres with bird mesh. Louvre plenum boxes with angled base and drain point to remove any rain water carry over under extreme weather conditions.

Issues noted with louvre quality on other projects. Spec to be provided to NHSF for acceptance.

Additional notes - Stage 2

Development stage 2: HAI-SCRIBE applied to the planning and design stage of the development.		
Certification that the following documents have been accessed and the contents discussed and addressed at the Infection Control and Patient Protection Meeting held on.		
Venue	**Held via Microsoft Teams**	Date **18/06/20**
'Healthcare Associated Infection System for Controlling Risk in the Built Environment' ('HAI-SCRIBE) Implementation Strategy Scottish Health Facilities Note (SHFN) 30: Part B).		
Declaration: We hereby certify that we have co-operated in the application of and where applicable to the aforesaid documentation.		
Present		
Print name	Signature	Company
Ben Johnston Project Manager	*[signature]*	Thomson Gray

Name / Role	Signature		Organisation
Alan Wilson Project Director	*[signature]*		NHS Fife
Ashleigh Paterno Project Administrator	*[signature]*		NHS Fife
Eleanor Bathgate Clinical Project Manager	*[signature]*		NHS Fife
Margaret Selbie Infection Control	*[signature]*		NHS Fife
Stephen Wilson Consultant Microbiologist	*[signature]*		NHS Fife
Dale Stewart Estates	*[signature]*		NHS Fife
Andy Ballantyne Clinical Lead	*[signature]*		NHS Fife
Fiona Cameron Service Lead	*[signature]*		NHS Fife
Nicola White Facilities Management	*[signature]*		NHS Fife
Billy Nixon Health and Safety	*[signature]*		NHS Fife
Stewart Bauchop Estates	*[signature]*		NHS Fife
Lorna Bellingham Inpatient Lead	*[signature]*		NHS Fife
Yvonne Robson Outpatient Lead	*[signature]*		NHS Fife
Paul Moreland Framework Manager	*[signature]*		Graham Construction
Kevin Reilly Design Manager	*[signature]*		Graham Construction
Mike Baird M&E Services	*[signature]*		Rybka
Nick Peaker Architect	*[signature]*		Norr

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Ⓒ *Health Facilities Scotland, a Division of NHS National Services Scotland*

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Fife Elective Orthopaedic Centre

Design Statement

19 July 2019 – Rev. 5

Investment Objectives:

The investment objectives of the project are:

1. Improve infection control and safety risk

2. Improve patient pathways and flows

3. Improve patient perception

4. Improve accommodation in respect to space standards and physical condition

Therefore, in order to realise the above objectives through investment in facilities, the resultant facility must possess the following attributes:

1 Non-negotiables for patients

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
1.1	The appointment/pre-assessment system, staffing/support systems, and the physical environment must make access to the facility easy, calming, welcoming and enable patients to maintain their independence & dignity. The facilities must be accessible from a variety of modes of transport including cars, buses and patient drop-off points.	• Pre-arrival systems to prevent the need for sensitive personal information to be sought at check-in and ensure any support in movement (chairs for those with difficulty walking or people to support those with sensory or cognitive impairments) can be booked in advance **so that it's there to meet** patients at the car/ drop-off/bus stop or reception as agreed. • Information and directions pre-appointment to be provided in accessible format tailored **to patient's needs providing direction to** correct site entrance and building entrance considering planned transport mode, this will communicate landmarks of identity to look out (*this requires the physical environment to have such landmarks at key points on the journey)* for as well as written signposting. • Good communication in advance of arriving including pictorial images and maps. • Robust wayfinding. Variety of forms to be incorporated including signage and use of colours. As per NHS Guidance on signage formats. • Drop off points and car parking close to entrance. Drop off point will be within 20m of entrance. • Adequate parking including ample blue badge spaces. • There will be a system in place to protect	 • Example of good proximity of drop-off to entrance.

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
		patient parking (barrier).	
1.2	The entrance to the facilities will be welcoming and clearly visible.	▪ Entrance will be visible and clearly marked/signed. ▪ Entrance and route to the entrance will be accessible and smoothly paved to avoid tripping hazard. ▪ Floor surface on entrance to prevent tracking of water, dirt. ▪ Doors will be user friendly for all mobilities and suitable for all ages. ▪ Covered sheltered entrance. ▪ Green space/features.	 ▪ The above example draws you towards the entrance without the need for sigange. Green features also offerred. Length of path to entrance excessive however. ▪ Entrance clearly visible and covered/sheltered entrance provided. Surfaces look flat/smooth.

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
1.3	The facilities will include a distinct reception area to help with patient transition into the ward. The area will be comfortable, welcoming and convenient. On entering the building there must be immediate access to assistance, toilet facilities, refreshments and a clear onward direction. The arrival space must be open, bright, soothing, and have positive distractions for those who may wish to linger there a while before moving into the ward/treatment environment.	• The entrance/reception area will contain a clearly visible desk in which to greet the patient and provide a sense of security and familiarity. • The reception area will contain flexible seating and will appear bright, homely and welcoming. • The reception will contain natural light but will be considerate of the use of light in respect to the visually impaired. • The reception will contain accessible toilets and all of the toilets provided shall be accessible. All toilets will be fitted to Doc M pack standards. Toilets will be signed for all disabilities (not just wheelchair). Doors will also be marked for left and right transfer. Toilets will be visible from the reception area and therefore the rooms shall be directly adjacent. Distance from furthest waiting seat and toilet will be no longer than 30m. • This reception space will be for arrival only and a separate segregated space will be provided for discharge to reduce patient discomfort/anxiety. • Floor finish to be appropriate for use and will not be too reflective. • Proximity of external door to seating area / reception to be considered to avoid cold air and discomfort.	 • Feeling of space, light and a prominent reception desk feature appeals. • Seating will not be fixed. • Area bright and spacious. Conection to first floor appeals providing volume, space and light to reception. Connection may also assist with wayfinding.

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
			▪ Good use of glazing to offer light and excellent connections to other floors. ▪ Possible examples of colourful, comfortable seating.

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
1.4	Admissions area: the experience of waiting prior to surgery must be calming and allow for personal choice in the level of social interaction you have (sit quietly alone, with friends/family) or interact with other patients for mutual support. There must be things to keep your mind occupied. You must feel confident that staff know that you are there, aware of any delays and able to get assistance easily.	- Waiting areas to have seating arranged in groups of different sizes and nature. - Space to have view to attractive external space, with direct access out. - Staff area within 10m and visible from waiting. - Sitting area and interview rooms/pods required to deal with pre-assessment of the patient. - Toilets require to be accessible to this area (i.e. directly adjacent).	The examples above show comfortable seating that can be private or more social.

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
1.5	Bedrooms to be a homely environment where you feel you and your belongings are safe, you can have private time and peace, but you are not disconnected from support in the ward and from your friends/family. This is the first environment for enablement and therapy so it must provide space and encouragement to get out of the bed and engage in everyday activities.	▪ A mix of bed space if desirable consisting of multi-beds and single beds. This will help to cater for different patient needs – some patients prefer to be accommodated in more social areas where as others prefer their own space. Multi-bed areas also help from an assistance perspective where patients sometimes feel more secure in this environment. Bed ratios will also facilitate the services requirements in respect to inpatient and day case. ▪ Activities and views must be equally available from a comfortable seat as from the bed to encourage people to get up and dressed and moving. ▪ Personal control of environment including temperature, ventilation, lighting (including task lighting and mood lighting) and blinds. ▪ Flexible spaces to be adopted to allow male/female patient segregation. ▪ En-suite facilities to be provided. Standard same as outlined in item 3. ▪ No central TV facilities desirable but infrastructure for personal entertainment is. ▪ Placement of clinical facilities at the bedhead space to be carefully considered to facilitate accessibility.	 Indicative view of inpatient unit bedroom

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
1.6	The ward, in its layout and amenities, must reduce isolation and facilitate enablement of patients, encouraging them to be up and about and engaging in normal day to day experiences as quickly as possible. A range of flexible carefully located spaces are to be provided for dining, socialising and reflecting.	▪ Flexible spaces for dining, socialising and reflecting are to be provided. ▪ Appropriate new furniture is to be provided. ▪ Outside space to facilitate rehabilitation and to act as another social/reflective space. Social areas of different types/natures to be incorporated into the wards to allow patients to sit in small groups to talk/eat/be entertained, allowing people a choice of environment and activity. Spaces must be flexible to be used for a range of purposes through the day including special events like a movie night. ▪ There will be a place to make your own refreshments to maximise independence. ▪ At least one of these spaces to be visible from every bedroom, and within 10m of that bedroom door, to encourage people out of their room. ▪ Spaces to be visible/observable from staff locations/routes, and all spaces designed to be occupied for over 30mins to have natural light and a view to greenspace.	 ▪ Covered outide space appeals. ▪ Bright social space with good use of natural light.

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
			▪ Quieter spaces with views to the outside.
1.7	The experience of going to, and returning from, theatre must enable patients to retain independence for as long as possible, reduce stress and defend dignity.	▪ Discrete route from ward to theatre away from public routes. Route to be max 20m to allow people to walk and reduce trolley/wheelchair transfer. ▪ Waiting close to theatre (generally 15 mins) to be in nice, calming environment with positive distractions. ▪ Routes into and out of theatres to separate patient flows so people under the influence of sedation are not viewed by other patients. ▪ The Anaesthetic room and theatres must have a calming environment (though clearly clean, professional, clinical) with positive distractions and the means for patients to see, or not see, the procedure. There must be facilities to play music and ceilings shall include interesting artwork or other features to look at when prostrate and conscious.	▪ Calming mood lighting in theatre ▪ Art work.

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
			 ▪ Interesting ceiling features. ▪ Discreet transfer route ▪ Wide / colourful corridors.
1.8	Other considerations	▪ Rehab facilities/spaces will be incorporated into the design.	

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
		▪ A discharge area similar in environment as the reception area shall be provided. NOTE – this should be separate/segregated from the **reception area forming and "in/out" flow.**	

Patient consultation workshop took place at the Victoria Hospital in Kirkcaldy on 29 June 2017. The following individuals attended the workshop.

Name	Designation	Contact details
Betty McNeil	Member of Public (Secretary Fife IA)	betty.mcneil@talktalk.net
Dave Davies	Member of Public (Former service user)	dave@stegotc.co.uk
Tina Chapman	Member of Public	tinachapman1@msn.com
Moira Nelson	Senior Charge Nurse	moiranelson@nhs.net
Ben Johnston	Senior Project Manager – Turner & Townsend	ben.johnston@turntown.co.uk
Alan Wilson	Head of Estates / Project Director	alan.wilson1@nhs.net
Pauline Hope	Clinical Nurse Manager	pauline.hope@nhs.net
Deirdre Harris	Consultant Nurse – Infection Control	deirdreharris@nhs.net

Eleanor Bathgate	Theatre Manager	eleanor.bathgate@nhs.net
Lorna Bellingham	Senior Charge Nurse	lorna.bellingham@nhs.net
Fiona Cameron	Service Manager	fiona.cameron1@nhs.net

2 Non-negotiables for staff

Ref. no	Non-negotiables	Benchmark standards	What success might look like
2.1	Sufficient designated rest areas to be provided to allow staff to replenish and unwind in an appropriate environment and carefully considered convenient location.	▪ Rest areas will include appropriate catering facilities. ▪ Rest areas will include areas for meals, snacks, informal meetings and breakout space for informal working ▪ Rest areas can be used by all Orthopaedic staff. ▪ Rest area(s) can be shared with other services so long as they have capacity and do not compromise on travel distances. Rest room(s) with facilities to store/prep food within 50m of ward and 50m of theatre suite. These must have daylight and views and provide space for staff to sit together for social interaction, or alone for a moments peace. They will be designed so that they can be used for other informal purposes (such as sitting with a laptop or coming together for special occasions).	 ▪ Interesting room with good use of light. ▪ Functional space with blend of welfare and desk/table space. ▪ Clever use of worktops which might be appropriate for informal hotdesking.

Ref. no	Non-negotiables	Benchmark standards	What success might look like
			▪ Nice light space with a variety of seating options.
			▪ Possible outdoor seating area.

Ref. no	Non-negotiables	Benchmark standards	What success might look like
2.2	The facilities will include flexible spaces for meetings and multi-use purposes.	▪ The spaces will be carefully designed to accommodate a variety of uses. ▪ Office areas to be designed to bring like activities together, and provide break out spaces for 1to1 conversations, phone calls and impromptu meetings/discussions. ▪ Infrastructure shall be included to facilitate mixed forms of communication and IT. ▪ Lighting shall be appropriate for the tasks/use. ▪ Hotdesking facilities to be provided via functional efficient spaces but with a degree of privacy (screening as an example).	 ▪ Good use of screening to create some privacy in a hot desk environment.
2.3	Appropriate changing areas will be provided close to the working environments.	▪ The changing areas will allow staff to change into their uniforms prior to entering the patient areas. ▪ Changing areas can be used by all Orthopaedic staff so long as acceptable travel distances can be maintained.	
2.4	Adequate storage shall be provided to enable other spaces to function as designed and intended.		

Staff consultation workshop took place at the Victoria Hospital in Kirkcaldy on 23 June 2017. The following individuals attended the workshop.

Name	Designation	Contact details
Moira Nelson	Senior Charge Nurse	moiranelson@nhs.net
Ben Johnston	Senior Project Manager – Turner & Townsend	ben.johnston@turntown.co.uk
Alan Wilson	Head of Estates / Project Director	alan.wilson1@nhs.net
Deirdre Harris	Consultant Nurse – Infection Control	deirdreharris@nhs.net
Eleanor Bathgate	Theatre Manager	eleanor.bathgate@nhs.net
Lorna Bellingham	Senior Charge Nurse	lorna.bellingham@nhs.net
Pauline Hope	Clinical Nurse Manager	pauline.hope@nhs.net
Fiona Cameron	Service Manager	fiona.cameron1@nhs.net
Andrew Ballantyne	Consultant Orthopaedic Surgeon	andyballantyne@nhs.net
Dianne Williamson	Equality and Diversity Lead	dianne.williamson@nhs.net

3 Non-negotiables for visitors

The needs of these people will be largely met by the objectives above, only additional criteria are noted below.

Ref. no	Non-negotiables	Benchmark standards	What success might look like
3.1	Designated visitor toilet facilities will be provided.	▪ The facilities will be accessible to the standard noted earlier (refer to item 1.3).	
3.2	The facility must enable staff to support patients and family members in their understanding of the issues with treatment and provide space for them to deal with any impact on themselves away from the patient.	▪ There must be space on the ward for staff members to have quiet conversations with family members, to provide information and support to them in their role as carers and for them to sit in peace and privacy when needed. This must be in an environment that is calming and homely, with daylight and privacy.	 ▪ This space could be a room as referenced above, or provided by a flexible quiet seating area as referenced below.

4 Alignment of investment with policy

This section is about the additional benefits (not directly related to the service to be provided) that can be delivered, so things like contributing to regeneration, health promotion, good corporate citizenship etc

Ref. no	Non-negotiables	Benchmark standards	What success might look like
4.1	Contribution towards Victoria **Hospital's estate strategy.**	• The project will contribute towards Victoria **Hospital's estate strategy. This involves** creating opportunities for the clinical care to be withdrawn from the tower block. • Any new development will seek to rebalance any displaced car-parking. • Existing bus, taxi, drop off and hospital servicing will not be negatively impacted by the project. • The project will look to maintain and if possible, enhance accessibility, understanding and the visual impact of the wider site. This may include improvement around site access, wayfinding, carparking, nature and connections to relevant adjacent services. Any new facility will be planned in the context of the existing site helping to improve the visual impact of the hospital.	
4.2	Energy	The design will positively contribute to the energy and emissions criteria as described within current Scottish Government policies; i.e. evidenced measured reportable 59% emissions reduction compared with 2015 levels by 2032: per: Duties of Public Bodies: Reporting Requirements, and Energy Efficient Scotland Road Map (May 2018). The facilities shall be designed so that estimated	

Ref. no	Non-negotiables	Benchmark standards	What success might look like
		operational energy consumption does not exceed 300kWhr/m2.

With respect to thermal comfort the design will evidence through the use of appropriate current and future weather data that none of the rooms within the facilities will exceed guideline temperatures as set out in CIBSE TM52 and TM59. | |
| 4.3 | Sustainability | Conduct a BREEAM assessment per Scottish Capital Investment Manual to obtain a BREEAM Healthcare or equivalent 'Excellent ' rating. | |
| 4.3 | Expansion | The design shall consider the means for departments to be used flexibly, adapted or expanded. National policy, clinical advancements and technological changes will impact on the way services are provided in the future, and the Facilities need to be sufficiently flexible to handle these advances. The design process shall demonstrate that potential change for expansion has been considered for rooms, departments and infrastructure.

The structural grid, construction technique, structure, service penetrations and engineering services strategy shall demonstrate that the design proposals for expansion, adaptation and flexibility are co-ordinated.

Benchmarks will include;

- Maximising the use of repeatable rooms
- Modular grid
- Adequate infrastructure capacity to deal | |

Ref. no	Non-negotiables	Benchmark standards	What success might look like
		with future change *Note: the above text does not seek to unnecessarily build a larger facility. It does however call for consideration and engagement within the Project Team to demonstrate that expansion and flexibility has been adequately considered and built into the proposals where there is clear justification for doing so.*	

Self Assessment Process

Design Milestone	Authority of Decision	Additional Skills	How the Criteria will be evaluated and valued	Information needed to allow evaluation
Site Selection	NHS Fife	Architect		Design feasibility study
Selection of design team and PSCP	NHS Fife	Project Manager	As per High Level Information Pack criteria and scoring	PSCP responses
Project Brief	NHS Fife	Project Manager and PSCP	NHS Fife to develop draft brief. Project Manager and PSCP to assist NHS Fife with development.	Brief to be frozen by the end of RIBA Stage 2.
Acceptance of Concept Design	NHS Fife Project Manager	NDAP	AEDET, NDAP, Design Statement RIBA Stage 2 and Project Brief.	Information to be aligned with RIBA Stage 2 and NDAP OBC requirements.
Acceptance of technical design	NHS Fife Project Manager	NDAP	AEDET, NDAP, Design Statement RIBA Stage 4 and Project Brief.	Information to be aligned with RIBA Stage 4 and NDAP FBC requirements.
Post Project and Post Occupancy Evaluations	NHS Fife	Project Participants	Benefits outlined within the business case will be measured to ascertain if they have been realised. Post Project Evaluation to be undertaken in line with SCIM Guidance.	Data will be required circa 12 months following occupation in order to measure if the benefits have been realised. This data will be **compared against the "as existing"** data to measure the extent of improvement and whether the benefits have been realised.

NHSF Orthopaedic Elective Care Centre - Schedule of Derogations - RIBA Stage 4 / FBC

REV   P07

Source - HFS complete list of publications Jan 2020.

Schedule is a live document that will be updated through FBC	Column1	Column2	Column3	Column4	Relevance	Derogation	Notes / Clarifications
Decontamination - Compliant dental local decontamination units in Scotland (GUID 5005)	Decontamination	GUIDance on Decontamination (GUID)	GUID 5005	des-19	N		
Decontamination - Management (SHTM 01-01 Part A)	Decontamination	Scottish Health Technic SHTM 01-01 Part A	sep-18	N			
Decontamination - Test equipment / methods (SHTM 01-01 Part B)	Decontamination	Scottish Health Technic SHTM 01-01 Part B	sep-18	N			
Decontamination - Sterilization by steam (SHTM 01-01 Part C)	Decontamination	Scottish Health Technic SHTM 01-01 Part C	sep-18	N			
Decontamination - Automated cleaning and disinfection equipment (SHTM 01-01 Part D)	Decontamination	Scottish Health Technic SHTM 01-01 Part D	sep-18	N			
Decontamination - Sterilization by hydrogen peroxide or ethylene oxide (SHTM 01-01 Part E)	Decontamination	Scottish Health Technic SHTM 01-01 Part E	sep-18	N			
Decontamination - Inspect, assemble and package (SHTM 01-01 Part F)	Decontamination	Scottish Health Technic SHTM 01-01 Part F	sep-18	N			
Decontamination - Guidance for service users (SHTM 01-01 GUID 5017)	Decontamination	Scottish Health Technic SHTM 01-01 GUID 5017	sep-18	N			
Decontamination - Requirements for compliant CDUs (GUID 5014)	Decontamination	GUIDance on Decontan GUID 5014	nov-16	N			
Decontamination - Guidance on loan devices (GUID 5002)	Decontamination	GUIDance on Decontan GUID 5002	jul-15	N			
Decontamination - Reusable surgical instruments transport storage and after clinical use - Design guidance (GUID 5010 Part A) [PDF 1017Kb]	Decontamination	GUIDance on Decontan GUID 5010 Part A	des-14	N			
Decontamination - Reusable surgical instruments transport storage and after clinical use - Operational guidance (GUID 5010 Part B)	Decontamination	GUIDance on Decontan GUID 5010 Part B	des-14	N			
Decontamination - Provision of compliant podiatry instruments (GUID 5007)	Decontamination	GUIDance on Decontan GUID 5007	nov-14	N			
Decontamination - Requirements for compliant endoscope decontamination units (GUID 5013)	Decontamination	GUIDance on Decontan GUID 5013	nov-14	N			
Decontamination - Guidance for disposal and recycling of medical devices (GUID 5008)	Decontamination	GUIDance on Decontan GUID 5008	okt-14	N			
Decontamination - Carriage of dangerous goods regulations with respect to used medical devices (GUID 5006)	Decontamination	GUIDance on Decontan GUID 5006	des-13	N			
Decontamination - Central Decontamination Unit (SHPN 13 Part 1)	Decontamination	Scottish Health	SHPN 13 Part 1	mai-11	N		
Decontamination - Endoscope decontamination units (SHPN 13 Part 3)	Decontamination	Scottish Health	SHPN 13 Part 3	sep-10	N		
Decontamination facilities (SHPN 13 Part 2)	Decontamination	Scottish Health	SHPN 13 Part 2	jun-08	N		
Decontamination - Design considerations Washer-disinfectors (SHTM 2030 Part 1)	Decontamination	Scottish Health Technic SHTM 2030 Part 1	okt-01	N			
Decontamination - Operational management Washer-disinfectors (SHTM 2030 Part 2)	Decontamination	Scottish Health Technic SHTM 2030 Part 2	okt-01	N			
Decontamination - Validation and verification Washer-disinfectors (SHTM 2030 Part 3)	Decontamination	Scottish Health Technic SHTM 2030 Part 3	okt-01	N			
Decontamination - Overview and management responsibilities Sterilization (SHTM 2010 Part 1)	Decontamination	Scottish Health Technic SHTM 2010 Part 1	jun-01	N			
Decontamination - Design considerations Sterilization (SHTM 2010 Part 2)	Decontamination	Scottish Health Technic SHTM 2010 Part 2	jun-01	N			
Decontamination - Validation and verification Sterilization (SHTM 2010 Part 3)	Decontamination	Scottish Health Technic SHTM 2010 Part 3	jun-01	N			
Decontamination - Operational management Sterilization (SHTM 2010 Part 4)	Decontamination	Scottish Health Technic SHTM 2010 Part 4	jun-01	N			
Decontamination - Good practice guide Sterilization (SHTM 2010 Part 5)	Decontamination	Scottish Health Technic SHTM 2010 Part 5	jun-01	N			
Decontamination - Testing and validation protocols Sterilization (SHTM 2010 Part 6)	Decontamination	Scottish Health Technic SHTM 2010 Part 6	jun-01	N			
Decontamination - Clean steam for sterilization (SHTM 2031 Part 1)	Decontamination	Scottish Health Technic SHTM 2031 Part 1	jun-01	N			
Decontamination - Requirements for compliant CDUs (GUID 5014)	Decontamination	GUIDance on Decontan GUID 5014	mai-19	N			
Water safety for healthcare premises - Alternative materials and filtration (SHTM 04-01 Part E)	Engineering	Scottish Health Technic SHTM 04-01 Part E	aug-15	Y			
Water safety for healthcare premises - Operational procedures and exemplar written schemes (SHTM 04-01 Part G)	Engineering	Scottish Health Technic SHTM 04-01 Part G	jul-15	Y			
Pneumatic tube transport systems - Design considerations and good practice guide (SHTM 08-04 Part B)	Engineering	Scottish Health Technic SHTM 08-04 Part B	jul-15	N			
Water safety for emerging technologies - Grey water recovery (SHTM 04-02 Part C)	Engineering	Scottish Health Technic SHTM 04-02 Part C	jul-15	N			
Electrical services supply and distribution - Design considerations (SHTM 06-01 Part A)	Engineering	Scottish Health Technic SHTM 06-01 Part A	jul-15	Y			
Electrical services supply and distribution - Operational management (SHTM 06-01 Part B)	Engineering	Scottish Health Technic SHTM 06-01 Part B	jul-15	Y			
Water safety for emerging technologies - Solar domestic hot water heating (SHTM 04-02 Part A)	Engineering	Scottish Health Technic SHTM 04-02 Part A	jul-15	N			
Electrical safety guidance for low voltage systems (SHTM 06-02)	Engineering	Scottish Health Technic SHTM 06-02	jul-15	Y			
Medical gas pipeline systems - Operational management (SHTM 02-01 Part B)	Engineering	Scottish Health Technic SHTM 02-01 Part B	jul-15	Y			
Specialist services - Lifts (SHTM 08-02) [	Engineering	Scottish Health Technic SHTM 08-02	jul-15	Y			
Electrical safety guidance for high voltage systems (SHTM 06-03)	Engineering	Scottish Health Technic SHTM 06-03	jul-15	Y			
Water safety for emerging technologies - Rainwater harvesting (SHTM 04-02 Part B)	Engineering	Scottish Health Technic SHTM 04-02 Part B	jul-15	N			
Specialist services - Acoustics (SHTM 08-01)	Engineering	Scottish Health Technic SHTM 08-01	jul-15	Y	Refer to Acoustic Report for details. Doors - To meet Acoustic ratings required under guidance doors require mechanical drop seals. As this is an infection control and maintenance issue the doors acoustic rating is maximised without this detail. This provides circa 10dB reduction lower than required. Refer to report for specific rating requirements. Doors are generally into semi private corridors so this is less critical. Rooms below corridors - To meet impact noise guidance corridors above critical rooms - bedrooms/ clinical rooms to have a sound resilient floor finish. This type of flooring presents usage issues and is of limited requirement. Standard vinyl flooring is therefore proposed throughout. Refer to acoustic report - corridors are generally above ancillary rooms. Theatre floor corridors are above 2 bedrooms at end of corridors. Low use and hours of occupancy differ so disturbance is unlikely. In-Patient corridors run above x-ray rooms and meeting rooms at ground floor. Occupancy and use unlikely to cause disturbance.	Refer to Acoustic Report for details. Design generally developed in line with SHTM 08-01 guidance. Briefing information from Room Data Sheets updated in line with guidance. Windows -windows on east and south facades do not comply with acoustic requirements when open. Note the window opening is not required for ventilation as the building is mechanically ventilated. This provides the occupier with choice in window use. Sound Absorption - Theatre and Recovery room ceilings. The specified solid finishes do not meet the sound absorption criteria. Paragraph 2.104 aknowledges that sound absoption criteria need to be used with care for criteria such as infection control and cleaning. In this case these criteria are assumed to take precedence over acoustic criteria.
Confined spaces policies procedures and guidance (SHTM 08-07)	Engineering	Scottish Health Technic SHTM 08-07	feb-15	Y		
HAI-SCRIBE questionsets and checklists (SHFN 30 Part C)	Engineering	Scottish Health Facilitie SHFN 30 Part C	jan-15	Y		Process ongoing for each stage
HAI-SCRIBE Manual information for project teams (SHFN 30 Part A)	Engineering	Scottish Health Facilitie SHFN 30 Part A	okt-14	Y		Process ongoing for each stage
Pressure systems - Policies and guidance (SHTM 08-08)	Engineering	Scottish Health Technic SHTM 08-08	jul-14	Y		

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Water safety for healthcare premises - Design installation and testing (SHTM 04-01 Part A)	Engineering	Scottish Health Technic	SHTM 04-01 Part A	jul-14	Y	Section 4 Water Softening - No requirement for water softening plant. Section 5 Filtration - requirement omitted for filtration on incoming mains water from Scottish Water main. Clause 7.3 24 hour storage - Water Storage to be based on 180 litres per bed with a diversity of 50% as stated in CIBSE Guide G equates to storage of 12 hours per day.	
Water safety for healthcare premises - Operational management (SHTM 04-01 Part B)	Engineering	Scottish Health Technic	SHTM 04-01 Part B	jul-14	Y		
Ventilation for healthcare - Design and validation (SHTM 03-01 Part A)	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 03-01 Part A	feb-14	Y		Clause 4.13 - No colour coding will be provided on air handling units. It is assumed that air handling units will be delivered in a standard colour from the factory. Clarification on the requirement for this derogation is required. 1. 2 fans in the AHU provide resilience with automatic change over which maintains the unit operation.
Water safety for healthcare premises - TVC testing protocol (SHTM 04-01 Part C)	Engineering	Scottish Health	SHTM 04-01 Part C	feb-14	Y		
Ventilation for Healthcare - Notes on principal differences between SHTM and HTM 03-01	Engineering	Scottish Health	SHTM 03-01	des-13	Y		
Healthcare engineering - Policies and principles best practice guidance (SHTM 00)	Engineering	Scottish Health	SHTM 00	feb-13	Y		
Medical gas pipeline systems - Design, installation, validation and verification (SHTM 02-01 Part A)	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 02-01 Part A	jun-12	Y	Refer to medical gas derogations schedule (Doc ref EOC-RYB-XX-XX-SC-M-54001) where outlines where standard rooms may have piped gas not required e.g., bedrooms, recovery, treatment rooms, x-ray and plaster room. Enhanced outlets in theatres and anaesthetic rooms to that listed in the SHTM.	Medical gas requirements in SHTM are generalised. Medical gas requirements were refined with NHSF to reflect project/service specific requirements for elective orthopaedic care
Building management systems - Overview and management responsbilities (SHTM 08-05 Part A)	Engineering	Scottish Health	SHTM 08-05 Part A	apr-12	Y		
Building management systems - Design considerations (SHTM 08-05 Part B)	Engineering	Scottish Health	SHTM 08-05 Part B	apr-12	Y		
Building management systems - Validation and verification (SHTM 08-05 Part C)	Engineering	Scottish Health	SHTM 08-05 Part C	apr-12	Y		
Building management systems - Operational management (SHTM 08-05 Part D)	Engineering	Scottish Health	SHTM 08-05 Part D	apr-12	Y		
Water safety for healthcare premises - Chloramination of water supplies (SHTM 04-01 Part F)	Engineering	Scottish Health	SHTM 04-01 Part F	des-11	Y		
Pneumatic tube transport systems - Overview and management responsbilities (SHTM 08-04 Part A)	Engineering	Scottish Health	SHTM 08-04 Part A	nov-11	N		
Ventilation for healthcare - Operational management and performance verification (SHTM 03-01 Part B)	Engineering	Scottish Health	SHTM 03-01 Part B	okt-11	Y		
Water safety for healthcare premises - Disinfection of domestic water service (SHTM 04-01 Part D)	Engineering	Scottish Health	SHTM 04-01 Part D	aug-11	Y		
Specialist services - Bedhead services (SHTM 08-03)	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 08-03	jul-11	Y	From the 1:50 review meeting with NHSF the outlets required for bedhead services derogate from the SHTM-08-03 bedhead services table, refer to document EOC-RYB-XX-XX-SC-E-62001	From the 1:50 review meeting with NHSF the outlets required for bedhead services derogate from the SHTM-08-03 bedhead services table, refer to document EOC-RYB-XX-XX-SC-E-62001
Specialist services - Pathology laboratory gas systems (SHTM 08-06)	Engineering	Scottish Health	SHTM 08-06	jul-11	N		
In-patient accommodation - supplement 1 - Isolation facilities in acute settings (SHPN 4 sup 1)	Engineering	Scottish Health	SHPN 4 sup 1	sep-08	N		
Dental compressed air and vacuum systems (SHTM 2022 Supp 1)	Engineering	Scottish Health Technic	SHTM 2022 Supp 1	mar-04	N		
Mains signalling - Overview and management responsibilities (SHTM 2035 Part 1)	Engineering	Scottish Health Technic	SHTM 2035 Part 1	jun-01	N		
Mains signalling - Design considerations (SHTM 2035 Part 2)	Engineering	Scottish Health Technic	SHTM 2035 Part 2	jun-01	N		
Mains signalling - Validation and verification / operational management (SHTM 2035 Part 3)	Engineering	Scottish Health Technic	SHTM 2035 Part 3	jun-01	N		
Waste management - Summary of requirements - best practice overview (SHTN 3 Part A)	Environment	Scottish Health Technic	SHTN 3 Part A	feb-15	N		
Waste management - Policy template (SHTN 3 Part B)	Environment	Scottish Health Technic	SHTN 3 Part B	feb-15	N		
Waste management - Compendium of regulatory requirements (SHTN 3 Part C)	Environment	Scottish Health Technic	SHTN 3 PART C	feb-15	N		
Waste management - Guidance and example text for waste procedures (SHTN 3 Part D)	Environment	Scottish Health Technic	SHTN 3 Part D	feb-15	N		
Waste management - Segregation chart (SHTN 3)	Environment	Scottish Health	SHTN 3	nov-13	N		
Sustainable development strategy - SHTN 02-00	Environment	Scottish Health	SHTN 02-00	feb-12	N		
Security services standards for NHSScotland security leads (SHFN 03-02)	Facilities	Scottish Health Facilitie	SHFN 03-02	mai-17	N		
Implementation and communication plan NCSS (SHFN 01-03)	Facilities	Scottish Health Facilitie	SHFN 01-03	des-16	N		
NHSScotland national cleaning services specification (SHFN 01-02)	Facilities	Scottish Health Facilitie	SHFN 01-02	jun-16	N		
National facilities monitoring framework manual (SHFN 01-01)	Facilities	Scottish Health Facilitie	SHFN 01-01	jun-16	N		
Food in hospitals (SHFN 04-01)	Facilities	Scottish Health Facilitie	SHFN 04-01	mar-16	N		
NHSScotland national food safety assurance manual (SHFN 04-03)	Facilities	Scottish Health Facilitie	SHFN 04-03	mar-14	N		
NHSScotland policy for food allergen management (SHFN 04-04)	Facilities	Scottish Health Facilitie	SHFN 04-04	mar-14	N		
Security management framework for NHS boards in Scotland (SHFN 03-01)	Facilities	Scottish Health	SHFN 03-01	des-08	N		
Guidance on the use of mobile communication devices in healthcare premises (SHFN 03-03)	Facilities	Scottish Health	SHFN 03-03	feb-08	N		
Transport management and car parking (SHTM 07-03)	Facilities	Scottish Health Facilitie	SHTM 07-03	jan-08	Y		Refer to transport statement for details
NHSScotland travel plan guidance (SHTM 07-04)	Facilities	Scottish Health Facilitie	SHTM 07-04	sep-07	Y		Refer to transport statement for details
Guidance on Management of Medical Devices and Equipment SHTN 00-04	General	Scottish Health Technic	SHTN 00-04	jan-20	N		
Mental health - Facilities for children and adolescents (HBN 03-02)	Property & Capital Planning	DoH guidance (HBN; HT	HBN 03-02	sep-18	N		
Mortuary and post mortem facilities (SHPN 16-01)	Property & Capital Planning	Scottish Health Planning	SHPN 16-01	nov-17	N		
Fire safety- Fire safety training (SHTM 83 Part 2)	Property & Capital Planning	SHTM Building Compon	SHTM 83 Part 2	jul-17	N		
Core elements - Sanitary spaces (HBN 00-02)	Property & Capital Planning	DoH guidance (HBN; HT	HBN 00-02	mar-17	Y		Activity Spaces - All sanitary spaces developed through an extensive user group review and approval process. Rooms generally follow standard layouts from SHTM 00-02. Ensuite 03/IP/026 is non -standard and has been developed in co-ordination with the user groups. Non-clinical / Staff accessible WC's are designed to technical standards compliant activity spaces. 4.25 Washhand basins to Ensuites - 'preferably project 500mm in order to provide adequate legroom underneath the basin'' results in a 600 wide (500deep) basin. A 600 wide basin with IPS access panel above prevents the vertical handrails provided to be located 700mm without being located on the panels themselves. To allow a good fixing point for the handrails a 500wide basin is proposed.
Wayfinding - effective wayfinding and signing for healthcare facilities (HTM 65)	Property & Capital Planning	DoH guidance (HBN; HT	HTM 65	aug-16	Y		Wayfinding and signage strategy developed along the principles of HTM 65 - refer to interior designers report for further information
Property appraisal manual (SHTN 00-01)	Property & Capital Planning	Scottish Health Technic	SHTN 00-01	aug-16	N		

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Dementia-friendly Health and Social Care Environments (HBN 08-02)	Property & Capital Planning	DoH guidance (HBN; HT HBN 08-02	mar-15	Y		The design has been developed to incorporate the 12 dementia friendly design principles. Key elements of this are included in the interior designers report and include: Suitable use of colour - contrast for legibility/ colour for orientation; Wayfinding - legibility through form, colour, contrast and orientation points; Materials - safe and legible surfaces - for example non patterned matt flooring; Non Institutional scale and environment - Bedroom / ensuite design, use of timber finishes; Signage- size, colour and pictograms to aid legibility; acoustic - separation of spaces and limiting reverberation; daylight - provision and control; green space - visual and physical access to green space; lighting - levels to meet guidance.
Core guidance - General design for healthcare buildings (HBN 00-01)	Property & Capital Planning	DoH guidance (HBN; HT HBN 00-01	okt-14	Y		Detailed elements tbc at next design stage
Core guidance - Sanitary spaces (HBN 00-02)	Property & Capital Planning	DoH guidance (HBN; HT HBN 00-02	okt-14	Y		Older version of guidance noted in HBN 00-02 March 17 above
Core guidance - Clinical and clinical support spaces (HBN 00-03)	Property & Capital Planning	DoH guidance (HBN; HT HBN 00-03	okt-14	Y		General - Room FF&E and activity spaces have been developed through an extensive review and approval procedure. Standard layouts and equipment have been adopted generally and amended to meet the user group requirements. Where standard room proportions are not used (ancillary rooms) the principles of the standard room set out have been adopted with activity spaces reviewed through the room layout and approval procedure. 3.20 Consulting room - Consulting rooms are arranged to HBN 00-03 Figure 8 arrangement. Note that this arrangement places the patient seating in a location between the consultant and the door which may constitute a risk to the consultant. 12.71 Touchdown base should be 'recessed sufficiently from any circulation routes'. Touchdown bases are recessed 150 on corridors (600 noted in HBN) Layout was discussed and agreed with user group.
Core guidance - Circulation and communication spaces (HBN 00-04)	Property & Capital Planning	DoH guidance (HBN; HT HBN 00-04	okt-14	Y		3.9 The recommended minimum clear corridor width for circulation of beds/trolleys is 2150 mm if passing spaces are provided - note passing /turning places are limited to areas where corridors adjoin. 3.10 Where two beds need to pass regularly, the recommended minimum clear corridor width should be 2960 mm. A clear width of 2150 is provided (between handrails) generally. At the theatres a clear width of 2960 is provided locally. At the public/staff lift and stair lobby where there is no bed transit corridors reduce to 1500min clear locally. 3.17 Outward open doors to main circulation routes are not recommended. Outward open doors are either emergency access only - accessible WC's or plant areas. 4.3 Lobby size - entrance lobby and door type position / location are sized for general traffic - people/ wheelchairs not trolleys as per discussions with user groups. Stairs - 4.9 Stairs - maximum recommended number of rises is 12-14. Stair 1 contains 16 rises in compliance with Non Domestic Technical Standards (NDTS). 5.13 Stairs - minimum recommended going (top of step depth) is 280mm. 250 going (compliant with NDTS) provided for escape / access stairs.As stairs are unlikley to be used by patients stairs are designed to be compliant with NDTS only. 6.20 'A protected lobby should be provided where a lift does not open of a hospital street' Lifts provided with lobby with the exception of the public lifts at ground floor. 6.18' where bed lifts are to be used for general traffic the lift car will require handrails' and Handrails are to be provided to 3 sides of the car. All lifts have combined function for general traffic and bed lift, option available on guidance for bed lift where handrail provision is only required to one side, lift proposals based on single handrail on opposite side to lift controls within standard cabin of 1800 x 2700. 7.5 Handrails handrail of 40-45mm recommended. Corridor combined handrails / bumprails do not meet this criteria. This was discussed and agreed with the user groups. 7.11 Stair handrails - secondary lower level handrails should be provided on stairs with a signifcant numer of semi-ambulant users. As note on 4.9 stairs are unlikely to be used by patients so this is not provided. 8.7 Approach to doors - spaces adjacent to doors swings meet guidance whereever possible / not limited by wall space.
Core guidance - Planning for a resilient healthcare estate (HBN 00-07)	Property & Capital Planning	DoH guidance (HBN; HT HBN 00-07	okt-14	N		
Cardiac facilities (HBN 01-01)	Property & Capital Planning	DoH guidance (HBN; HT HBN 01-01	okt-14	N		
Cancer treatment facilities (HBN 02-01)	Property & Capital Planning	DoH guidance (HBN; HT HBN 02-01	okt-14	N		
Mental health - Adult acute units (HBN 03-01)	Property & Capital Planning	DoH guidance (HBN; HT HBN 03-01	okt-14	N		
Critical care units (HBN 04-02)	Property & Capital Planning	DoH guidance (HBN; HT HBN 04-02	okt-14	N		
Diagnostic imaging - PACS and specialist imaging (HBN 06 vol 2)	Property & Capital Planning	DoH guidance (HBN; HT HBN 06 vol 2	okt-14	Y		
Renal care - Satellite dialysis unit (HBN 07-01)	Property & Capital Planning	DoH guidance (HBN; HT HBN 07-01	okt-14	N		
Renal care - Main renal unit (HBN 07-02)	Property & Capital Planning	DoH guidance (HBN; HT HBN 07-02	okt-14	N		
Out-patient care - Sexual and reproductive health clinics (HBN 12-01 sup A)	Property & Capital Planning	DoH guidance (HBN; HT HBN 12-01 sup A	okt-14	N		
Medicines management - Pharmacy and radiopharmacy facilities (HBN 14-01)	Property & Capital Planning	DoH guidance (HBN; HT HBN 14-01	okt-14	N		Detailed elements tbc at next design stage
Facilities for pathology services (HBN 15)	Property & Capital Planning	DoH guidance (HBN; HT HBN 15	okt-14	N		
Hospital accommodation for children and young people (HBN 23)	Property & Capital Planning	DoH guidance (HBN; HT HBN 23	okt-14	N		

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Facilities for surgical procedures (HBN 26 vol 1)	Property & Capital Planning	DoH guidance (HBN; HT	HBN 26 vol 1	okt-14	Y	4.161 Recovery unit clean utility room. No specific recovery room clean utility is provided. Storage is provided as part of the staff base	General - Room FF&E and activity spaces have been developed through an extensive review and approval procedure. Standard layouts and equipment have been adopted generally and amended to meet the user group requirements. 2.28,2.31, 4.148 Provide natural light, in surgical facilities, staff rest, theatres; and recovery unit - this is being achieved . 4.73 Standardised services. Provision of pendant services has been developed with the user group. 4.79 Theatre doors 'should be able to 'stand in the open position' doors are manual with closer. 4.80, 6.29 Lead lined doors/ Radiation protection - Following review with the local RPI one theatre has walls prepared for x-ray protection the doors remain standard. This is to allow potential future provision by swapping doorsets only. 4.8 'corridors sufficient for passage of 2 beds' this would require a width of 2960 clear) - corridors in current design this width at the theatres and theatre lifts only. Elsewhere corridors are suitable for the passage of a single bed (2150 clear) 4.106 cardiac arrest trolley should be located in a recess in the main theatre corridor. Trolley is located in recovery area. 4.149 / 4.152 Staff need 360deg access to a patient, hand wash basin provided at the front of each bed space. The size of each recovery bay and location of WHB has been assessed by NHSF as part of the 1:50 review process to ensure functionality. 4.154 Recovery bedhead services provision differs from guidance and is developed to meet user requirements (8 sockets instead of 12, 1 Vacuum point instead of 2) 4.158 Recovery Base 'should be enclosed in a glazed partition' this has not been required. 5.10 Theatre WC's should have' non touch taps and flush' this has been reviewed through the room layout review process. Standard taps and flush are provided. 6.34 Acoustically absorbant ceilings to theatres/ recovery - see HBN 08-01 acoustics above.
In-patient facilities for older people (HBN 37)	Property & Capital Planning	DoH guidance (HBN; HT	HBN 37	okt-14	Y		
Police custody medical facilities (SHPN 11-10)	Property & Capital Planning	Scottish Health Planning	SHPN 11-10	jan-14	N		
Fire safety - Risk assessment (SHTM 86)	Property & Capital Planning	Scottish Health	SHTM 86	jun-13	Y		Output from fire risk assessments (by others) tbc
Fire safety - Atria in healthcare premises (SHTM 81 Part 3)	Property & Capital Planning	Scottish Health	SHTM 81 Part 3	apr-13	N		
Fire safety - Alarm and detection systems (SHTM 82)	Property & Capital Planning	Scottish Health	SHTM 82	apr-13	Y		
Strategic property and asset management guidance for NHSScotland – PAMS (SHTN 00-02)	Property & Capital Planning	Scottish Health	SHTN 00-02	nov-10	N		
Property appraisal guidance for NHSScotland - Risk based methodology (SHTN 00-03)	Property & Capital Planning	Scottish Health	SHTN 00-03	nov-10	N		
Fire safety - Escape bed lifts (SFPN 3)	Property & Capital Planning	Scottish Fire Practice Note (SFPN)	SFPN 3	okt-10	Y		3.27-3.29 Temporary waiting areas - the lift lobby sizes are limited it is expected that the adjacent compartment / subcompartment becomes temporary waiting space. To be integrated as part of the fire escape management plan. Lift speeds - requirements to be confirmed as part of the escape managment plan. This will be concluded at the next stage
Adult in-patient facilities (SHPN 04-01)	Property & Capital Planning	Scottish Health Planning Note (SHPN)	SHPN 04-01	okt-10	Y	2.46 / 3.30 In wards with multi-bed bays, a treatment room will be required where clinical procedures can be carried out in private ' Treatment room provision was reviewed and not required.	General - Room FF&E and activity spaces have been developed through an extensive review and approval procedure. Standard layouts and equipment have been adopted generally and amended to meet the user group requirements. Multi-bed areas are to generally used for day cases. Where used as bedrooms cases likely to involve clinical procedures will be allocated to single bedrooms. 'in new developments where there are clinical reasons for not making 100% single room provision they should be clearly identified and articulated in the appropriate Business Case' Single bed provision is over 50% 17single /16 multi-bed spaces, clear clinical rationale is provided in the business case and recent updated SBAR. 3.20 wet shower areas should be 'separated by a curtain' these are not included
Building component series – Sanitary assemblies (SHTM 64)	Property & Capital Planning	Scottish Health	SHTM 64	des-09	Y		
Building component series - Ceilings (SHTM 60)	Property & Capital Planning	Scottish Health	SHTM 60	okt-09	Y		
Core guidance - Resilience planning for the healthcare estate (SHPN 00-07)	Property & Capital Planning	Scottish Health	SHPN 00-07	sep-09	N		
Fire safety - Textiles and furniture (SHTM 87)	Property & Capital Planning	Scottish Health	SHTM 87	aug-09	N		
Fire safety - Fire engineering of healthcare premises (SHTM 81 Part 2)	Property & Capital Planning	Scottish Health Technical Memorandum (SHTM)	SHTM 81 Part 2	jul-09	Y	5.8 Upper floor above 7.5m ' should comprise at least 4 compartments, each of which should have an area of at least 500m2' 3 of the compartments are below this area. Refer to separate Fire strategy report appendix A for fire engineering solution.	In general the building is designed to meet the requirements of SHTM 81 Part 1 and the 'Non-domestic Technical Handbook'.
Building component series - Flooring - matrix example (SHTM 61 app 1a)	Property & Capital Planning	SHTM Building	SHTM 61 app 1a	jul-09	Y		Note as SHTM 61
Building component series - Flooring (SHTM 61)	Property & Capital Planning	SHTM Building Component (SHTM)	SHTM 61	jul-09	Y		Flooring types for each area have been discussed with the user groups for slip resistance, cleanability and colour. The output is contained in the floor finish risk matrix which outlines the floor types, compliance with slip risk criteria and mitigating factors. As slip risks do not meet HSE criteria fully based on risk of contamination the risk assessment and mitigating managment requirements will need to be reviewed and amended or fully accepted.
Fire safety - Precautions in new healthcare premises (SHTM 81 Part 1)	Property & Capital Planning	Scottish Health Technical Memorandum (SHTM)	SHTM 81 Part 1	jul-09	Y	No Gas suppression within IPS/UPS room -SHTM 81 Part 1: Fire precautions in new healthcare premises 3.11 states gas suppression shall be provided if high hazard areas such as IPS/UPS rooms are adjacent or adjoin operating theatres. NHSF have confirmed no gas suppression is required.	5.11 'Where an escape route from a room is into an unprotected open plan zone and/or passes a waiting or sub-waiting area, or any escape route passes through or involves crossing a large open plan area, the escape route must be clearly defined by a fixed screen, partition or similar means' glass screens/ dwarf walls / fixed seating to be considered at the next stage. The new healthcare premises shall be covered by a L1 fire detection system, covered throughout all areas.
Fire safety - Precautions in existing healthcare premises (SHTM 85)	Property & Capital Planning	Scottish Health Technical	SHTM 85	des-07	N		
Access - checklist for people with dementia in healthcare premises (SHFN 03)	Property & Capital Planning	Scottish Health Facilities	SHFN 03	okt-07	N		
Fire safety - Prevention and control of deliberate fire-raising in healthcare premises (SFPN 6)	Property & Capital Planning	Scottish Fire Practice No	SFPN 6	sep-07	N		
Community pharmacy premises in Scotland providing NHS pharmaceuticals (SHPN 36 Part 3)	Property & Capital Planning	Scottish Health Planning	SHPN 36 Part 3	aug-07	N		
Accident and emergency facilities for adults and children (SHPN 22)	Property & Capital Planning	Scottish Health Planning	SHPN 22	jan-07	N		
Building component series - User manual (SHTM 54)	Property & Capital Planning	SHTM Building Compon	SHTM 54	des-06	Y		
Building component series - Windows (SHTM 55)	Property & Capital Planning	SHTM Building Compon	SHTM 55	des-06	Y		Inward opening windows when fully open are guarded so that no gap in the opening exceeds 100mm. Note projection of window into room. Outward opening lights restricted to 100mm.
Building component series - Partitions (SHTM 56)	Property & Capital Planning	SHTM Building Compon	SHTM 56	des-06	Y		
Building component series - Internal glazing (SHTM 57)	Property & Capital Planning	SHTM Building Compon	SHTM 57	des-06	Y		
Building component series - Internal doorsets (SHTM 58)	Property & Capital Planning	SHTM Building Compon	SHTM 58	des-06	Y		
Building component series - Ironmongery (SHTM 59)	Property & Capital Planning	SHTM Building Compon	SHTM 59	des-06	Y		
Building component series - Demountable storage systems (SHTM 62)	Property & Capital Planning	SHTM Building Compon	SHTM 62	des-06	Y		
Building component series - Fitted storage systems (SHTM 63)	Property & Capital Planning	SHTM Building Compon	SHTM 63	des-06	Y		

Schedule is a live document that will be updated through FBC	Column1	Column2	Column3	Column4	Relevance	Derogation	Notes / Clarifactions
Building component series - Cubicle curtain track (SHTM 66)	Property & Capital Planning	SHTM Building Compon	SHTM 66	des-06	Y		
Building component series - Laboratory storage systems (SHTM 67)	Property & Capital Planning	SHTM Building Compon	SHTM 67	des-06	N		
Building component series - Protection (SHTM 69)	Property & Capital Planning	SHTM Building Compon	SHTM 69	des-06	Y		3.11 Emulsion paint finish used generally which is suitable for areas of light duty. In areas of Medium, Heavy and Severe duty walls are protected by bumprails and corner guards or uPVC cladding locally. Startegy reviewed and agreed with user groups
General medical practice premises in Scotland (SHPN 36 Part 1)	Property & Capital Planning	Scottish Health Planning	SHPN 36 Part 1	jul-06	N		
NHS dental premises in Scotland (SHPN 36 Part 2)	Property & Capital Planning	Scottish Health Planning	SHPN 36 Part 2	jun-06	N		
Fire safety - A model management structure (SFPN 00-01)	Property & Capital Planning	Scottish Fire Practice	SFPN 00-01	apr-04	N		
Fire safety - General fire precautions in healthcare premises (SHTM 83)	Property & Capital Planning	Scottish Health Technic	SHTM 83	apr-04	N		
Facilities for diagnostic imaging and interventional radiology (SHPN 06 Part 1)	Property & Capital Planning	Scottish Health Planning	SHPN 06 Part 1	mar-04	Y		General - Room FF&E and activity spaces have been developed through an extensive review and approval procedure. Standard layouts and equipment have been adopted generally and amended to meet the user group requirements.
Fire safety - Risk assessment in residential care premises (SHTM 84)	Property & Capital Planning	Scottish Health Technic	SHTM 84	apr-03	N		
Access - Audit survey toolkit for disabled people in healthcare premises (SHFN 02)	Property & Capital Planning	Scottish Health Facilitie	SHFN 02	okt-02	N		
General design guidance (SHPN 03)	Property & Capital Planning	Scottish Health Planning	SHPN 03	jan-02	Y		Internal rooms 2.59 Such rooms do not provide good working conditions and should be used only for activities of infrequent or intermittent occurrence or which demand a controlled environment. Rooms that are likely to be occupied for any length of time by staff or patients should have windows. Some internal rooms are provided - these are either specialist in nature - X-ray/ Plaster room; or are central to the ward function - office / desk spaces located centrally to the Theatres department / In-Patient department. Centrally located offices to have glazed screens to borrow light from adjacent spaces where agreed with user groups.
Facilities for rehabilitation services (SHPN 08)	Property & Capital Planning	Scottish Health Planning	SHPN 08	jan-02	N		
Day care part 1 - Day surgery unit (SHPN 52 Part 1)	Property & Capital Planning	Scottish Health Planning	SHPN 52 Part 1	jan-02	Y		General - Room FF&E and activity spaces have been developed through an extensive review and approval procedure. Standard layouts and equipment have been adopted generally and amended to meet the user group requirements. 2.38 DSU should be 'sited at ground level and on a single floor' - Entrance is at ground floor. Site area limited to provide all functions at ground floor - refer to OBC report. 3.12, 3.13 Office / file trolley store is required 'imediately adjacent' to the reception to provide administration and communication centre of unit - The reception may not be manned at all time, the administration / communications are centred in other offices within the building. File trolley storage is provided elsewhere. 3.20 Pre admission assessment - should accomodate 'an assessment couch' - admission suite contains combined consulting / change rooms an assessment couch was not reqired but could be accomodated in future if needed. 3.21 Patient changing rooms are required - as per 3.20 combined consulting / change rooms are provided. 3.59 theatre doors are capable of being 'held in open position' - manual doors selected by user group.
Day care part 2 - Endoscopy unit (SHPN 52 Part 2)	Property & Capital Planning	Scottish Health Planning	SHPN 52 Part 2	jan-02	N		
Day care part 3 - Medical investigation and treatment unit (SHPN 52 Part 3)	Property & Capital Planning	Scottish Health Planning	SHPN 52 Part 3	jan-02	N		
Access - Disability (SHFN 14)	Property & Capital Planning	Scottish Health Facilitie	SHFN 14	sep-00	Y		It is noted that a section of existing pedestrian walkway adjacent to project site boundary is at 1.17 gradient, this will be maintained. The retained existing car park (H) directly North of FEOC will include a further 14 disabled car parking spaces, which will be allocated to the facility and provide compliant access to EOC. Additional disabled parking spaces are being introduced around A&E entrance to also improve DDA access to the existing facility.
Access - Audits of primary healthcare facilities (SHFN 20)	Property & Capital Planning	Scottish Health Facilitie	SHFN 20	sep-00	Y		
Fire safety - Laboratories on hospital premises (SFPN 10)	Property & Capital Planning	Scottish Fire Practice N	SFPN 10	des-99	N		
Fire safety - Hospital main kitchens (SFPN 4)	Property & Capital Planning	Scottish Fire Practice N	SFPN 4	des-99	N		

VICTORIA HOSPITAL, KIRKCALDY
ELECTIVE ORTHOPAEDIC CENTRE
COST REPORT 6

Job No 36545   **Issue Date :**   28 September 2020
Client : NHS FIFE

SECTION 2.0 - TOTAL PROJECT COST SUMMARY

	ORIGINAL COST £	PREVIOUS £	CURRENT £	MOVEMENT £
STAGE 2 PRICES				
1.0 Stage 2 Fees and Charges	423,906	423,906	423,906	-
2.0 Compensation Events	-	54,016	54,016	-
3.0 Contractors Early Warnings	-	-	-	-
4.0 Employers Early Warnings	-	-	-	-
TOTAL STAGE 2 PRICE	**423,906**	**477,922**	**477,922**	-
STAGE 3 PRICES				
1.0 Stage 3 Fees and Charges	747,044	747,044	747,044	-
2.0 Compensation Events	-	318,699	324,916	6,217
3.0 Contractors Early Warnings	-	-	-	-
4.0 Employers Early Warnings	-	-	-	-
TOTAL STAGE 3 PRICE	**747,044**	**1,065,743**	**1,071,961**	**6,217**
STAGE 4 CONSTRUCTION PRICES				
1.0 PSCP Target Price	23,171,295	23,171,295	23,951,032	779,737
2.0 Compensation Events		-	-	-
3.0 Contractor's Early Warnings		-	-	-
4.0 Employer's Early Warnings		-	-	-
TOTAL STAGE 4 PRICE	**23,171,295**	**23,171,295**	**23,951,032**	**779,737**

VICTORIA HOSPITAL, KIRKCALDY
ELECTIVE ORTHOPAEDIC CENTRE
COST REPORT 6

SECTION 2.0 - TOTAL PROJECT COST SUMMARY

	ORIGINAL COST £	PREVIOUS £	CURRENT £	MOVEMENT £
CLIENT DIRECT COSTS				
5.0 NHS FIFE DIRECT COSTS				
Project Team Costs	375,727	375,727	375,727	-
Project Manager Fees	169,006	169,006	169,006	-
Cost Advisor Fees	136,460	136,460	136,460	-
CDM Fees	-	-	-	-
Supervisor / Clerk of Works Fees	120,000	120,000	120,000	-
Surveys / Statutory Consents etc	353,502	121,306	20,000	(101,306)
Fees - Car Park	166,667	26,148	0	(26,148)
	1,321,362	948,646	**821,193**	(127,454)
6.0 NHS FIFE RISK ALLOWANCE	1,115,473	1,115,473	915,473	(200,000)
		1,115,473	**915,473**	(200,000)
7.0 EQUIPMENT				
Group 2, 3 and 4 equipment	367,200	367,200	600,000	**232,800**
Provision for X-Ray Equipment	-	-	200,000	**200,000**
IT and Telecommunications		-	**-**	-
	367,200	367,200	**800,000**	432,800
8.0 TRANSITIONAL COSTS				
Decommissioning of existing facilities	-	-	-	
Decant and transition costs	108,000	108,000	38,000	(70,000)
	108,000	108,000	**38,000**	**(70,000)**
TOTAL ESTIMATED NHS FIFE COSTS	2,912,035			
TOTAL PROJECT COST	27,254,280	27,254,281	28,075,581	821,301

Fife Elective Orthopaedic Centre

Benefits Realisation Plan

3 October 2019 – Rev. 0

Ref. no	Benefit	Who benefits	Who is responsible	Investment objective	Dependencies	Support needed	Date of realisation
1	Positive patient experience and dignity respected	Patient and Service	Service manager Clinical lead Clinical managers	Improve patient perception. Improve accommodation in respect to space standards and physical condition.	Staffing levels / skill mix Quality of facility	Senior management to ensure staffing and skills are in place to support a quality service.	2022
2	Maintain support to allow people to live independently together with life quality. Overarching benefit	Patient and Service	Service manager Clinical lead Clinical managers	Improve patient pathways / flows.	Staffing levels / skill mix Rehabilitation unit	Senior management Social support Home / community support Health and social care	2022
3	Improves the healthcare state (condition, quality, perception, statutory, back-log and lifecycle)	Patient, Service and staff	Project Board Project Director Project Team	Improve accommodation in respect to space standards and physical condition. Improve infection control and safety risk.	Funding Project approval Quality design and construction	Scottish Government NDAP NHSF governance Project stakeholders	2022
4	Minimises readmissions (post operation complications) and optimises timely discharge	Patient and Service	Service manager Clinical lead Clinical managers	Improve infection control and safety risk. Improve patient pathways / flows.	Building / environment Support clinical services to achieve optimal outcomes (equipment, staffing, innovations)	Senior management	2022
5	Optimises resource usage (theatre, bed utilisation and consulting rooms)	Patient, Service and staff	Service manager Clinical lead Clinical managers	Improve patient pathways / flows.	Building / environment Workforce including job planning Flexibility in job roles IT support	Senior management to sign-off job plans	2022
6	Improves HAI and patient safety	Patient and Service	Clinical managers	Improve accommodation in respect to space standards and physical condition.	Building functionality Support from infection control	Infection control and health & safety	2022

				Improve infection control and safety risk.			
7	Community benefits – local employment	Local community, NHSF, PSCP, project	Project Director Project Manager PSCP	NA	None	None	2020-2022
8	Community benefits – skills and training (work placements and school/college interface)	Local community, NHSF, PSCP, project	Project Director Project Manager PSCP	NA	Safe environment	None	2020-2022
9	Community benefits – opportunities for SME	Local community, NHSF, PSCP, project	Project Director Project Manager PSCP	NA	Good quality local supply chain Market conditions	Communications team	2020-2022

Fife Elective Orthopaedic Centre

Benefits Register

25 September 2020 – Rev. 4

Ref. no	Benefit	Assessment	Measured?	Baseline value	Target value	Relative importance
1	Positive patient experience and dignity respected	Quantitative	Patient experience (T&O dashboard) Patients Responding 7-10 (top end of the scale) for 'Overall how would you rate your experience? Dignity respected 1. Proportion of inpatients admitted to single room 2. Proportion inpatients who can access en suite facilities 3. Theatre complex infrastructure impacts of optimal patient pathways	92% <5% <5% 100%	95% >80% >80% <10%	5
2	Maintain support to allow people to live independently together with life quality. Overarching benefit	Quantitative	Optimise patient surgical journey Pre assessment - digital platform Day of surgery admission (Inpatients) BADS targets achieved VHK Length of stay hip replacement Length of stay knee replacement Day-case joint replacements pathways Enable shared decision making 1. Active clinical referral pathways offered for NP 2. Patient initiated review pathways offered for reviews 3. Embed telephone/attend anywhere consultations as part of OPD pathways	0% 70% 70% 4.1 days 4.5 days 0% 0% 0% 0%	30% 95% 90% 2.5 days 2.5 days 10% 30% 30% 30%	5
3	Improves the healthcare state (condition, quality, perception, statutory, back-log and lifecycle)	Quantitative	EAMS M&E: D Back-log	Fabric: B/C M&E: D Theatre £1.185m Ward 10: £0.954m	A (new build) A (new build) £0 for new build initially.	4
4	Minimises readmissions (post operation complications) and optimises timely discharge	Quantitative	Day of surgery admission (Inpatients) BADS targets achieved VHK Length of stay hip replacement Length of stay knee replacement Day-case joint replacements pathways	70% 70% 4.1 days 4.5 days 0%	95% 90% 2.5 days 2.5 days 10%	3
5	Optimises resource usage (theatre and bed utilisation)	Quantitative	Theatres 4 joint lists Theatre Utilisation	19% 95%	25% 95%	4

			Wards Day of surgery admission (Inpatients) BADS targets achieved VHK Length of stay Hip replacement Length of stay knee replacement Daycase Joint replacements Pathways Attains NHS Fife IT Paperlite targets OPD 1. Active clinical referral pathways offered for NP 2. Patient initiated review pathways offered for reviews 3. Embed telephone/attend anywhere consultations as part of OPD pathways	70% 70% 4.1days 4.5 days 0% 70% (2018) 0% 0% 0%	90% 90% 2.5 days 2.5 days 10% 85% 30% 30% 30%	
6	Improves HAI and patient safety	Quantitative	Infections within 1 year THR readmission rates within 28 days THR infections within 1 year TKR readmission rates within 28 days TKR Infection rates ward 1. Clostridium Diff infection rates on ward 10 2. Staph Aureus Bacteraemia infections on ward 10 Maintenance theatres Reactive Maintenance episodes (8/19-8/20) theatres	 186	<0.9% (national mean) <3.4% (national mean) < 0.9% (national mean) <5.5% (national mean) 0% 0% <100	4
7	Community benefits – local employment	Quantitative	Data from PSCP	NA	Evidence of local employment through the contract.	3
8	Community benefits – skills and training (work placements and school/college interface)	Quantitative	Data from PSCP	NA	Evidence of skills and training through the contract.	3
9	Community benefits – opportunities for SME	Quantitative	Data from PSCP	NA	Evidence of SME opportunities through the contract.	3

Benefits Prioritisation

Each identified benefit needs to be prioritised so that resources can be focussed on delivery of those of greatest importance and/or highest impact. The RAG table below demonstrates how relative importance has been considered in respect to the Fife Elective Orthopaedic Centre.

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

Project Title:	Fife Elective Orthopaedic Centre		Risk Champion:	Ben Johnston				
Date Register First Created:		Date Updated:	18/09/2020	Revision Number: 10a	Updated by: BJ/IT		Current Stage:	Stage 3

High Risks | Medium Risks | Low Risks | Active Risks | Closed Risks | Overdue Risk | Action Date Approaching | Reset

		Risk Rating				Post Mitigation										
Ref No:	Risk Description	Probability (1-5)	Impact (1-5)	Risk Rating (1-25)	Mitigation	Probability (1-5)	Impact (1-5)	Risk Rating (1-25)	Agreed PSCP Provision	Agreed NHS Provision	Quantifiable	Risk Owner	Risk Manager (if not Risk Owner)	Action Date	Closed Out	Comments
	Pre-construction (carried forward to construction stage)															
1	Client doesn't have the capacity or capability to deliver the project	2	3	6	Develop appropriate governance arrangements and develop a competent project team using internal and external resources. Monitor through project.	2	3	6	£ -	£ -	Yes	NHS F				
2	The clinical need for change and expected outcomes isn't clearly defined	1	4	4	Set out in the business case and carried through to design progress where there has been robust engagement.	1	4	4	£ -	£ -	Yes	NHS F				
3	Poor stakeholder involvement results in a lack of support for the project	2	4	8	Prepare and implement an appropriate project communication plan which engages with all appropriate stakeholders at appropriate stages of the project. Maintain through project.	1	4	4	£ -	£ -	Yes	NHS F				
4	Adverse publicity occurs due to an issue with the project	2	4	8	Recent planning consultation events suggest that the project is not going to be controversial. Monitor during construction.	2	4	8	£ -	£ -	Yes	NHS F				
5	Poor communication ignores stakeholder interests	2	4	8	Prepare and implement an appropriate project communication plan which engages with all appropriate stakeholders at appropriate stages of the project. Maintain through project.	2	4	8	£ -	£ -	Yes	NHS F				
6	Demand for the service does not match the levels planned, projected or presumed	3	4	12	Current risk relates to radiology, outpatients and pre-assessment. Work required by the service in respect to re-design. Action ongoing.	2	4	8	£ -	£ -	No	NHS F				
7	Local community objects to the project	1	4	4	Recent planning consultation events suggest that the project is not going to be controversial.	1	4	4	£ -	£ -	Yes	NHS F				
8	Brief Inadequate/Unreliable	2	4	8	SoA and Design Statement in place which the project is working to.	1	4	4	£ -	£ -	Yes	NHS F				
9	The design does not meet the Design Assessment expectations	2	4	8	Team have had regular dialogue with HFS and NDAP. Received supported unverified status at FBC.	1	4	4	£ -	£ -	Yes	NHS F	PSCP			
10	Failure to design in accordance with statutory requirements and appropriate healthcare guidance	2	4	8	Appoint a professional and experienced design team. Derogation schedule to be completed robustly with client acceptance. Derogations to date have all been scheduled and accepted where necessary by NHSF. Residual risk for PSCP that a derogation has not been identified and raised.	2	4	8	£ -	£ -	Yes	PSCP				
11	New Framework may impact on time required to appoint contractor and/or professional team.	5	3	15	Early engagement with HFS	5	3	15	£ -	£ -		NHS F			Y	Risk can be closed as it is now behind us and we are working to an agreed programme for OBC currently.
12	The project cost estimate includes inaccuracies.	2	4	8	Close on the basis that this will be NA once target price is received.	2	4	8	£ -	£	Yes	NHS F			Y	
13	The project becomes unaffordable	2	4	8	Residual risk even after target price and contingencies have been set.	2	4	8	£ -	£ -	Yes	NHS F				
14	Inflation costs rise above those projected	3	4	12	NA once target price has been agreed.	3	4	12	£ -	£	Yes	NHS F			Y	
15	Changes to non-legislation policy affects project cost or progress	3	3	9	An external risk that cannot easily be controlled.	3	3	9	£ -	£ -	Yes	NHS F				
16	Changes in legislation or tax rules increase project costs	3	4	12	An external risk that cannot easily be controlled. The project team's brief will be to design in line with current statutory and healthcare guidance. Changes in tax cannot be controlled.	3	4	12	£ -	£ -	Yes	NHS F				
17	There are uncertainties over future policy changes	3	3	9	An external risk that cannot easily be controlled.	3	3	9	£ -	£ -	Yes	NHS F				
18	Management of Expectations. Planned facilities do not meet expectations of public, staff, clinicians, NHS and council strategies etc. Reputation & service delivery impact	2	4	8	Stakeholder engagement to be planned out via key milestones within the programme. Final AEDET should measure design success. Residual risk thereafter for post handover.	2	4	8	£ -	£ -	Yes	NHS F				
19	Statutory Consents. May fail to acquire or delay in obtaining	2	4	8	Recent planning engagement. Does not appear to be controversial. NHS risk pre-contract.	2	4	8	£ -	£ -	Yes	NHS F	PSCP			
20	Change of scope; the requirement statement may be subject to uncontrolled scope creep.	2	3	6	Project Board to agree any changes if required. Maintain continuity over stakeholder groups.	2	3	6	£ -	£ -	Yes	NHS F				
21	Budget Costs(Site Conditions) The options may fail to identify and address site constraints, environmental concerns, ground conditions etc.	2	4	8	Robust surveys and investigations completed at pre-con stage. Residual risk. Covered under construction.	2	4	8	£		Yes	NHS F	PSCP	Yes		

#	Description	L	I	Score	Comment	L	I	Score	£	£		Owner	PSCP			Notes
22	Planning Costs. Costs of discharging conditions of planning consent.	2	3	6	Residual risk. Will not know conditions until consent received.	2	3	6	£ -	£ -	Yes	NHS F	PSCP			
23	New SER implications with requirements for early contractor (sub contractor) design.	4	2	8	Could mean additional upfront expenditure as part of the FBC stage. No additional cost just an earlier commitment. Affected packages to be identified early. Value for money v early sub contractor commitment to be reviewed	4	2	8	£ -	£ -	No	N/A			¥	
24	1:1250/1:500/1:200 design proposals not accepted by key project stakeholders	1	4	4	Final NHSF acceptance required pre-construction. Discuss/agree process. They are no accepted.	1	4	4	£		Yes	NHS F			Yes	
25	Building Warrant Approval times do not align with proposed construction period. (during Construction this risk then becomes a PSCP Risk)	3	4	12	Risk to programme - construction start date. Unlikely to be any cost risk is mobilisation is held until first stage warrant is in place.	3	4	12	£		Yes	NHS F			Yes	
26	Resource levels from all team members do not prove sufficient to deliver FBC Programme (particularly 1:50 design)	2	3	6	Pre-con risk. Close.	2	3	6	£ -	£ -	Yes	NHS F			¥	
27	Utility Costs	1	4	4	Most of the connections will be from the retained estate so risk of occurrence is low. Drainage connection discussed and agreed also.	1	4	4	£ -	£ -	Yes	NHS F	PSCP			
28	Future Change. The requirement statement may fail to keep abreast of future clinical practice.	2	3	6	This could include COVID impacts on the design. Design considered to be flexible meantime to deal with social distancing quite well.	2	3	6	£ -	£ -	No	NHS F				
29	Workforce Planning. NHS Fife may fail to effectively plan future staff requirements	2	4	8	Being reviewed again as part of FBC. Revenue risk.	2	4	8	£ -	£ -	No	NHS F				
30	Recruitment and Retention. NHS Fife may fail to attract sufficient appropriately skilled staff to meet the anticipated increase in demand	2	4	8	Recruitment and retention plan including succession planning. Anticipated that dedicated centre will attract/retain staff. Operational risk.	2	4	8	£ -	£ -	No	NHS F				
31	Equipment. May not conduct equipment planning effectively	3	3	9	Equipment list has been developed for budget purposes at FBC. To be further developed during construction.	3	3	9	£ -	£ -	Yes	NHS F				
32	Project Plan. The Project Plan does not adequately reflect required tasks and timescales	3	4	12	Pre-con risk. Close.	3	4	12	£ -		Yes	NHS F			¥	
33	Building Size/Configuration (Clinical Pathways) New clinical pathways still not tested which may impact on schedule of accommodation	3	4	12	Unlikely to affect SoA at this stage. New pathways are currently being developed. Operational risk.	2	4	8	£ -	£ -	No	NHS F				
34	Lack of up to date existing site information	1	4	4	Surveys/investigations almost complete. Remove as surveys and investigations have been completed.	1	4	4	£		Yes	NHS F	PSCP		¥	
35	Client changes to Brief or design after the project has started	2	4	8	Acceptance of WI prior to construction start date. This will help to control change. Pre-construction development now inherent within the design. Construction risk/allowance elsewhere.	2	4	8	£		Yes	NHS F			¥	
36	Car parking - the new car park needs to be opened before the current one closes.	3	4	12	Programme risk only. Unlikely to be cost risk.	3	4	12	£ -	£ -	Yes	NHS F	PSCP			
37	Robustness of design for market testing (gaps).	2	3	6	Design manager and PSCP to manage design team and set quality and output expectations. Residual contingency for design development.	2	3	6	£ -	£ -	Yes	PSCP				Covered in Construction stage in WP
38	The new heat station on the excising estate needs to be functional before the new build can start.	2	4	8	This risk is covered by the contract - client does not provide something by the agreed date. Retain in register meantime to allow tracking.	2	4	8	£ -	£ -	Yes	NHS F				
39	Legalities with link bridge connection.	2	4	8	As above.	2	4	8	£ -	£ -	Yes	NHS F				
40	Design development - confirmation of services routes.	3	3	9	Opportunity afforded to PSCP during pre-con. Residual risk for something that wasn't known but could have been. Risk covered elsewhere.	3	3	9	£		Yes	NHS F			Yes	
41	Gaps in billing information	3	3	9	JCA did flag some gaps and inconsistencies. Effort made to try and close these. Residual risk for PSCP to manage - design development.	3	3	9	£	£ -	Yes	PSCP				Included in Target Price Work Packages
42	Cradle project: crane lift delays affecting construction start date.	3	3	9	Unlikely to be an issue now - crane position changed.	3	3	9	£ -	£	Yes	NHSF			Yes	
43	Additional roof plantroom area for MEP Services coordination	3	4	12	Now included in design. Option to revert to containerised plant as VE if required. Delete on basis that it is covered via an EW.	3	4	12	£ -	£	Yes	NHSF	PSCP		Yes	
44	Existing medical gases infrastructure is to be upgraded to support project. Risk in timing.	3	3	9	This risk is covered by the contract - client does not provide something by the agreed date. Retain in register meantime to allow tracking.	3	3	9	£ -	£ -	Yes	NHSF				
						0	0	0	£ -	£ -						
	Stage 2 Early Warning Notices														
45	EWNC001 & 2 - GIFA increase	5	2	10	Net area down and gross area increase. Increase managed within overall budget. Stage 2 cost plan reflects.	5	2	10	£ -	£ -		NHSF			Yes	
46	EWNC003 - planning pre-application cost	5	1	5	Cost covered via CE.	5	1	5	£ -	£ -		NHSF			Yes	
47	EWNC004 - rooftop plantroom area increase	4	3	12	Now designed and being included in cost plan. Option to rationalise costs or revert to containerised plantrooms. Included in cost plan.	4	3	12	£ -	£ -		NHSF	PSCP		Yes	

#	Description	L	I	Score	Comment	L	I	Score	£	£		Owner	Owner2		Closed
48	EWNC005 - NDAP review comments	4	3	12	NDAP tracker being developed. Meeting held to review NDAP comments. Engagement with NDAP to update them on Project Team intentions to ensure no surprises. Close on basis that EW is covered again below.	4	3	12	£ -	£ -		NHSF	PSCP		Yes
49	EWNC006 - Sewer diversion Scottish Water review	5	2	10	Progress ground investigation works through CE. Obtain feedback from SW on their projected input and costs.	5	2	10	£ -	£ -		NHSF	PSCP		
50	EWNC007 - ceiling service void increase	4	2	8	300mm projected increase overall. Design development to be closed. Included in cost plan.	4	2	8	£ -	£ -		NHSF	PSCP		Yes
51	EWNC008 - independent commissioning manager	1	3	3	BREEAM requirement. PM confirmed independent commissioning manager will not be appointed as adequate internal resources.	1	3	3	£ -	£ -		NHSF			Yes
52	EWNC009 - GI works early findings	4	4	16	Initial GI does not find evidence of ground consolidation. Further investigations now complete. Extent of consolidation known and budget cost being obtained.	4	4	16	£ -	£ -		NHSF	PSCP		Yes
53	EWNC010 - PV requirement	3	3	9	Design team confirms no PV requirement.	3	3	9	£ -	£ -		NHSF	PSCP		Yes
54	EWNC011 - DIA required	5	1	5	DIA complete. SW risk referenced below.	5	1	5	£ -	£ -		NHSF	PSCP		Yes
62	EWNP001 - change to link corridor connection	5	1	5	New location now factored into design proposals.	5	1	5	£ -	£ -					Yes
Stage 3 Early Warning Notices															
55	EWNC001 - Proposed Car Parking Location On review of the local development plan, it appears that the proposed car park area is listed under Protected Open Space and as an Existing Green Network Asset, the LDP has policy in place in which there is a presumption against woodland removal (Policy 13). It also appears this general woodland is listed on the Ancient Woodland Inventory. NHSF ongoing legal purchase of the land should be reviewed to confirm any restrictions on development are defined.	2	4	8	NHSF to confirm no restrictions through legal sale. PSCP to commission ecology survey and report. Close on basis that car park strategy has changed as a consequence of negative planning reaction to initial proposals.	2	4	8	£ -	£ -		NHSF	PSCP		Yes
56	EWNC-002 - Recovery Area Layout: delay in resolving recovery area 1:200.	5	2	10	1:200 layout now resolved. 1:50's are being developed.	5	2	10	£ -	£ -		NHSF	PSCP		Yes
57	EWNC003 - Ecologist has identified an area of Japanese Knotweed within the car park development area that will require to be dealt with.	5	2	10	Methodology being developed for removal as part of the pre-con stage. Close as car parking proposals have changed.	5	2	10	£ -	£ -		NHSF	PSCP		Yes
58	EWNC004 - likely that Scottish Water will request connection to existing water course rather than connection to the combined sewer in the car park area. Connection to water course would be costly and disruptive.	3	3	9	This risk has been realised and design has been adjusted to reflect.	3	3	9	£ -	£ -		NHSF	PSCP		Yes
59	EWNC005 - risk of nesting birds in woodland area: There is potential for nesting birds in the wooded area with section of proposed car park at Whytemans Brae, this area will require surveying prior to any vegetation clearance between March and September. Nesting bird checks usually remain valid for three days and if the works are to take longer than three days, multiple visits may be required, with risk to programme if bird roosting is identified.	3	3	9	Trees to surveyed prior to felling. Close as car parking strategy has changed.	3	3	9	£ -	£ -		NHSF	PSCP		Yes
60	EWNC006 - quality of topsoil: The draft engineering logs indicate that all eight of the trial pits have identified a relatively thick layer of topsoil with decayed vegetation extending to depths of between 0.3m and 0.95m with a typical average depth of 0.7m. Given that the general ground levels of the proposed car park area are similar to the surrounding areas where surface level tie-ins will be required, it is anticipated that the entire thickness of topsoil deposits will require to be excavated and removed from site and then replaced with complaint engineering fill materials back up to the level of the underside of road construction capping layer.	4	3	12	Risk related to larger proposed car park at WB.	4	3	12	£ -	£ -		NHSF	PSCP		Yes
61	EWNC007 - NDAP OBC report: Following the OBC Submission on 17th Oct 19, the report outlining recommendations was received on 11th Feb 20, review is currently ongoing with tracker now being amended to record all recommendations and further FBC submission requirements outlined in the report. Tracker will define owners for each response, whether evidence is currently available and timescales for those still to be progressed. A number of points will require agreement with NHFS prior to committing to FBC proposals to review risk to current programme and budget.	4	3	12	Replaced by FBC report. Close.	4	3	12	£ -	£ -		NHSF	PSCP		Yes
62	EWNC008 - Main car parking application: delayed due to delay with car parking application which requires to be submitted first.	2	4	8	Risk realised. Delay to main application. Delay still works with current programme. Close.	2	4	8	£ -	£ -					Yes
63	EWNC009 - Ground gas monitoring results - potential requirement for gas barrier membrane and infill slabs.	4	2	8	Factored into design and cost plan.	4	2	8	£ -	£ -					Yes
64	EWNC010/11 - coronavirus: potential delays due to resource issues	4	4	16	Pre-con risk. Close.	4	4	16	£ -	£ -					Yes
65	EWNC012 Drainage CCTV survey: Possible delay to survey due to COVID-19.	4	1	4	Survey now complete, slight delay but no wider issues.	4	1	4	£ -	£ -					Yes
66	EWNC013 - HFS Assurance Review - extra task/effort for team and late review could affect the completed design and associated cost.	3	4	12	Complete spreadsheet of questions and return. Agree review dates and account for in programme.	3	4	12	£ -	£ -		NHS F			
67	EWNC014 - Possible delay to car park planning application	3	4	12	Unlikely to be any cost effect, just delay to the main project timeline.	3	4	12	£ -	£ -		NHS F			
68	EWNC015 - DIA surface water discharge.	5	1	5	Risk realised and incorporated into the design.	5	1	5	£ -	£ -					Yes
69	EWNC016 - Planning feedback on car-parks. Land ownership and request for more onerous discharge rates.	4	2	8	Continue to engage and negotiate. Risk to cost and programme slippage.	4	2	8	£ -	£ -		NHS F			
70	EWNC017 - delay to building warrant approval period (car parks).	4	2	8	Continue to engage and negotiate. Programme slippage risk.	4	2	8	£ -	£ -		NHS F			

ID	Risk Description	L	I	Score	Mitigation	L	I	Score	£	£	Treat	Owner	Owner 2			Comment
~~71~~	~~EWNC018 - Car parks - additional attenuation requested by planning / floods team.~~	~~5~~	~~2~~	~~10~~	~~Accept WB but aim to negotiate Lauder Road due to issues with putting an attenuation tank on top of HV infrastructure. Attenuation requirements now agreed.~~	~~5~~	~~2~~	~~10~~	~~£ -~~	~~£ -~~		~~NHS F~~			~~Y~~	
72	EWN020 - Warrant Fire Strategy - Current comments on AOV quantities and location not be captured in TP	3	3	9	Meeting to be arranged with all parties to review feedback from TS division and HFS on recommendation for removing AOV from project	2	2	4	£ -	£ -	Yes	NHS F				
73	EWN022 - Whytemans Brae Planning Approval - Further comments on final discharge to 'Deans Burn' require further option to be accepted, delay instruction to mobilise impacting car park programme and now the main Elective programme	3	3	9	Approval to be pursued with Planning/Floods prior to seeking final agreements with Fife Council Estates.	3	2	6	£ -	£ -	Yes	NHS F				
Construction																
1	Critical programme dates are unrealistic	2	3	6	A realistic project programme will be developed which will be regularly monitored and reviewed. Allow for time risk allowance and terminal float.	2	3	6	£ -	£ -	Yes	PSCP				
~~2~~	~~Unforeseen conditions when working with existing assets~~	~~2~~	~~4~~	~~8~~	~~As far as possible, review existing information and carry out detailed surveys and investigations during the design stage of the project. Allow appropriate contingency for residual risk.~~	~~2~~	~~4~~	~~8~~	~~£ -~~	~~£ -~~	~~Yes~~	~~NHS F~~			~~Yes~~	~~Remove as covered by item 11.~~
3	The project disrupts day to day business operations	2	4	8	Develop plans at OBC/FBC stage prior to construction.	2	4	8	£ -	£ -	Yes	NHS F	PSCP			
4	Adverse publicity occurs due to an issue with the project	2	4	8	Review the reputational impact of all risks in this register and take action	2	4	8	£ -	£ -	Yes	NHS F				
5	Brexit and impact on construction supply chain.	3	4	12	Difficult risk to manage as market conditions are out with the control of the project. Status to be monitored	3	4	12	£ -	£ -	No	NHS F				This should be an Employers Risk stated in Contract Data Pt 1
6	Access to part of the site is delayed	2	3	6	Site access and protocols to be reviewed in further detail during the FBC stage	2	3	6	£ -	£ -	Yes	NHS F				
7	The employer does not provide something by the date for providing it as shown on the accepted programme	2	3	6	Key Milestones to be marked on the programme. Consultation with relevant parties to gain buy-in respect to meeting the proposed dates. Review status at regular meetings	2	3	6	£ -	£ -	Yes	NHS F				
8	Instruction given to stop/not start the work	2	3	6	Would only be given for significant issues arising - i.e. major disruption or health and safety	2	3	6	£ -	£ -	Yes	NHS F				
9	Late response to a communication or acceptance affecting progress of work	2	3	6	PM to manage responses in line with contract timescales	2	3	6	£ -	£ -	Yes	NHS F				
10	The PSCP encounters physical conditions which they should/could have foreseen	3	3	9	PSCP to satisfy themselves of all site conditions. No CE will be given for matters arising that could have been better understood by commissioning a survey/investigation	3	3	9	£ -	£ -	Yes	PSCP				

#	Description	L	I	Score	Mitigation	L	I	Score	£	£	Y/N	Owner	Owner2			Notes
11	Physical conditions that the PSCP could not have foreseen	3	3	9	On the basis that all of the relevant surveys and investigations have been completed, this risk can only be managed via NHS F time/cost contingency	3	3	9	£ -	£ -	Yes	NHS F				This should be an Employers Risk stated in Contract Data Pt 1
12	A weather measurement leading to a CE	3	3	9	This risk can only be managed via NHS F time/cost contingency	3	3	9	£ -	£ -	Yes	NHS F				
13	Adverse weather that is not a CE	3	3	9	PSCP to build in provision within the programme for weather risk	3	3	9	£ -	£ -	Yes	PSCP				
14	Issues leading to design development	3	3	9	PSCP to manage via design/technical meetings	3	3	9	£	£	Yes	PSCP		y		Included in Target Price Work Packages
15	Clashes in design coordination leading to design development	3	3	9	PSCP to manage via design/technical meetings	3	3	9	£	£	Yes	PSCP		y		Included in Target Price Work Packages
16	Poor sub-contractor performance leading to poor quality and or delay	3	3	9	Sub- contractors to be selected on the basis of quality together with cost. Strong local supply chain to be assembled	3	3	9	£ -	£ -	Yes	PSCP				
17	Delay in handover due to number of defects	3	4	12	Programme to be challenging but realistic offering time provision for correcting defects and carrying out commissioning in advance of handover	3	4	12	£ -	£ -	Yes	PSCP				
18	Delay in delivery of Groups 2,3 and 4 equipment leading to delays in commissioning and opening unit	3	3	9	Key Milestones to be marked on the programme. Consultation with relevant parties to gain buy-in respect to meeting the proposed dates. Review status at regular meetings, consider setting up an equipment sub-group	3	3	9	£ -	£ -	Yes	NHS F				
19	Inflation beyond target/price agreement	3	3	9	Difficult to manage. PSCP to accept risk and manage within agreed contingency allowances.	3	3	9	£ -	£ -	Yes	PSCP				
20	Poor Project/Design Management leading to delays	3	3	9	PSCP to offer a strong team with sufficient resource allocation to manage project diligently	3	3	9	£ -	£ -	Yes	PSCP				
21	Traffic issues including public safety/interface	3	3	9	Plans to be agreed in advance of construction. To be reflected within the construction phase plan	3	3	9	£ -	£ -	Yes	NHS F	PSCP			
22	Problems with contractors access to site	2	3	6	Construction phase plan to be developed.	2	3	6	£ -	£ -	Yes	PSCP				
23	Next stage(s) of building warrant delayed affecting progress of works	2	4	8	Procure contractors to assist with contractor design	2	4	8	£ -	£ -	Yes	PSCP				
24	Measurement risk with bills	3	3	9	Mitigation is that the contractor price, the drawings and specs - not the bills- contracts should refer	3	3	9	£ -	£ -	Yes	PSCP				Included in Target Price Work Packages
25	Access for deliveries. Agreement required on what can be delivered and when. Once agreement is in place there is a risk that this could constrain or delay the PSCPS work	3	3	9	Construction phasing and plans for cabin, scaffolding and deliveries all agreed and confirmed	3	3	9	£ -	£ -	Yes	PSCP				
26	HAI Scribe issues	3	4	12	Carry out stage 3 HAI in detail	3	4	12	£ -	£ -	Yes	PSCP				
27	HAI Scribe issues affecting staff/patients	3	4	12	Carry out stage 3 HAI in detail	3	4	12	£ -	£ -	Yes	NHS F	PSCP			
28	Supply chain bankruptcy/insolvency	2	4	8	PSCP to select robust supply chain and ensure that quality is a factor in selection	2	4	8	£ -	£ -	Yes	PSCP				
29	Long lead in periods for materials	2	3	6	To be reflected within the construction programme. Noted that this should be low risk given the scope of the project	2	3	6	£ -	£ -	Yes	PSCP				
30	Health and safety issues leading to delays	3	3	9	Robust construction phase plan, good site manager and regular H&S audits.	3	3	9	£ -	£ -	Yes	PSCP				
31	Business continuity risk through cut/damaged services	2	4	8	Isolation protocol to be established between NHS F and PSCP	2	4	8	£ -	£ -	Yes	NHS F	PSCP			
32	NHS F staff not available to isolate services to meet programme	3	3	9	Procedure and notice periods to be confirmed and established	3	3	9	£ -	£ -	Yes	NHS F				
33	Damage/delaps caused through work	3	3	9	PSCP to undertake delaps survey and make good as required	3	3	9	£ -	£ -	Yes	PSCP				
34	Business continuity risk caused through security issues - i.e. Unauthorised people accessing plant rooms	3	3	9	Access protocol to be established	3	3	9	£ -	£ -	Yes	NHS F	PSCP			
35	Logistics of working adjacent to live areas and fire escapes	3	4	12	Construction phase plan to consider and resolve	3	4	12	£ -	£ -	Yes	PSCP				
36	Other on site construction constraints i.e. cars parked in the way of access routes causing disruption/delay.	3	2	6		3	2	6	£ -	£ -	Yes	PSCP				
37	Insufficient timescales for testing and commissioning	3	4	12	Setting realistic timescales to meet the deadline for the build being operational. Robust commissioning plan.	3	4	12	£ -	£ -	Yes	PSCP				
38	Security of people accessing the construction site and causing damage/disruption/delay.	3	2	6	Precautions must be taken to ensure no unauthorised access. Robust fencing / access controls etc.	3	2	6	£ -	£ -	Yes	PSCP				
39	Existing Services - Uncharted services - actual location and condition of existing services, found during construction, results in additional costs/time.	3	4	12	Early assessment of existing service capacity in addition to an assessment of likely service demands of FEOC.	3	4	12	£ -	£ -	Yes	NHSF				
40	Quality - The level of build quality delivered by PSCP does not match the brief.	4	4	16	Robust monitoring by Graham Construction Site Supervisor and NEC3 Supervisor team. PSCP has a full quality management system in place. *Note this is still being finalised*	1	4	4	£ -	£ -	Yes	PSCP				
41	Insufficient allowance for Designers Fees -risk of poor performance of GC design team	3	3	9		3	3	9	£ -	£ -	Yes	PSCP				
42	Logistics -COVID related government restrictions resulting in changes to Site rules, including hours of working etc , leading to a change of traffic management, site management, construction methodology.	4	3	12	Robust working practice arrangements. Alternative solutions to be agreed by NHSF & PSCP.	3	3	9	£ -	£ -	No	NHS F				This should be an Employers Risk stated in Contract Data Pt 1
43	Availability of resources (Work Force/Materials)	3	3	9	Sub- contractors to be selected on the basis of quality together with cost. Strong local supply chain to be assembled	3	3	9	£ -	£ -	Yes	PSCP				
44	Ground conditions - contamination incl asbestos, including any found during subsequent works (following agreement of the Works Target Price), over and above that identified in the GI's completed at Target Price	5	3	15	Early SI's have been carried out to inform design specification.	4	3	12	£ -	£ -	Yes	NHSF				
45	Air Permeability - issues with testing and/or quality results in need for additional works	2	3	6	quality of design detailing to be reviewed, robust quality checks during construction, sufficient allowances in programme	1	2	2	£ -	£ -	Yes	PSCP				
46	Noise & Dust Pollution	2	3	6	Method Statements and appropriate measures of carrying out the works. i.e. dust suppression, etc.	1	2	2	£ -	£ -	Yes	PSCP				
47	Termination, Employer can terminate for any reason	1	5	5		1	5	5	£ -	£ -	Yes	PSCP				
48	Asbestos contained in fill materials noted in desktop survey. This is local to site and not necessarily on the areas of works.	3	4	12	Contractor to be vigilante during excavation works.	2	3	6	£ -	£ -	Yes	NHSF				

ID	Risk Description	L	I	Score	Mitigation	L	I	Score	PSCP £	NHSF £		Owner			
49	Ground conditions - gas protection, bearing pressure, and consolidation to the extent shown in the GI's and test grouting, site variations require additional works.	3	4	12	Risk partially mitigated following programme of further test grouting, Gas membrane specified.	3	3	9	£ -		Yes	NHSF			
50	Logistics - NHSF impose / change restrictions from Site Rules, including hours of working, permits, accessing areas of the site, and alike leading to a change of traffic management, site management, construction methodology.	2	3	6	Robust pre-agreed plans with site rules/WI being signed off by NHSF. NHSF to communicate with Project Team regarding any changes to the agreed Site Rules and construction phase plans. Alternative solutions to be agreed by NHSF & PSCP.	1	2	2	£ -	£ -	Yes	NHS F			
51	Adjoining Property -NHSF fail to engage with appropriate clinical stakeholders to advise of works/noise/disruption.	3	4	12	Regular planned site communication meetings/look-ahead between NHSF & PSCP with clinical attendance. Escalation strategy in place to agree with issues that arise. Business Continuity Plan being progressed.	2	3	6	£ -	£ -	Yes	NHS F			
52	3rd Party Other - Vibration exceed limits / requirements noted in the Site rules / WI during construction works affecting clinical services /stopping construction work	4	3	12	Construction techniques and surveillance developed with respect of limits set in Site Rules/Works Information - Site rules	2	2	4	£ -	£ -	Yes	PSCP			
53	Risk of falling materials during craning operations.	2	4	8	Construction Phase Plan developed. Specific RAM's and lifting plans to be developed and agreed in advance of operations. Over sail out with boundary prevented	1	4	4	£ -	£ -	Yes	PSCP			
54	3rd Party - Other - forming link to the existing structure and wider services infrastructure connections will involve working in a live hospital environment - disruption	3	2	6	Method statement to be developed for interfacing works detailing how live areas protected to ensure continuity of services This will be agreed with NHSF prior to works commencing. - Out of hours working	2	2	4	£ -	£ -	Yes	PSCP			
55	Health and Safety - Fire within construction site	3	3	9	Fire plans developed including protection of adjoining buildings / departments and escape routes for initial works as per CPP, fire plan to be constantly reviewed and amended as works progress during stage 4	1	3	3	£ -	£ -	Yes	PSCP			
56	Labour - availability including for Out of hours working	3	2	6	Review subcontractor bids, appointments to include for travel, manage programme	2	2	4	£ -	£ -	Yes	PSCP			
57	Out of hours working due to operational issues	3	2	6	Good communication in respect to look aheads and noisy work to ensure plans can be put in place in advance to mitigate impact.	3	2	6	£ -	£ -	Yes	NHSF			
58	Planning - Failure to discharge and / or costs to comply with planning conditions yet to be defined	3	3	9	Continued engagement with planner to establish likely conditions	3	3	9	£ -	£ -	Yes	NHS F			
59	Programme Statutory - Building Control fail to meet dates for issues certificates to close off each construction phase.	3	4	12	Early engagement with Fife BCO Staged warrants to be agreed Regular meetings and engagement with assigned BCO	2	3	6	£ -	£ -	Yes	PSCP			
60	Statutory Other - Legislative changes post Stage 4 contract that affect the scope, specification and/or the cost of the project.	3	2	6	Regular monitoring and review.	3	2	6	£ -	£ -	Yes	NHS F			
61	Water /Electricity- Temporary water or power outages caused by others out with construction site halt works on site	2	3	6	Resolve quickly to minimise programme impact.	1	3	3	£ -	£ -	Yes	NHS F			
62	Failure to achieve the required BREEAM rating	2	3	6	Targeting Good rating and likely to be achieved	1	2	2	£ -	£ -	Yes	PSCP			
63	Cost of correcting defects post completion	2	3	6	Sufficient resource to de-snag prior to H/O QMS to be finalised Soft landings process provides for de-snag prior to handover	1	2	2	£ -	£ -	Yes	PSCP			
64	Delayed payments to supply chain due to unproven process of PBA	2	3	6		2	3	6	£ -	£ -	Yes	NHS F			
65	Delayed payments to supply chain due to unproven process of PBA	2	3	6		2	3	6	£ -	£ -	Yes	PSCP			
66	Design Liability - failure to obtain Collateral Warranties from supply chain	2	3	6	Ensure proper selection of CDP Subcontractors who carry relevant level of PI	1	3	3	£ -	£ -	Yes	PSCP			
	Post-construction			0											
1	Risk that when in operation the project cannot be easily maintained from an operation and/or cost perspective.	3	4	12	Set up an effective project team where the designers engage with Estates and FM.	3	4	12	£ -	£ -		NHS F			
2	Soft landings process not correctly implemented resulting in project not having maximum impact	3	4	12	Agree soft landings strategy during FBC. Agree FM strategy with NHS F estates team. Identify suitable opportunities to embed maintenance provisions within the PSCP supply chain appointments to cover systems maintenance for agreed periods beyond PC - note this will add to capital costs but may reduce revenue cost	3	4	12	£ -	£ -		NHS F			
3	There is a risk that failure to plan and coordinate functional commissioning activities will result in issues during the commissioning period. Such a failure could lead to cost pressures and disruption/risk to clinical areas.	4	3	12	Commissioning Manager in place for the start of Stage 4. This role will allow NHSF to a safe, smooth and coordinated functional commissioning plan. This will be integrated within the Soft Landings Delivery Plan	2	3	6	£ -	£ -		NHS F			

£   -   £   -
PSCP   NHSF

Total   £   -

Elective Orthopaedic Centre Communications Plan – Draft V3

1. **Elective Orthopaedic Centre Project Communications overview**

The Elective Orthopaedic Centre Project team have asked communications to develop a communications plan to identify the communications collateral required to ensure targeted and timely engagement with key stakeholders including staff, patients, visitors to the Victoria Hospital as well as partner organisations and contractors leading up to and throughout the period of the Orthopaedic Centre works.

2. **Elective Orthopaedic Centre Stakeholder communications**

The following key stakeholder groups have been identified:

- Internal communications (Staff, Patients, Hospital Visitors and Hospital suppliers)
- External communications (Press and Media, Social Media)
- Partner Communication (Scottish Government, Fife Council, Contractors)

3. **Communications tools required:**

The following communications tools and resources were identified to support stakeholder communications around the work:

- Dedicated NHS Fife web and Intranet Pages
- Project name (EOC), "Branding" and logos to be designed and used across all communications material, along with the individual partners logos where appropriate
- Social media # to be created - #NHSFifeEOC
- FAQ's to be developed and evolved throughout the works period to directly address feedback or specific issues raised by service users
- Maps and architects drawings for designs and areas likely to be impacted (including car parking)
- Calendar of activity (Key mile stones)
- Project team – who's who
- Agreed spokesperson and media release / update sign off process, who issues
- Communication leads / contacts for the partner organisations / contractors to ensure coordinated and consistent messages
- Video and photo updates – time-lapse video opportunity, talking heads / project team interviews
- Victoria Hospital Main Reception display / Ward 10 pre-assessment poster – outlining works and progress
- Onelan TV Screen updates
- E-update / Newsletter for staff – issued every 4-6 months during the 18 month construction
- Media presentation prior to works starting
- Governance – working groups and reporting structure to be confirmed
- Temporary directional signage
- Accessibility and alternative formats for all communications material produced

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4. Official Spokespersons and Communications leads for the project

A range of spokespersons and communications leads / contacts should be agreed in advance as part of communications planning. Once this group of individuals have been identified a media statement development and sign off process will need to be agreed.

Organisation	Communications Lead	Official Spokesperson/s
NHS Fife	Kirsty MacGregor, Head of Communications	Alan Wilson, Capital Project Director, Finance, NHS Fife Helen Buchanan Director Of Nursing, NHS Fife
Scottish Government?		
Principal Supply Chain Partner (PSCP), Graham Construction	Pre-construction: Chris McLeod, Framework Director Construction: Pat O'Hare, Contracts Director	Pre-construction: Chris McLeod, Framework Director Construction: Pat O'Hare, Contracts Director
Thomson Gray, Project Manager	Ben Johnston, Associate Project Manager	Ken Fraser, Regional Director
Gardiner & Theobald, Cost Advisor	Linda McLennan, Senior Associate	Mark Findlay, Partner

5. Develop Standard Media Lines:

Some standard statements should be developed with the project team. These will develop and evolve throughout the length of the project, however it is important that we 'set the scene' for the works starting, "sell" the ambition and positive impact of the project and concisely outline the work involved and offer reassurance to service users and staff that steps will be taken to minimise impact on the day to day working of the hospital.

6. Frequently Asked Questions:

The following FAQ's have been drafted as a starting point for the communications around the Elective Orthopaedic Centre works. These will be developed as the project evolves.

What are the timescales of the project?
Work will commence in January 2021 and it is anticipated that the work will last for 18 months... During this period we will provide staff and service users with regular updates on the programme of works and any localised changes to current arrangements.

What will the works involve?
The work will involve the construction of an Elective Orthopaedic Centre, consisting of 3 in number theatres, 34 bed supporting Ward and Outpatients department.

Who will oversee the project?
Agreement and sign off of the design proposals will ultimately sit with the Board of NHS Fife.

The project will be managed by Alan Wilson Capital Project Director directly reporting to Helen Buchanan, Director of Nursing and Senior Responsible Officer

2

A project team will also be established to ensure staff and service users are informed and consulted in regard to the progress of the project.

Throughout the programme of works we will continue to work closely with clinical colleagues, meeting on a regular basis to ensure active engagement in the project and minimise any impact on the day to day provision of services.

How much will these works cost?
The works will be funded from the Scottish Governments £30 million.

Will car parking be impacted by this work?
We hope to minimise the impact on car parking, however at certain points in the project we may be required to close off some car parking spaces for works access. These planned closures will be communicated in advance to allow visitors and staff to make alternative arrangements.

How can I find out more?
A dedicated area on the NHS Fife Intranet and website has been created that outlines the schedule of works and illustrations of the areas of work.

7. Crisis Communications response

Given heightened public and political interest in publically funded builds across the NHS in Scotland, it is important that we address any potential 'Crisis' and how we would manage the communication response to this. In terms of crisis, this could be associated with any deadline delays, contractor issues, planning or health and safety issues.
In-line with any media statement being issued, we would need to agree a clear process of sign off, attributed spokesperson and a briefing for the Scottish Government that would sit with any media release or statement

8. Next steps

It is proposed that a Communications Working group be established to support the enhancement works and develop the communications tools identified.

This group would report into the main project management group.

Membership of this group would be the communication leads identified by each of the partners, along with staff representation from the acute hospital and member of the project management team.

3

Fife Elective Orthopaedic Statement

Full Business Case – Project Board Signed Statement of Support

September 2020

This signed statement from the Project Board members serves to acknowledge that they have been satisfactorily engaged and/or consulted on the project's development; that they have a clear understanding of the financial implications of the proposed commercial arrangements, associated spend, and contractual obligations; and that they are committed to supporting the project with the appropriate resources.

Name	Role	Signed	Date

Commissioning Statement

Commissioning Management Strategy / Manual

GRAHAM's commissioning management strategy is developed at the project outset focusing on sign-off of systems including testing, setting to work, pre-commissioning, commissioning, demonstrations, O&M Manuals, as build drawings, to the final handover of the building services systems.

The Commissioning Management Strategy is developed in conjunction with **Arthur McKay, NHS Fife Project Director, NHS Fife Technical Supervisors, NHS Fife Operational Commissioning Manager and NHS Fife Clerk of Works**,

Roles & Responsibilities

The high level responsibilities for the key commissioning stakeholders are summarised below.

The **Clerk of Works** will inspect construction work and compare it with drawings and specifications along with quality checking building materials / installations. They will identify observations and defects, monitor progress and report to the Technical Supervisor.

The NEC3 **Technical Supervisor** ensures that the works are carried out in line with the quality defined by the Works Information. The Technical Supervisor will have a regular presence on site, providing independent scrutiny of the works, ensuring the correct materials are used and to the correct standards. The Technical Supervisor will witness the testing and commissioning of the facility with input from the Clerk of Works and relevant Authorising Persons.

The **NHS Fife Operational Commissioning Manager** will liaise with the Technical Supervisor to understand the commissioning progress and co-ordinate the Group 2 & 3 equipment. They will also interface with the clinical teams in relation to the building going live and co-ordination of the functional move from existing buildings to new.

GRAHAM is the Principle Supply Chain Partner who will co-ordinate the installation, quality and commissioning management strategy with the Technical Supervisor, Local Authority, Design Team and Contractors.

Arthur McKay is the Building Services Partner who will undertake the installation and commissioning of the Building Services systems. They will develop test & inspection procedures for the Elective Orthopaedic Centre ensuring the installations are commissioned to highest of standard.

NHSF Project Manager will oversee the Technical Supervisor and provide leadership to ensure the project is commissioned inline with the commissioning strategy and delivered within the cost and programme allocation.

NHSF Project Director will oversee the Technical Supervisor and provide strategic leadership to ensure the project is commissioned inline with the commissioning strategy and delivered within the cost and programme allocation. The Project Director will also liaise with the NHS Board.

A structured approach to communication and interaction between commission stakeholders will be established at the onset of the project, refer to organigram below for planned lines of communication between all key parties.
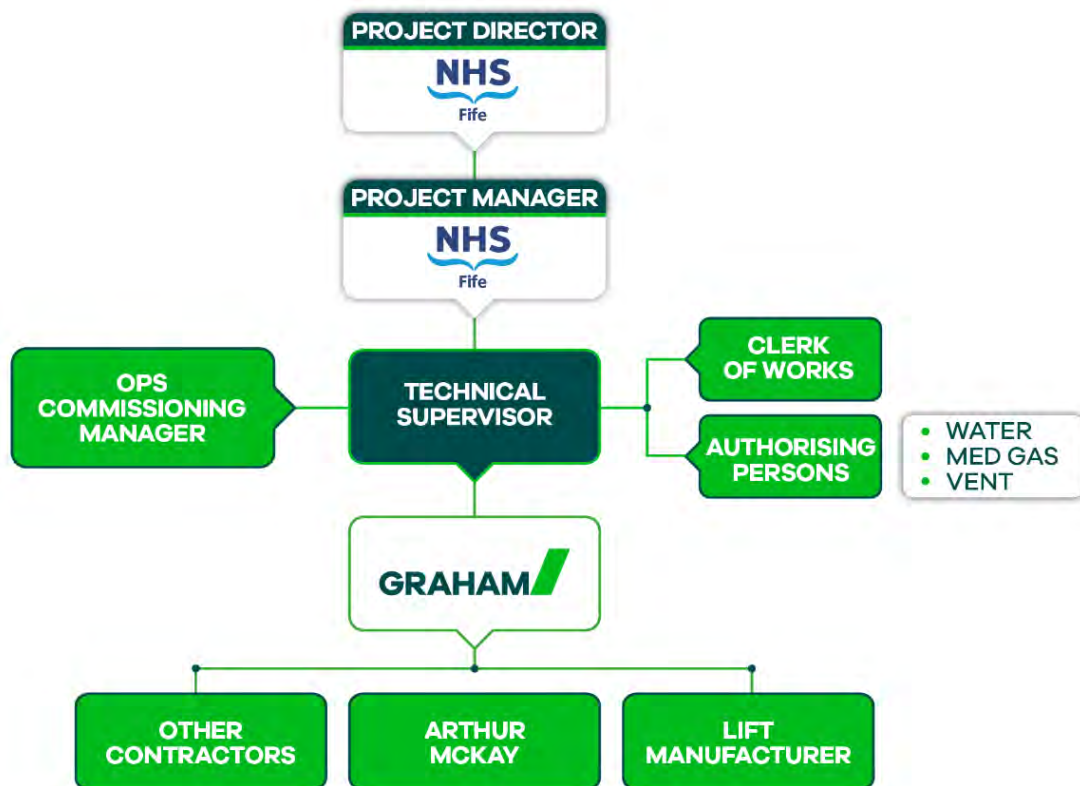
The Manual will be issued to NHS Fife, subcontractors and design team for review early in SCIM Stage 4. The manual then becomes the interface schedule and quality check sheet file for the installation of the services and evolves into the overall commissioning manual (commissioning validation folder) for the complete project. The manual will also be developed to suit the outputs targeted through the BREEAM and soft landings process.

This manual will be reviewed on-site at the weekly commissioning meetings and commissioning information will be photocopied and added to the commissioning manual as it is completed. This then enables all the specialists and design consultants etc to interrogate the current status of the commissioning information available for each system at any stage throughout the project. The manual includes the following.

- Quality, safety and environmental plans
- Programming for delivery of information, on and off-site construction
- Procurement, production and approval of samples, mock-ups, trial site assemblies etc
- The control of work through supervision and inspection
- Monitoring of construction progress
- Management of commissioning
- Management and recording of final inspections
- Development of O&M manuals
- Planning and programming, and progress recording of instruction and training of end users in the operation and maintenance of the building installations

- Confirmation of the understanding of specified post contract responsibilities associated with the fine tuning and system proving and soft landings support
- Test sheets for each of the services in accordance with the SHTM Guidance, CIBSE and BSRIA commissioning codes

Commissioning Programme

Accurate programme management and co-ordination is fundamental ensuring the VHK Elective Orthopaedic Centre project will be completed, fully commissioned and ready for use, on or before the programmed completion dates.

The commissioning programme has been developed progressively from the project outset, Stage 2 and 3 and is integrated with the main construction programme. Planning and implementation of the commissioning strategy and programme will continue through Stage 4.

The commissioning programme takes the individual plant, equipment and system logical sequences and integrates them into one optimum duration commissioning programme which will reasonably meet the overall delivery requirements / programme GRAHAM & NHS Fife have for the project.

The Construction Programme has been expanded with commissioning detail as defined in the following programme.

- EOC-GRA-XX-XX-PR-W-S401 dated 03/09/20

And supplemented by the commissioning programme EOC-GRA-XX-XX-PR-W-S401 dated 02/09/20

Summary extract from the VHK Elective Orthopedic Centre Construction Programme
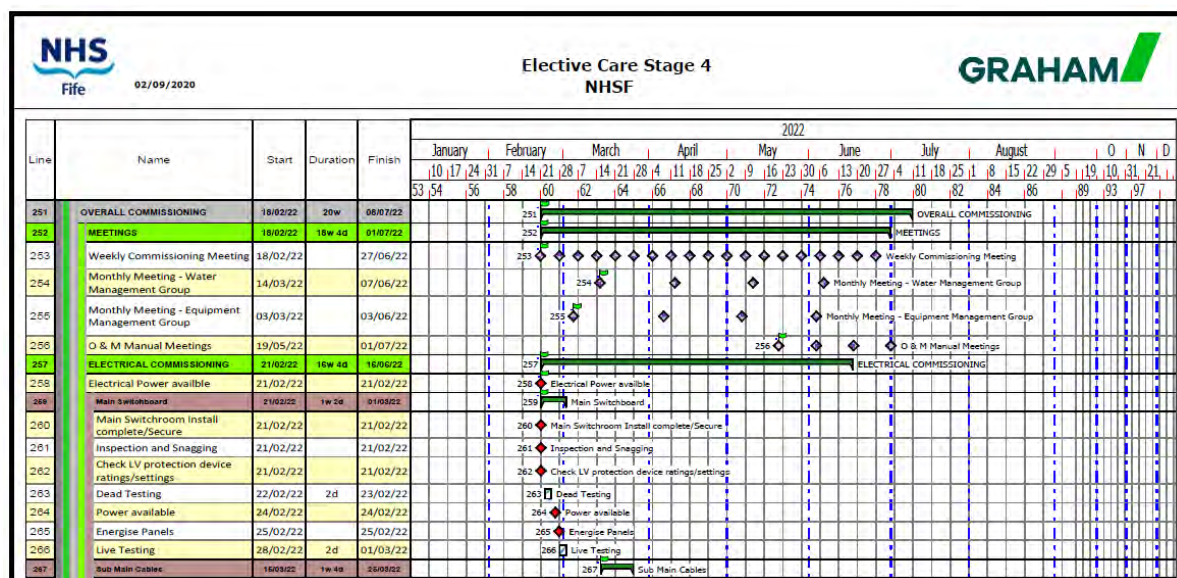
During SCIM Stage 3 commissioning workshops were undertaken focusing on;

- Commissioning methodology / validation process
- Commissioning programme reviews
- Development of interface groups
  - Construction Phase Water Management Group

- o Specialist Ventilation Group
- o Specialist Equipment Interface Group
- Approach to ensuring historical Industry issues do not get repeated.

The commissioning programme has been reviewed in detail to ensure the overall commissioning duration is appropriate for successful commissioning of the building services. Logic sequencing and building close out will be refined further within Stage 4.

- **VHK Elective Orthopaedic Centre – Commissioning & Testing Period – 20 Weeks**

The below extract details the commissioning critical path line for the MEP services testing and commissioning.
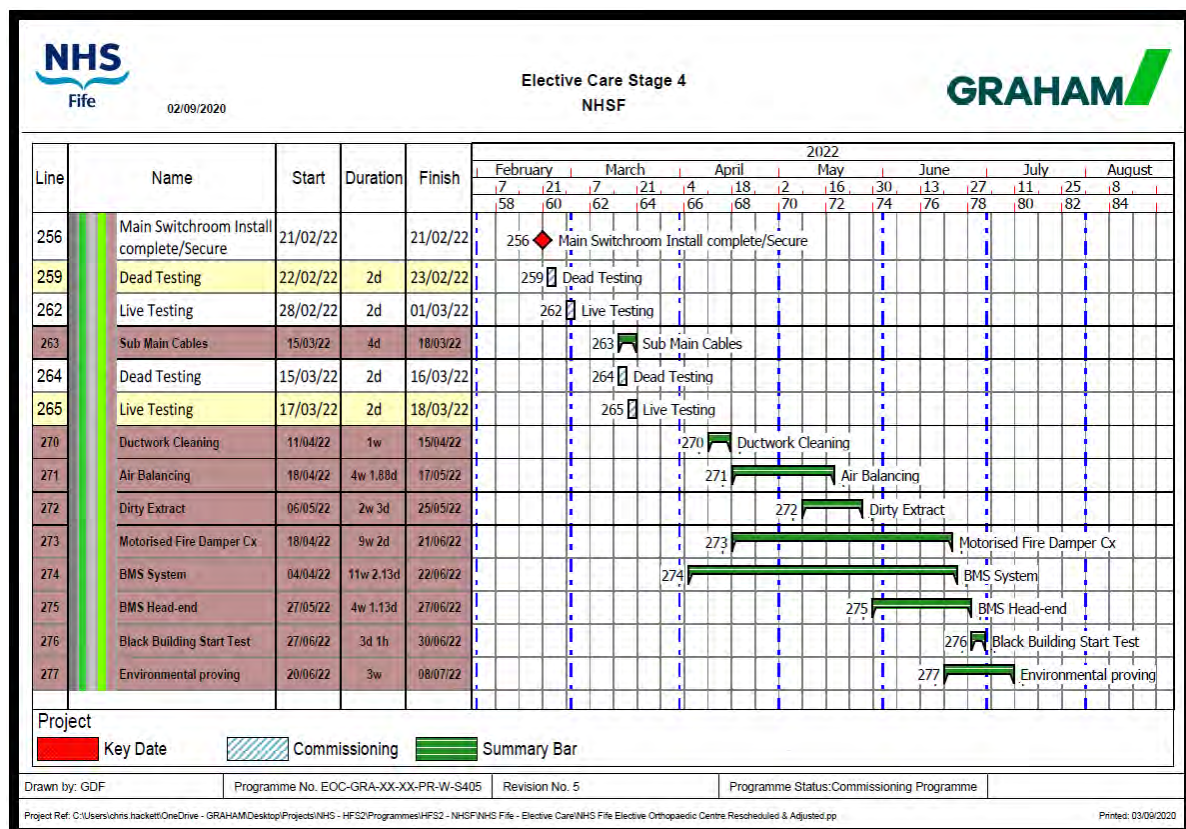
The commissioning programme will be further agreed with all Stakeholders early within Stage 4 and will be planned / developed breaking down the following elements.

- M&E Commissioning Master Programme
- Mechanical commissioning programme
- Electrical commissioning programme
- Specialist Equipment commissioning programme
- Approval of construction drawings and technical submittals for the different engineering services of the building
- Approval of the project specific commissioning method statements, checklists and test sheets for the different engineering services of the building
- Factory acceptance testing and witnessing
- Weather protection of the building envelope
- Building air tightness testing

- Completion of building fabric elements that are critical for the start of commissioning activities
- Electrical power activation for different elements of the project eg.
    - Mechanical equipment
    - Building management equipment
    - Lifts and escalators
    - Fire alarm equipment
- Supply of key utilities such as water, electricity and networks
- Pre-commissioning dates for different engineering services of the building, including installation verification and static tests.
- Commissioning dates for the different engineering services of the building, including setting to work, regulation, performance tests and integrated system proving.
- Demonstrations of the engineering services to third party organisations such as local building authority, fire officer etc.
- Production and delivery of handover documentation
- Production and delivery of training for building users and operators
- Building Handover
- Initial occupancy support including fine tuning
- Seasonal commissioning (if applicable)

Commissioning Interface Groups

The following interface groups will be established within Stage 4 and "terms of reference" will be drafted detailing key objectives, remit and organisational structure of each interface group;

- o **Construction Phase Water Management Group**
- o **Specialist Ventilation Group**
- o **Specialist Equipment Interface Group**

As an example, the Construction Phase Water Management Group's (CPWMG) main objective is

"To accept ownership for delivering a compliant facility leading to a "Microbiologically Safe Building" in relation to Water Safety inclusive of Legionella, Pseudomonas and other water borne bacteria in the new Elective Care Building."

Membership of the CPWMG will comprise of the following people;

- Consultant Microbiologist
- Lead Nurse Infection Prevention and Control
- Director of Estates and Facilities
- Health and Safety Advisor NHS Fife
- GRAHAM Building Services Manager
- Arthur McKay Commissioning Manager
- NHS Fife Authorising Engineer (Water)
- NHS Fife MEP Technical Supervisor
- NHS Fife Clerk of Works

Below are some extract images from a Draft Construction Phase Water Management Group ToR's.

NHS

Fife

Draft Construction Phase Water Management Group

Terms of reference

1. **Key Objectives, Remit and Organisational Structure of WSG**

The NHS Fife Board places the greatest emphasis on the health, safety, and welfare of its staff, patients, visitors, and others. To meet with this objective it is essential that management and staff should work together positively to achieve a safe workplace environment and deliver healthcare services that support the needs of our patient groups and where risks are controlled / mitigated so far as it is reasonably practical to do so.

It is the policy of the NHS Fife that management will do all that is reasonably practicable to provide an environment conducive to maintaining the health and safety and welfare of all staff, patients, visitors and others who may be affected by our undertakings. This is based upon the NHS Fife discharging its duty of care as specified in general legislation, Department of Health policy, and other governmental guidance.

To this end NHS Fife has set up a Construction Phase Water Management Group (CPWMG) as one element of its health and safety infrastructure, in order to achieve this objective.

The main objective of the CPWMG is:

To accept ownership for delivering a compliant facility leading to a "Microbiologically Safe Building" in relation to Water Safety inclusive of Legionella, Pseudomonas and other water borne bacteria in the new VHK Elective Orthopaedic Centre.

2. **Membership and specific members' roles**

Membership of the CPWMG will comprise of the following persons, who will have lead responsibilities as identified:
Consultant Microbiologist & IPC Doctor
Lead Nurse Infection Prevention and Control
Director of Estates and Facilities
Health and Safety Advisor NHS Fife

i. Accept management responsibility for delivering a "Microbiologically Safe Building" in relation to Water Safety inclusive of Legionella, Pseudomonas and other water borne bacteria.

ii. The appointment of people into positions of "Responsibility".

iii. Ensure the preparation of all relevant risk assessments, documentation, works specifications, pre-planned maintenance programmes and policies etc. (prepared by the Group or by others for the Group).

iv. The ratification of all relevant documentation, pre-planned maintenance programmes, policies, system water systems and associated fittings designs, etc.

v. Responsibility for ensuring that all water systems and equipment installed in the new hospital are designed, installed, tested and commissioned to the Guidance and standards referred to in the NHS Fife's Water Safety Policy and the Water Safety Plan.

vi. Ensure that all water systems comply with the requirements of BS 8558:2015, ACoP L8, HSG274, BS EN806, BS 8580, SHTM 04-01 & NHS Fife's Boards Construction Requirements (BCR, s)

vii. Provide the WSG a monthly summary of the status of the new build.

viii. Ensure that the specification and the consulting engineer's competence and interpretation of the requirements are suitably assessed and confirmed and supervise all contracts under the control of the department.

ix. Ensure the Quality Control Procedures & those managing these procedures have competence and interpretation of the requirements.

x. Provide to the WSG copies of commissioning results, maintenance and test instructions and details of any specific hazards pertaining to the systems and equipment which shall include the full requirements of Sections 16 and 18 of SHTM 04-01 as well as the requirements of the Water Safety Plan, particularly all protocol pro-formas pertaining to Hand-Over of new and/or refurbished buildings/areas and for the Permit to Open Section/Area .

xi. Ensure that Operating and maintenance manuals are provided to the WSG for all building services installation, including commissioning data, disinfection certificates and biological analysis results. These shall include all relevant sections as described in BS 8558:2015 and particularly SHTM 04-01 Sections 18.

xii. Supervise the completion of suitable and sufficient risk assessments on all water systems and "wet" air conditioning plant in line with the Guidelines prior to occupation. The risk assessment shall be reviewed a few weeks after complete occupation.

xiii. Ensure that only appropriately trained contractors with the respective accreditation are employed to undertake work on the new build.

Arthur McKay Commissioning Statement

Arthur McKay have been engaged as MEP partner for the delivery of the VHK Elective Orthopaedic Centre. Arthur McKay's culture **"right first time"** is the upmost importance ensuring the highest standards of quality are delivered.

Extract below from Arthur McKay commissioning procedure.

VHK Elective Orthopaedic Centre Commissioning and Handover Procedure

Objective:

To ensure that the installation is commissioned and handed over in accordance with all requirements and to the satisfaction of the customer

Scope:

General areas of Commissioning and Handover. This procedure should be used in conjunction with the Arthur McKay commissioning programme and Inspection, test & quality plan

Commissioning Procedure:

The installation shall be commissioned in accordance with the requirements of the manufacturer's guidance/instructions and the RYBKA design specification.

A complete record of all the required commissioning documentation will be retained in the Project File and available upon request and issued to the client at project completion in the operation and maintenance manuals. Details of relevant commissioning forms can be found on the Inspection, test & quality plan.

This will include as a minimum:

*   All test documentation
*   Any installation checks or adjustments/pre-commissioning checks carried out
*   Copies of any notifications to Building Control
*   Any required checklists
*   Details of information and verbal guidance given to the client
*   A copy of the Handover Certificate issued to the client

An appointed Arthur McKay project manager will manage all the commissioning activities ensuring all processes are followed as pe the commissioning risk assessment and method statements issued. They will attend the weekly commissioning meeting to give an overview of the current progress and issue a progress report based on this information.

Handover Procedure:

Only when the works are fully installed, commissioned and with any operational defects corrected will we handover the installation to the client.

Handover will include as a minimum:

*   Information on the safe and efficient operation/use of the installation
*   Information on the care of the installation to avoid detrimental effects. This would include any regular maintenance or cleaning that may be required
*   Information on the efficient operation of the installation to facilitate the delivery of the expected reduction in energy use
*   A Handover Certificate
*   Any applicable Building Regulations compliance certificates (or information explaining that the certificate is required and will be supplied within 30 days)

The information provided will include any available operation and maintenance manuals or documentation that are intended for the use of the customer.

As well as the documentation above, whether this is available or not, a suitably competent person will verbally explain the function and operation of the installation. This should, where possible, be carried out during a viewing of the installation.

Arthur McKay test and inspection procedures will be tailored to the Elective Orthopaedic Centre ensuring the installation meets the requirements of legislation, Healthcare Guidance, CIBSE / BSRIA guides and commissioning codes, Building Regulations, the contract specification, manufacturer's instructions and industry best practice.

Tailoring of the test and inspection sheets will be undertaken early in Stage 4 and will be in conjunction with GRA, NHS Fife Technical Supervisors and relevant specialist sub-contractors / manufacturers.

Extracts below from sample test and inspection plan.

Project Name :	NHS Fife Orthopeadic Elective Care					Project No:		Sheet : 1 of		6
Client :	NHS Fife						**INSPECTION CODE key :**			
							N/A	Not Applicable		
Principal Contractor :	Graham						SI	Sample Inspection		
							I	100% Inspection		
Prepared by :							SW	Sample Witness		
							W	100% Witness		
Authorised by :							ST	Sample Test		
Date :							T	100% Test		
Item No :	Operation	Applicable Documentation	Responsibility / Comments	Verifying Document			**INSPECTION CODE :**			
							AMK	PM	Client	
1	Visual Inspection Trunking, Tray and Basket Systems.	RYBKA Spec/AMK Design	AMK QHSE	QISP-E201			I			
2	Visual Inspection Conduit Systems	RYBKA Spec/AMK Design	AMK QHSE	QISP-E203			I			
3	Visual Inspection Cable Supports	RYBKA Spec/AMK Design	AMK QHSE	QISP-E201			I			
4	Visual Inspection Cabling all Systems	RYBKA Spec/AMK Design	AMK QHSE	QISP-E204			I			
5	Visual Inspection Switchgear Systems	RYBKA Spec/AMK Design	AMK QHSE	QISP-E205			I			
6	Main Switchboard	RYBKA Spec/AMK Design	FAT & SAT	Manufacturer test documents			I			
7	Visual Inspection Earthing	RYBKA Spec/AMK Design	AMK QHSE	QISP-E207			I			
8	Visual Inspection of Luminaires	RYBKA Spec/AMK Design	AMK QHSE	QISP-E211			I			
9	Emergency Lighting System	RYBKA Spec/AMK Design	AMK QHSE	NICEIC			I			

Demonstrations and training

For each system, an in-depth demonstration of the system in operation, its control methodology and the opportunity to fine tune the system through the BEMS set points will be undertaken by the relevant sub-contractor and supervised by GRAHAM and Arthur McKay commissioning manager.

This process will be carefully planned during the soft landings core team meetings, with the demonstration and training being given to the staff and technical team who are actually going to use and operate the buildings. Training will take the form of classroom sessions and practical onsite demonstrations. Building user guides will be provided and all training / demonstrations can be recorded on video for future reference with the extent of recording to be agreed at the soft landings meetings.

A Training plan will be prepared in consultation with key stakeholders. The training plan will cover all the phases of the commissioning process and will include.
- Confirmation of what systems, equipment, assemblies will be the focus of training
- The specifications for the type, provider, location, duration and outcomes of the training sessions
- Estimated times and schedules for the training sessions
- Information to assist in day- to- day operations
- Instructions regarding operations during emergency situations
- Troubleshooting guidance
- Guidance on adjustment of operating parameters for systems and equipment

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**4 November 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:

- 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 August 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 SG Committee was cancelled due to the pandemic, but 'virtual' meetings have taken place bi-monthly since July.

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 is included in the IPQR at Annex 1. The projections take account of additional funding provided by the Scottish Government.

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	Not achieving
C Diff (HAI/HCAI)	Monthly	6.7 per 100,000 TOBD	Achieving
Complaints (S1)	Monthly	80%	Not achieving
Complaints (S2) [2]	Monthly	65%	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%, and we are currently achieving a better improved performance than predicted

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 October IPQR will be available for discussion at the round of October/November meetings.

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 22nd October. 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
Bryan Archibald
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Fife Integrated Performance & Quality Report

Produced in October 2020

NHS
Fife

Introduction

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

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 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.

As part of the JMP, a spreadsheet showing projected activity across critical services during the final 3 quarters of FY 2020/21 has been created and is being populated with actual figures as we go forward. In order to provide as up-to-date information as possible, some of the figures are initially provisional, and will be corrected if necessary the following month. The latest version of this is shown in Appendix 1.

Improvement Actions in the drill-downs 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.

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 13 (45%) classified as **GREEN**, 1 (3%) **AMBER** and 15 (52%) **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:

- Stage 2 Complaints Closure (ahead of improvement trajectory for FY 2020/21)

- Diagnostics Waiting Times (significant progress towards recovery of pre-pandemic position)

- Sickness Absence (ahead of improvement trajectory for FY 2020/21, but remembering that figures do not include COVID19-related absence)

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 6 (21%) within upper quartile, 19 (65%) in mid-range and 4 (14%) in lower quartile.

There are indicators where national comparison is not available or not directly comparable.

Indicator Summary

Section	LDP Standard	Standard	Target 2020/21	Reporting Period	Year Previous		Previous		Current		Trend	Reporting Period	Fife	Bench	Scotland
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A	Month	Aug-19	48	Jul-20	26	Aug-20	33	↓		N/A		
	N/A	HSMR	N/A	Year Ending	Mar-19	N/A	Dec-19	1.02	Mar-20	1.01	↑	YE Mar-20	1.01	●	1.00
	N/A	Inpatient Falls	5.97	Month	Aug-19	6.55	Jul-20	9.25	Aug-20	7.30	↑		N/A		
	N/A	Inpatient Falls with Harm	2.16	Month	Aug-19	1.16	Jul-20	1.97	Aug-20	1.71	↑		N/A		
	N/A	Pressure Ulcers	0.42	Month	Aug-19	0.65	Jul-20	0.75	Aug-20	1.10	↓		N/A		
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Jun-19	2.0%	Mar-20	0.9%	Jun-20	2.3%	↓	QE Dec-19	2.3%	●	0.9%
	N/A	SAB - HAI/HCAI	19.5	Quarter Ending	Aug-19	14.6	Jul-20	8.7	Aug-20	15.1	↓	QE Jun-20	6.3	●	20.3
	N/A	SAB - Community	N/A	Quarter Ending	Aug-19	9.6	Jul-20	8.5	Aug-20	6.4	↑	QE Jun-20	14.0	●	9.4
	N/A	C Diff - HAI/HCAI	6.7	Quarter Ending	Aug-19	10.1	Jul-20	5.8	Aug-20	5.5	↑	QE Jun-20	7.9	●	15.4
	N/A	C Diff - Community	N/A	Quarter Ending	Aug-19	2.1	Jul-20	5.3	Aug-20	6.4	↓	QE Jun-20	1.1	●	5.9
	N/A	ECB - HAI/HCAI	36.6	Quarter Ending	Aug-19	34.9	Jul-20	42.2	Aug-20	52.1	↓	QE Jun-20	36.4	●	39.7
	N/A	ECB - Community	N/A	Quarter Ending	Aug-19	34.1	Jul-20	37.2	Aug-20	39.3	↓	QE Jun-20	38.8	●	35.9
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Aug-19	75.0%	Jul-20	72.4%	Aug-20	74.3%	↑	2018/19	70.7%	●	81.5%
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Aug-19	58.3%	Jul-20	25.7%	Aug-20	36.4%	↑	2018/19	49.1%	●	53.7%
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Aug-19	100.0%	Jul-20	100.0%	Aug-20	100.0%	↔		N/A		
	95%	4-Hour Emergency Access	95%	Month	Aug-19	93.6%	Jul-20	96.1%	Aug-20	95.4%	↓	Aug-20	95.4%	●	92.9%
	100%	Patient TTG (Ongoing Waits)		Month	Aug-19	89.9%	Jul-20	20.2%	Aug-20	30.0%	↑	Jun-20	15.5%	●	17.3%
	95%	New Outpatients Waiting Times		Month	Aug-19	95.0%	Jul-20	41.1%	Aug-20	50.0%	↑	Jun-20	32.1%	●	28.5%
	100%	Diagnostics Waiting Times		Month	Aug-19	97.6%	Jul-20	51.4%	Aug-20	78.3%	↑	Jun-20	37.4%	●	35.4%
	95%	Cancer 31-Day DTT		Month	Aug-19	97.0%	Jul-20	98.1%	Aug-20	96.1%	↓	QE Jun-20	96.3%	●	97.1%
	95%	Cancer 62-Day RTT		Month	Aug-19	84.0%	Jul-20	88.2%	Aug-20	84.3%	↓	QE Jun-20	77.7%	●	84.1%
	90%	18 Weeks RTT		Month	Aug-19	82.0%	Jul-20	69.2%	Aug-20	64.0%	↓	Jun-20	84.8%	●	79.6%
	29%	Detect Cancer Early	27%	Year Ending	Sep-18	26.9%	Jun-19	25.2%	Sep-19	24.8%	↓	2017, 2018	25.1%	●	25.5%
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Aug-19	8.0%	Jul-20	6.2%	Aug-20	7.8%	↓	QE Dec-19	7.2%	●	7.1%
	N/A	Delayed Discharge (# Standard Delays)	N/A	Month	Aug-19	71	Jul-20	46	Aug-20	54	↓	Aug-20	14.46	●	14.68
	80%	Antenatal Access	80%	Month	Nov-18	85.3%	Oct-19	88.4%	Nov-19	83.3%	↓	2018/19	91.3%	●	87.6%
	473	Smoking Cessation	TBC	YTD	May-19	101.3%	Apr-20	15.0%	May-20	24.1%	↓	FY 2019/20	92.8%	●	97.2%
	90%	CAMHS Waiting Times		Month	Aug-19	74.8%	Jul-20	62.8%	Aug-20	57.8%	↓	QE Jun-20	68.6%	●	59.3%
	90%	Psychological Therapies Waiting Times		Month	Aug-19	65.2%	Jul-20	74.5%	Aug-20	77.9%	↑	QE Jun-20	69.7%	●	74.3%
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	66.1%	Dec-19	75.7%	Mar-20	79.2%	↑	2019/20	79.2%	●	83.2%
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Jun-19	95.0%	May-20	86.5%	Jun-20	93.4%	↑	QE Jun-20	87.3%	●	95.3%
	N/A	Dementia Post-Diagnostic Support		Annual	2017/18	86.7%	2018/19	93.9%	2019/20	91.6%	↓	2017/18	86.8%	●	72.5%
	N/A	Dementia Referrals		Annual	2017/18	55.4%	2018/19	60.7%	2019/20	57.6%	↓	2017/18	55.3%	●	42.3%
	N/A	Freedom of Information Requests	85%	Quarter Ending	Aug-19	68.6%	Jul-20	75.7%	Aug-20	78.0%	↑		N/A		
Finance	N/A	Revenue Expenditure	£0	Month	Sep-19	N/A	Aug-20	+£7.748m	Sep-20	+£1.859m	↑		N/A		
	N/A	Capital Expenditure	£12.968m	Month	Sep-19	N/A	Aug-20	£2.751m	Sep-20	£3.323m	↑		N/A		
Staff Governance	4.00%	Sickness Absence	4.39%	Month	Aug-19	5.44%	Jul-20	5.06%	Aug-20	4.58%	↑	YE Mar-20	5.49%	●	5.31%

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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	🟡

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.

Inpatient Falls (with Harm) Reduce falls with harm by 20% by December 2020	2.16	Aug-20	2.16	Aug-20	1.71	N/A	N/A

An increase in the fall trajectory has been noted over the COVID-19 period.The previous report highlighted changes in the environment and patients pathways as a result of COVID and this remains under review. It is likely that there are a number of factors that have contributed to this including; the change in occupancy and patient placement (i.e. red and green side rooms). In addition staff were relocated to other areas to work during this period. Work continues to monitor and support areas as identified with the most recent report noting improvement.

Pressure Ulcers 50% reduction by December 2020	0.42	Never Met	0.42	Aug-20	1.10	N/A	N/A

The collaborative is underway within the Acute Services with 3 wards taking part. One the 12-week periods is over, and another 3 wards within Acute Services will commence. A holistic approach is being taken in respect of the collaborative within HSCP. The Quality Improvement Collaborative - the main features are to reduce falls, reduce pressure ulcers and to increase quality of care rounding and measure compliance.

Caesarean Section SSI We will reduce the % of post-operation surgical site infections to 2.5%	N/A	QE Jun-20	2.5%	QE Jun-20	2.3%	QE Dec-19	🔴

SSI surveillance has been paused due to the ongoing global pandemic. Maternity services have continued to monitor C-section SSI rates from January 2020 onwards. This data is reported in the IPQR; however, please note that it is unverified with no National comparison and does not follow the agreed methodology.

SAB (MRSA/MSSA) We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022	18.8	QE Aug-20	19.5	QE Aug-20	15.1	QE Jun-20	🟢

Surveillance for SABs has continued throughout the COVID-19 pandemic. For Q2 2020 NHS Fife was below the national comparator for HCAI SABs, although above for Community SABs. Although the rate remains below the target trajectory for HCAI SABs, August was a disappointing month with 7 HCAI SABs including 4 renal unit VAD SABs and 1 PVC-related infection.
There have been 3 PWID SABs so far in 2020.

C Diff We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022	6.5	QE Aug-20	6.7	QE Aug-20	5.5	QE Jun-20	🟢

CDI surveillance has continued throughout the COVID-19 pandemic. For Q2 2020, NHS Fife was below the national comparator for HCAI & CAI CDIs, and we have been below the reduction improvement trajectory since July. Recurrence of infection has been the continued focus with pioneering treatment to sustain reduction of rates.

ECB We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022	33.0	QE Jun-20	36.6	QE Aug-20	52.1	QE Jun-20	🟡

Surveillance for ECBs has continued throughout the COVID-19 pandemic. For Q2 2020, NHS Fife was below the national comparator for healthcare associated (HCAI) ECBs, although above for community acquired ECBs. Reducing HCAI ECBs remains an ongoing challenge for Fife and the rate was above the reduction improvement trajectory in July and August. UTIs and CAUTIs remain the ongoing challenge to address.

Complaints - Stage 2 At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Aug-20	36.4%	FY 2018/19	🟡

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. While we are clearing the backlog of older complaints, we have seen a steady increase in overall complaints as services have remobilised. These include complaints relating to delays in treatment as a result of COVID-19.

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%	Aug-20	95%	Aug-20	95.4%	Aug-20	🟢

Performance remained above the Scottish Government 95% target for the 5th consecutive month, with attendances approximately 13% lower than in the previous year. Capacity within the hospital has not impacted on performance and NHS Fife recorded the best 4-Hour Performance of all the Mainland Health Boards in August.

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	Aug-20	30.0%	Jun-20	🟡

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 continue to increase (though still 30% below average), and this trend is expected to continue as routine outpatient clinics increase in line with plans.

The number of patients waiting greater than 12 weeks increased hugely during lockdown, from around 600 to over 3,000 (around 80% of the waiting list) however this is now improving (at around 70% of the waiting list), with similar improvement in the % of patients waiting more than 18 and 26 weeks.

Activity delivered continues to increase in line with projections as theatres have gradually been reopened and additional activity in the Independent Sector, funded by the SG, delivered to the end September. Additional funding has been received from the Scottish Government to deliver additional in-house activity which will enable a reduction in the backlog of procedures over the next 5 months.

We are on course to deliver around 76% of the previous average level of activity by December 2020.

New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Mar-20	TBC	Aug-20	50.0%	Jun-20	🟡

Referrals have continued to increase and are now 78% of the average before lockdown. The number of patients waiting over 12, 18 and 26 weeks have been hugely impacted and are significantly higher as a % than they were before lockdown. The number of patients waiting greater than 12 weeks has now begun to fall from a position of over 8,000 (67% of the waiting list) in June to 7,400 (50% of the waiting list) in August.

The plan to restart routine face to face outpatient clinics is being gradually implemented. The activity delivered has been less than projected in some specialities and more than projected in others. This is being reviewed on a regular basis to understand the challenges and implement solutions to make the maximum use of clinical capacity available. Funding has been received from the Scottish Government to deliver additional in house or in-sourced activity in the evenings and at weekend to reduce the backlog of referrals in a number of specialities. It is anticipated that this will enable us to achieve 90% of previous levels of new outpatient capacity in December to March 2021 and along with clinical validation of the waiting lists will lead to continued reduction in the number of patients waiting over 12, 18 and 26 weeks.

Diagnostics 100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image)	100%	Apr-16	TBC	Aug-20	78.3%	Jun-20	🟡

The percentage of patients waiting less than 6 weeks for a diagnostic test has increased from to 37% in June to 78% in August following the increase in capacity in line with remobilisation plans.

Endoscopy services restarted in June and all lists have been reinstated, although capacity is reduced by 30% due to physical distancing and infection control procedures. Referrals are increasing which along with reduced capacity has resulted in a backlog of routine referrals. Priority is being given to urgent and cancer referrals. Capacity for routine endoscopies will be further reduced in November to accommodate the restart of Bowel Screening. Discussions around recovery plans have taken place with the SG, and funding has been agreed for some additional capacity which will be targeted at routine referrals.

The number of patients waiting over 6 weeks for a radiology diagnostic test has improved significantly due to increased activity and demand which is below that before lockdown. The increase in activity is due to a mix of additional extended day/weekend working across NHS Fife and the support of the MRI mobile van that we are currently sharing with NHS Tayside as part of the SG recovery plan. Additional capacity is planned for Ultrasound which will lead to further improvements. Priority continues to be given to urgent referrals.

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	Aug-20	84.3%	QE Jun-20	🔴

Performance continues to be variable with breaches (mainly small) occurring in a number of specialties. There were various breach reasons, including issues with CT guided and PET and continued challenges with the length of the prostate pathway, but none could be attributed to COVID-19. NHS Fife has committed to continuation of the weekly PTL meeting as we enter a second phase of the pandemic.

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 Aug-20	78.0%	N/A	N/A
The number of FOI requests since June has remained steady, but overall compliance with meeting the 20 working day response time has not yet improved to any great degree. An FOI Officer has now been employed to manage the FOI process, and this is expected to greatly assist with NHS Fife's overall FOI compliance and reporting.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jun-20	5%	Aug-20	7.8%	QE Mar-20	●
Bed days lost due to patients in delay has risen above the local target after falling during the early months of the pandemic. The number of patients in delay has also increased to pre-pandemic levels. We are now entering the winter period, when the hospital occupancy is likely to increase. This, and any impact of a second wave of the pandemic, will put additional stress on the patient discharge system.							
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%	YT May-20	24.1%	FY 2019/20	●
Changes to the service model were enacted at the end of March, to enable services to continue to be delivered whilst meeting relevant social distancing guidelines to protect staff and clients. Clients can access services through direct referral via a central freephone number, a generic email address or via the national Quityourway.scot website. Clients accessing the service have been increasing but not to pre-pandemic levels. Whilst the number of clients has reduced, there is increased workload associated with arranging extended supplies of medication for clients and alternative collection and delivery options through community pharmacy. Clients facing difficult personal circumstances are finding the weekly support beneficial at this time.							
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	TBC	Aug-20	57.8%	QE Jun-20	●
Referral rates have returned to normal levels, as predicted following the return of schools. Ongoing work against the longest waits, high rates of DNA and discharges with 'no treatment required' have impacted on the RTT despite staff activity being maintained at normal levels.							
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	TBC	Aug-20	77.9%	QE Jun-20	●
Current improved performance is associated with reduced activity with longest waiting patients during the COVID-19 response period. It is anticipated that the impact of resumption of clinical activity with longest waiting patients will negatively impact performance over coming months. As anticipated, referrals have increased significantly since last month (up by 57%) as services remobilise.							

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	Sep-20	+ £1.859m	N/A	N/A
NHS Fife put in place expanded financial reporting arrangements to ensure sound financial governance and tight cost control in our response to the Covid-19 pandemic. Our reporting was expanded to encompass: core position; additional Covid-19 costs; offsetting cost reductions; and an assessment of our expected underachievement of savings. The impact of Covid-19 on the financial performance is a key issue. Whilst funding of our initial allocation has been confirmed (SG letter of 29 September), the funding allocation has been made on either actual costs or NRAC share. At this stage SG have allocated 70% of total funding with a general contingency of 30% retained by the Portfolio in recognition of the level of uncertainty reflected in financial assumptions. In addition, the following have been excluded from our (and all Boards') allocations: • Unachieved efficiency savings • Offsets (health costs that have reduced as a result of Covid-19 response) SG have indicated that the exclusions to allocations at this point are necessary due to wide variation in Boards' returns; and a follow up will be undertaken in the coming months to inform a final allocation across Scotland, to be made in January.							
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£12.968m	N/A	£12.968m	Sep-20	£3.323m	N/A	N/A
The total Capital Resource Limit for 2020/21 is £12.968m including anticipated allocations for specific projects. The capital position for the 6 months to September shows investment of £3.323m equivalent to 25.62% of the total allocation. The capital spend on the specific projects commences in earnest in the latter half of the financial year and as such is on track to spend in full.							

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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%	Aug-20	4.58%	YE Mar-20	🟡

Although sickness absence levels continue to fluctuate, the overall trend has continued to improve for the first five months of the year. Whilst encouraging, it is difficult to draw firm conclusions around this due to the separation of all Covid-19 Pandemic related absences from the reported sickness absence figures. All absences continue to be monitored with the increased prevalence of Covid-19 in the population, and a desire to return to a level of normality by restarting various Promoting Attendance activities.

II. Performance Exception Reports

Clinical Governance

Finance, Performance & Resources – Operational Performance

Finance, Performance & Resources – Finance

Staff Governance

Clinical Governance

Adverse Events

Major and Extreme Adverse Events

YE Aug-20

112	**63**	**49**	**48**
TV On Ward	Other Clinical Events	Cardiac Arrest	Patient Fall
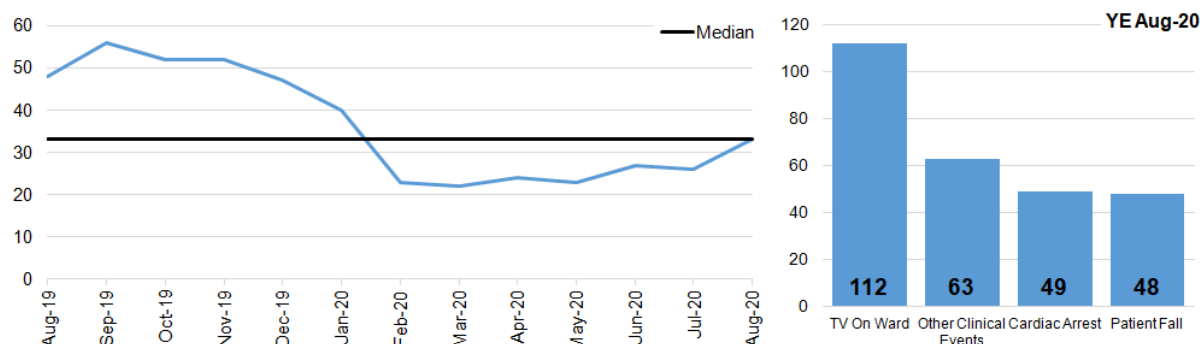
All Adverse Events

	Month	2019/20								20/21				
		Aug	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**
ALL	NHS Fife	1295	1247	1355	1359	1388	1397	1307	1114	887	1058	1121	1322	1225
	Acute Services	571	531	658	575	585	616	635	466	371	471	463	558	502
	HSCP	668	670	647	735	766	745	621	624	483	554	625	725	683
	Corporate	56	46	50	49	37	36	51	24	33	33	33	39	40
CLINICAL	NHS Fife	831	813	939	891	929	911	923	792	606	718	739	902	822
	Acute Services	515	485	592	534	527	556	573	434	342	428	422	512	466
	HSCP	284	310	321	339	391	337	331	343	246	275	297	369	342
	Corporate	32	18	26	18	11	18	19	15	18	15	20	21	14

Commentary

In January 2020, the reporting of tissue viability (on admission) adverse events changed, and this accounts for the reduction in major and extreme events as illustrated above.

In March 2020, the configuration of services, including how services were offered and the numbers of people attending, changed significantly in response to the COVID-19 pandemic. It is noticeable that the number of events reported across NHS Fife in March to June is less than in previous months, however reporting generally continued.

During this time staff were reminded and advised that all adverse events must continue to be reported, and now as services have started to resume the number of events has risen to be more in line with previous months.

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.

Funnel Plot by Hospital: April 2019 to March 2020
Allows comparisons to be made between each hospital and the average for Scotland for a particular period.

Location	HSMR
Scotland	1.00
NHS Fife	1.01
Victoria Hospital	0.99

Victoria Hospital
Within Limits
Observed Deaths: **1,616**
Predicted Deaths: **1,628**
HSMR: **0.99**
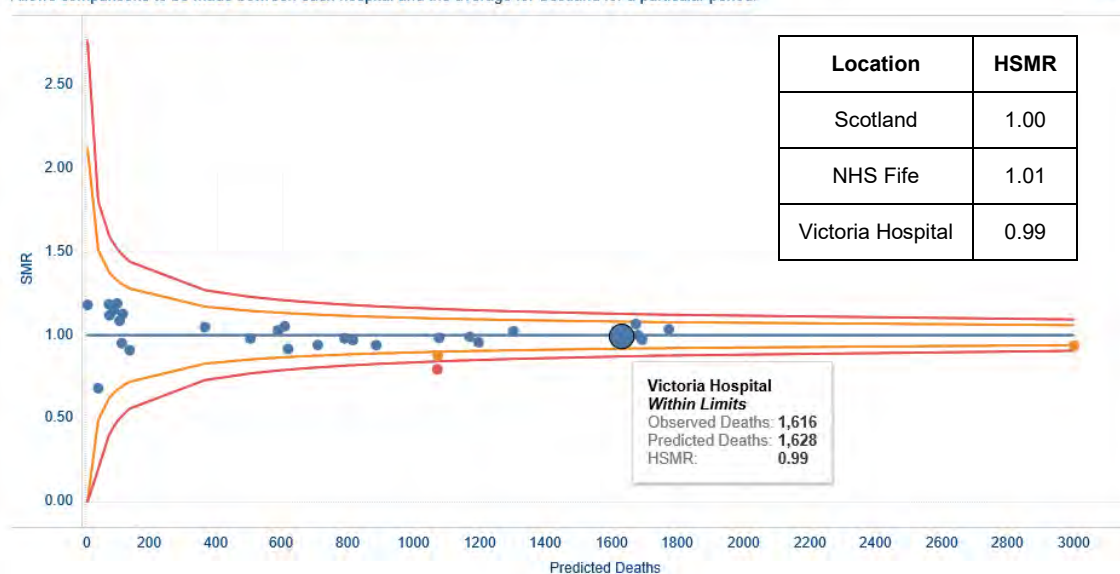
Commentary

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
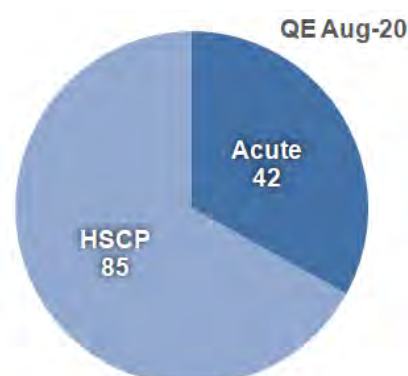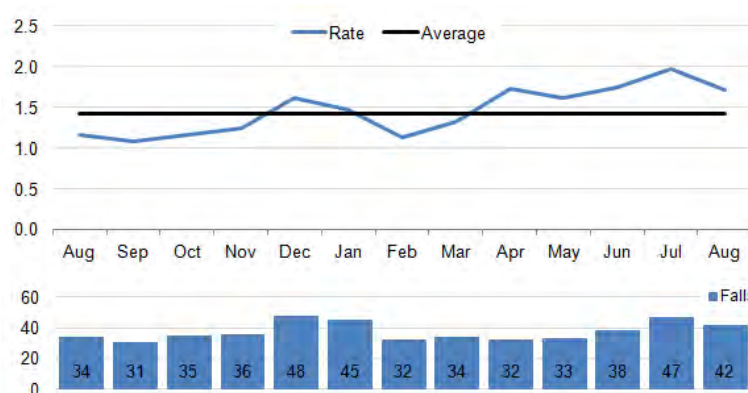
Service Performance

	Month	2019/20								20/21				
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
WITH HARM	NHS Fife	1.16	1.08	1.17	1.24	1.61	1.47	1.13	1.33	1.73	1.62	1.75	1.97	1.71
	Acute Services	0.89	0.98	0.81	1.08	1.03	0.99	0.84	1.16	1.93	1.21	1.38	1.26	1.25
	HSCP	1.38	1.16	1.48	1.37	2.10	1.89	1.37	1.44	1.61	1.95	2.08	2.59	2.10

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 *By Nov-20*	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 *By Nov 2020 (Implementation Plan)*	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 *By Oct-20*	Previous Workplan in line with the Fife Falls strategy completed and the first meeting post COVID has commenced the work to refresh the group workplan. Links strengthened with the Fracture Liaison service, and discussion planned to consider the new **MANAGEMENT OF OSTEOPOROSIS AND THE PREVENTION OF FRAGILITY FRACTURES,** particularly the bone health component of the falls bundle.

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
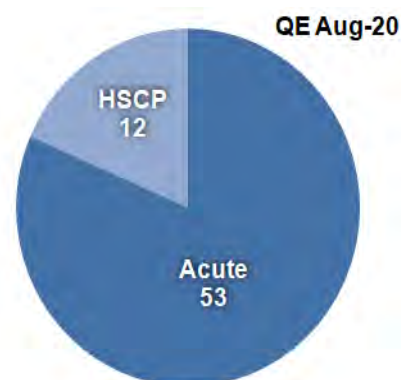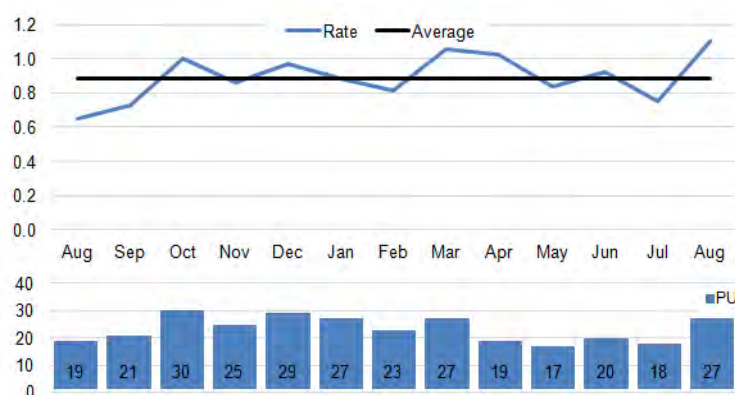
Service Performance

Month	2019/20								2020/21				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	0.65	0.73	1.00	0.86	0.97	0.88	0.81	1.06	1.02	0.83	0.92	0.75	1.10
Acute Services	1.34	1.13	1.54	1.62	1.40	1.27	1.23	1.94	2.08	1.21	1.67	1.26	1.97
HSCP	0.06	0.39	0.55	0.25	0.62	0.55	0.46	0.46	0.42	0.53	0.26	0.31	0.38

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 Dec-20 (was 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	Redesign of the Quality Improvement Model to support the clinical teams to reduce harm, led by a HoN from the HSCP and ASD, has been carried out. This provides senior leadership support in practice. ***** ACTION COMPLETE *****
21.1 Improve reporting of PU *By Dec-20 (was 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.

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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

Service Performance

Quarter Ending	2017/18	2018/19				2019/20				2020/21			
	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	Jun-20	Sep-20	Dec-20	Mar-21
NHS Fife	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%	0.9%	2.3%			
Scotland	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 Mar-21 (was Oct-20)*	SSI implementation meetings have now restarted via Microsoft Teams. When the C-section SSI surveillance programme restarts, we will again adopt the new methodology in assessing SSI and type - this was working well prior to the pause of all surveillance in March 2020. SSI incidence in the last two quarters has been calculated using raw data available from maternity services. This data is unverified with no National comparison.
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
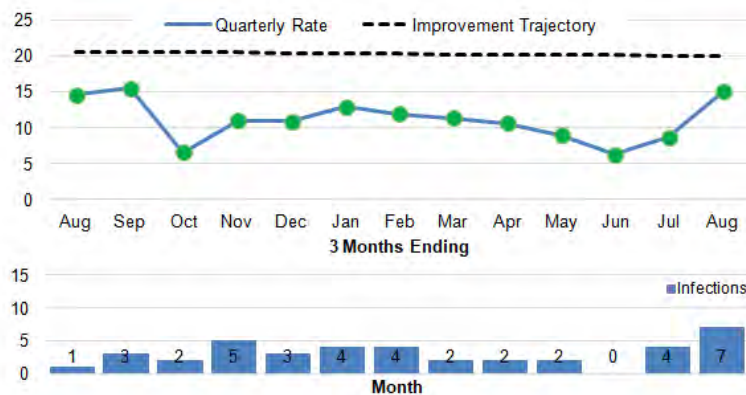
National Benchmarking

Quarter Ending		2018/19		2019/20				2020/21
		Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	**HCAI Infection Rate (per 100,000 TOBD)**	17.8	14.1	13.7	15.5	10.9	12.5	6.3
Scotland		17.7	15.6	16.7	17.5	15.2	16.3	20.3

Key Challenges in 2020/21	Achieving a 10% reduction of healthcare-associated SAB by March 2022

Improvement Actions	Update
20.1 Reduce the number of SAB in PWIDs *By Mar-21*	There have only been 3 PWID SABs so far in 2020, a marked improvement compared to the same period in 2019. Addiction services continue to be supported by the IPCT with the SAB improvement project, last meeting in September. The driver diagram sits with the Addiction team and is almost complete. Nurse prescribing of antibiotics by ANPs is being explored. The pandemic has made it especially challenging to see clients, with physical distancing reducing capacity in clinics. Despite an increased number of home visits, the total number of clients seen has reduced.
20.2 Ongoing surveillance of all VAD-related infections *By Mar-21*	Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement as well as raising triggers & areas of concern. There was a cluster of 4 renal unit VAD SABs in August, and while a PAG concluded that there were no links between cases, an SAER has been scheduled for November.
20.3 Ongoing surveillance of all CAUTI *By Mar-21*	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 August, and will meet again on 23rd October. E-documentation bundles for catheter insertion and maintenance, to be added to Patientrack for Acute services, are still awaited.
20.4 Optimise comms with all clinical teams in ASD & the HSCP *By Mar-21*	Monthly SAB reports distributed 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. The Ward Dashboard is continuously updated, for clinical staff to access and also to be displayed for public assurance. Certificates for wards infection free period for SABs are to be distributed.

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
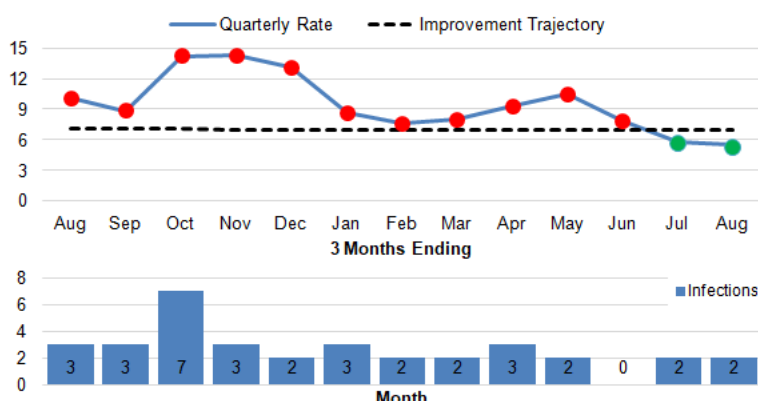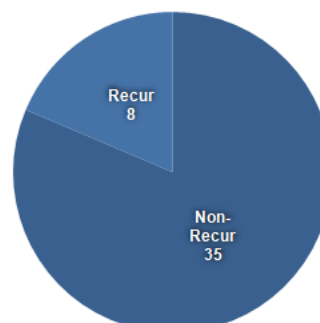
National Benchmarking

Quarter Ending		2018/19		2019/20				2020/21
		Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	10.0	5.4	8.0	8.9	13.1	8.0	7.9
Scotland		13.8	11.8	12.3	13.7	15.1	13.6	15.4

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 *By Oct-20*	Fidaxomicin is the treatment used in NHS Fife for patients at high risk of recurrent CDI. Bezlotoxumab is also used to prevent recurrence, whilst FMT (Faecal microbiota transplantation) is unavailable during the pandemic. 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 that binds to Clostridioides difficile toxin B and neutralises its activity, preventing recurrence of CDI (BNF 2020).]
20.2 Reduce overall prescribing of antibiotics *By Oct-20*	National antimicrobial prescribing targets are being utilised by NHS Fife microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage. 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 *By Oct-20*	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
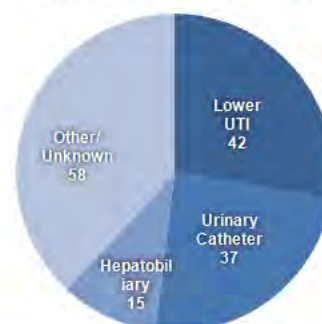
National Benchmarking

Quarter Ending		2018/19		2019/20				2020/21
		Dec	**Mar**	**Jun**	**Sep**	**Dec**	**Mar**	**Jun**
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	49.2	39.2	42.1	31.0	60.0	47.9	36.4
Scotland		38.3	37.3	38.9	40.3	40.8	36.4	39.7

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
20.1 Optimise communications with all clinical teams in ASD & the HSCP *By Mar-22*	Mandatory national ECB surveillance has continued throughout the pandemic, although additional voluntary enhanced surveillance (started in January) has been paused. Monthly reports and graphs of ECB data distributed to key clinical staff across NHS Fife (HSCP & Acute services ECB continues as a standing Agenda item in the IPCT and ICC meetings.
20.2 Formation of ECB Strategy Group *By Mar-21*	The ECB Strategy Group, initially looking at infections caused predominantly by urinary sources other than CAUTI, has been formed, but meetings have not taken place during the pandemic. The key issues identified by this group of addressing promotion of hydration and prevention of UTIs within the elderly population have now been incorporated within the UCIG by the Continence services. Further improvement work from the group will be reviewed in 2021.
20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG) *By Mar-21*	The UCIG will next meet in October, to review the following topics: • A CAUTI QI programme which has started at a Cowdenbeath GP practice • E-documentation bundles for catheter insertion and maintenance (to be added onto Patientrak for Acute Services) • Urinary Catheter Care passports issued to ALL patients within every Fife care/residential homes to promote catheter care and adequate hydration • Continence/hydration folders in use at all care and residential homes across Fife • 'Top tips' education videos published on Blink, most recently on catheter choices

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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
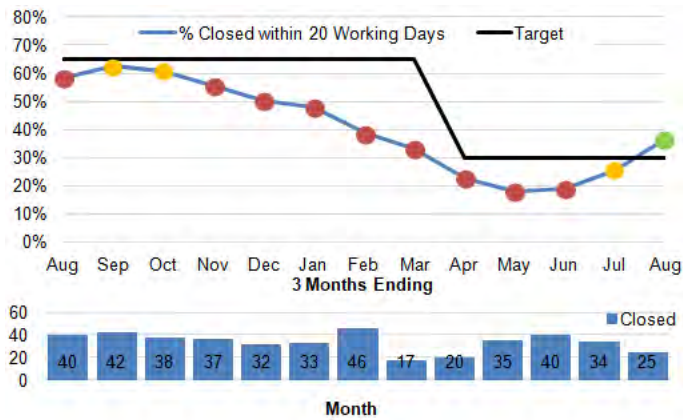
Closure Breaches: QE Aug-20

Local Performance by Directorate/Division

3-Month Ending	2019/20								20/21				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	58.3%	62.5%	60.8%	55.6%	50.5%	48.0%	38.7%	33.3%	22.9%	18.1%	18.9%	25.7%	36.4%
Ack <= 3 Days (Monthly)	95.0%	92.9%	97.4%	89.2%	93.8%	93.9%	95.7%	94.1%	95.0%	97.1%	87.5%	97.1%	100.0%
ASD	66.7%	63.8%	60.5%	60.0%	57.1%	56.5%	49.4%	56.2%	55.2%	54.3%	53.5%	54.7%	55.3%
HSCP	33.3%	54.3%	57.6%	45.2%	33.3%	23.3%	9.7%	28.6%	28.4%	26.8%	25.7%	25.5%	26.9%

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 *By Mar-21*	The PRT has changed the way they 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 has been achieved via the development of the Complaints section of the new NHS Fife website.
21.2 Deliver virtual training on complaints handling *By Dec-20*	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

Local Performance
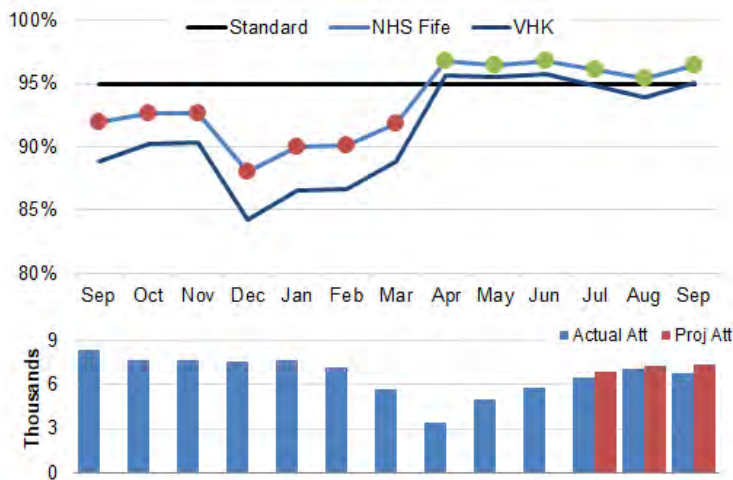
Breach Reason Sep-20

National Benchmarking

Month	2019/20								2020/21				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	93.6%	92.0%	92.7%	92.7%	88.0%	90.0%	90.1%	91.8%	96.8%	96.5%	96.8%	96.1%	95.4%
Scotland	90.6%	88.7%	88.0%	85.5%	83.8%	86.1%	86.4%	89.2%	94.9%	95.7%	95.6%	95.1%	92.9%

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	
20.4 Development of services for ECAS	
20.5 Medical Assessment and AU1 Rapid Improvement Group	
21.1 Remodelling of Outpatient services *By Dec-20*	Electronic methods remain the principle mode of outpatient assessment, but remobilisation has enabled further face to face appointments for urgent cases

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

National Benchmarking

	2019/20								2020/21				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	89.9%	90.6%	90.5%	90.1%	89.7%	88.4%	85.4%	83.1%	57.3%	26.8%	15.4%	20.2%	30.0%
Scotland	66.8%	67.5%	69.7%	69.5%	67.0%	66.7%	66.3%	64.4%	46.6%	24.8%	17.3%		

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 *By Mar-21*	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	
21.3 Undertake waiting list validation against agreed criteria *By Nov-20 (was Sep-20)*	Validation continues; 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
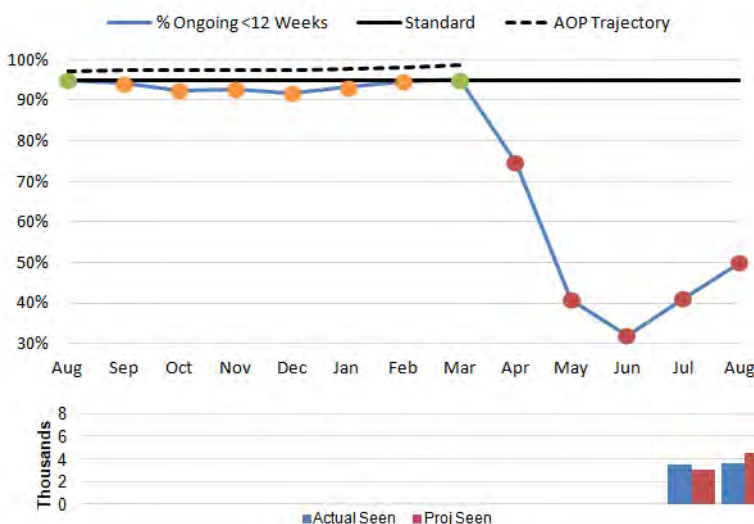
Ongoing Breaches Aug-20
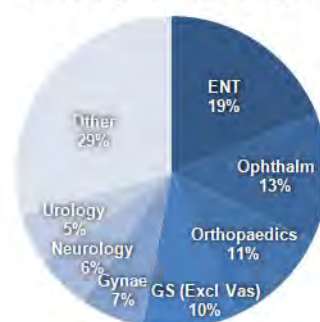
National Benchmarking

	2019/20								2020/21				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	95.0%	94.1%	92.4%	92.7%	91.8%	93.2%	94.7%	95.2%	74.8%	40.9%	32.0%	41.1%	50.0%
Scotland	72.2%	72.9%	73.3%	73.7%	73.2%	75.5%	75.1%	74.9%	57.8%	34.9%	28.5%		

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 vacant posts *By Mar-21*	Action continues – includes consideration of service redesign to increase capacity
21.1 Review DCAQ in relation to WT improvement plan	
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	
21.4 Validate new and review waiting list against agreed criteria *By Nov-20 (was Sep-20)*	When the action is complete, this will be an ongoing activity

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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
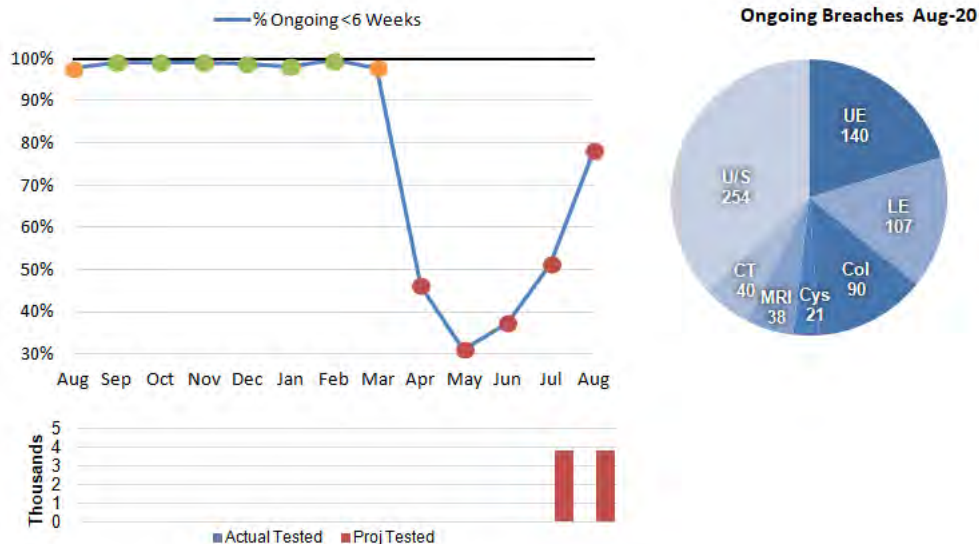
National Benchmarking

	2019/20								2019/20				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	97.6%	98.9%	99.0%	99.1%	98.6%	98.2%	99.5%	97.8%	46.3%	31.1%	37.4%	51.4%	78.3%
Scotland	80.4%	82.3%	80.8%	82.8%	79.5%	79.2%	84.7%	75.8%	28.4%	27.9%	35.4%		

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	
21.2 Undertake new and planned waiting list validation against agreed criteria *By Mar-21 (was Aug-20)*	Complete for radiology and complete for new referrals for Endoscopy. Planned waiting list validation for Endoscopy is underway. When the action is complete, this will be an ongoing activity.
21.3 Improve recruitment to vacant posts *By Mar-21*	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**%*
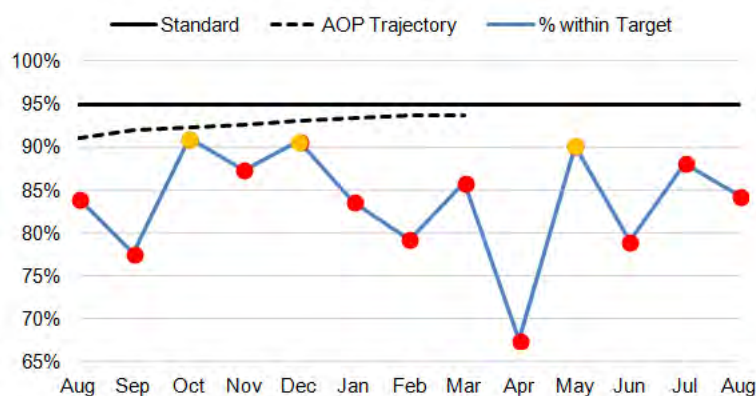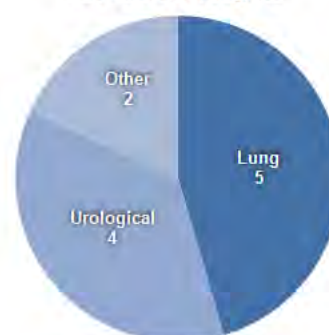
Local Performance

National Benchmarking

Month	2019/20								2020/21				
	Aug	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**
NHS Fife	84.0%	77.7%	91.0%	87.3%	90.7%	83.6%	79.2%	85.9%	67.5%	90.2%	79.0%	88.2%	84.3%
Scotland	82.1%	83.7%	82.7%	81.9%	84.6%	83.6%	82.7%	86.1%	82.6%	83.8%	84.3%	87.1%	86.6%

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 *By Mar-21 (was Sep-20)*	This will be addressed as part of the overall recovery work and in line with priorities set by the leadership team. DCAQ of cancer pathways delayed due to pandemic, but work is to restart. The target completion date has been adjusted accordingly.
20.4 Prostate Improvement Group to continue to review prostate pathway *By Mar-21 (was Sep-20)*	This is ongoing work related to Action 20.3, with the specific aim being to minimise waits post MDT. Funding from Scottish Government has been secured to clinically review MDT and outcomes, and the target completion date has been adjusted accordingly.
21.1 Establishment of Cancer Structure to develop and deliver a Cancer Strategy	Clinical leads are in place, and Leadership and Governance structures are being put in place to: 1 Develop and deliver the NHS Fife Cancer Strategy 2 Ensure effective governance structures are in place ***** ACTION COMPLETE *****

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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

Closure Rate — Local Target

3-Month Ending: Sep, Oct, Nov, Dec, Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep

Closed in Month: 36, 45, 72, 47, 26, 65, 45, 27, 29, 60, 63, 53, 35

Closure Period, QE Sep-20

>6 Days Over 12
<= 5 Days Over 18
On Time 121
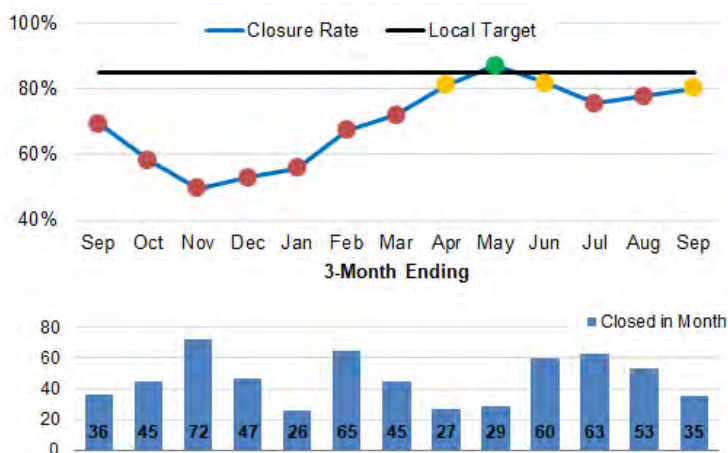
Service Performance

Monthly	2019/20								2020/21				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Health Board	73.7%	48.3%	36.1%	49.3%	75.0%	52.4%	72.9%	76.9%	100.0%	81.8%	72.7%	72.0%	93.3%
IJB	100.0%	85.7%	77.8%	66.7%	14.3%	60.0%	83.3%	100.0%	100.0%	100.0%	60.0%	84.6%	66.7%

Key Challenges in 2020/21	Adequate resourcing to fully manage FOI Lack of FOI expertise and awareness within the organisation

Improvement Actions	Update
20.5 Refresh process with H&SC partnership for requests received that relate to their services	AXLR8 (the system designed to log, process, audit and respond to FOISA requests) went live on 22 September. The system has already shown to make the process of responding to FOIs greatly simplified and much more user friendly. Training and guidance has been provided to all staff involved and the newly appointed FOI Officer will act as a source of continued guidance and assistance regarding any aspect of FOISA legislation and the AXLR8 software. The Information Governance Team remains in close collaboration with the AXLR8 software developers to ensure the software evolves and continues to meet the Health Board's business needs. The use of AXLR8 and a designated staff member to manage and steward the Health Board's interaction with FOISA legislation is expected to further improve the existing processes, draft and deliver new revised training for staff in Freedom of Information. ***** ACTION COMPLETE *****
20.7 Formalise long-term resource requirements for FOI administration	An FOI Officer has been appointed within the IG Team, initially on a 6-month contract, to act as a FOISA subject specialist and manage the FOISA process for NHS Fife. It is anticipated this post will also draft and deliver new FOISA training as well as acting as a source of information and guidance for the health board, much in the same way the IG Team also provide guidance on Data Protection matters. ***** ACTION COMPLETE *****

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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
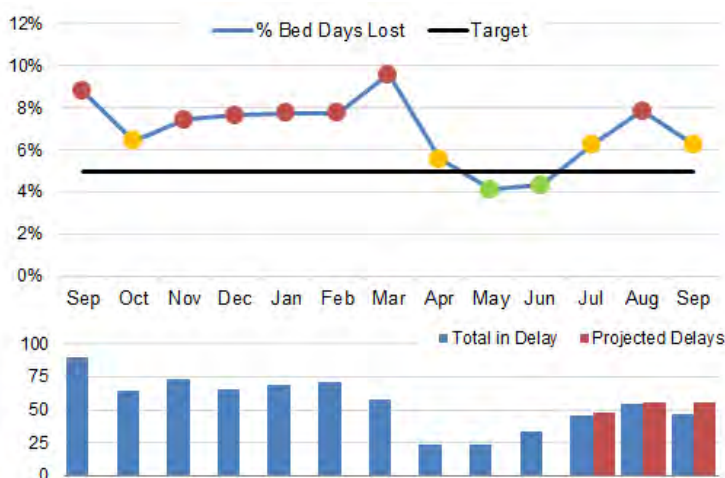
Bed Days Lost | Sep-20
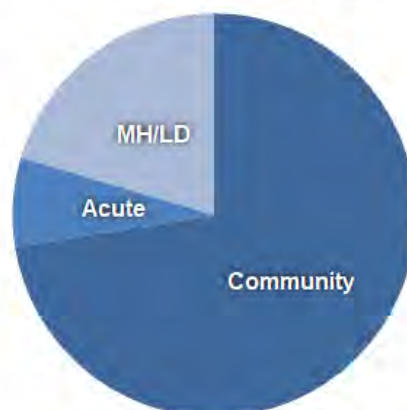
National Benchmarking

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	Framework completed during the COVID-19 pandemic. Implementation being finalised. ***** ACTION COMPLETE *****
20.3 Moving On Policy to be implemented *By Nov-20 (was Aug-20)*	The moving on policy will be reviewed by the HSCP Senior Leadership Team in October. This will further support new processes implemented as a result of the COVID-19 pandemic.
20.4 Improve flow of comms between wards and Discharge HUB	
20.5 Increase capacity within care at home	
21.1 Progress HomeFirst model *(By Mar-21)*	Identification of stages is required – first stage is to ensure 95% of all discharges occur safely and before 2pm to ensure homecare/ICASS can progress same day assessments at home. Cross sector short life working group established.

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Finance, Performance & Resources – Operational Performance

Smoking Cessation

In 2020/21, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Local Performance
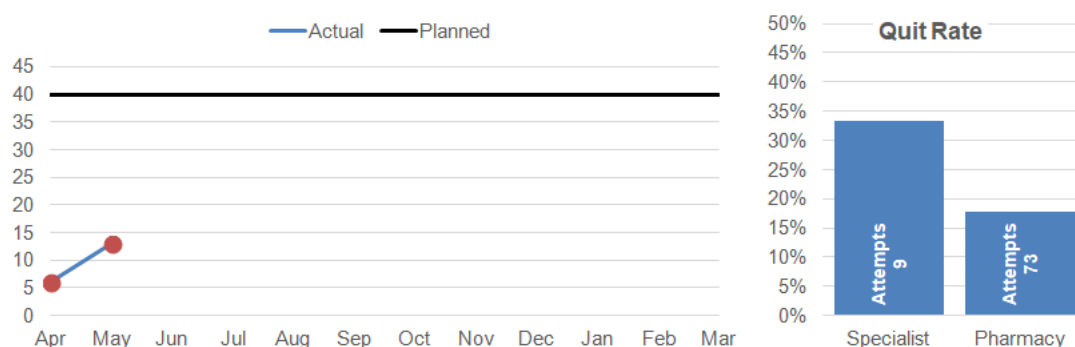
National Benchmarking

% Achieved Against Target		2020/21											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	6	13										
	Actual Cumul	6	19	19	19	19	19	19	19	19	19	19	19
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	15.0%	24.1%	16.1%	12.0%	9.6%	8.1%	6.9%	6.0%	5.4%	4.8%	4.4%	4.0%
Scotland	Achieved												

Key Challenges in 2020/21	- Service Provision within GP practices, hospitals and community venues - 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

Improvement Actions	Update
20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	The aim of this action is to test a model of delivery that allows 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.
20.3 'Better Beginnings' class for pregnant women	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.
20.4 Enable staff access to medication whilst at work	No progress has been made due to COVID-19
20.5 Assess viability of using Near Me to train staff	Near Me has the functionality to allow a few people to dial into a session, providing staff training which would previously have been done via 'shadowing' experience staff. We are currently asking patients if they have the technology and would be receptive to this option.

***THE SCOTTISH GOVERNMENT HAVE ADVISED THAT NO NEW TARGETS WILL BE SET FOR 2020-21, AND THAT HEALTH BOARDS SHOULD STRIVE TO ACHIEVE THEIR 2019-20 TARGET. ALL OF THE ABOVE ACTIONS WILL CONTINUE TO BE FOLLOWED THROUGHOUT THE YEAR ***

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
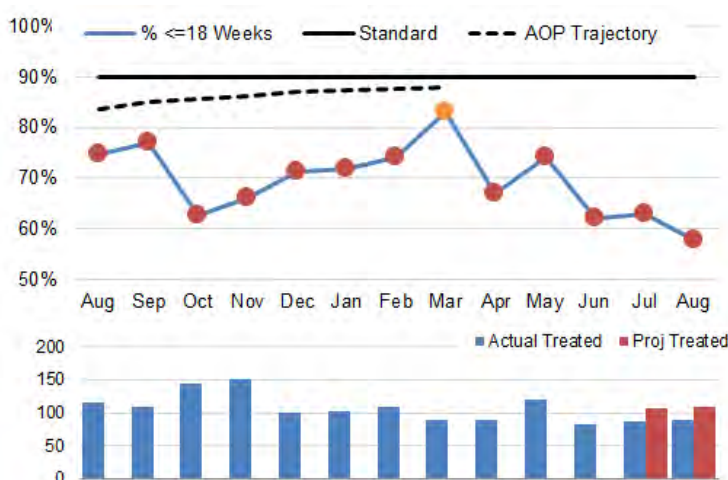
Waiting List (316) Aug-20
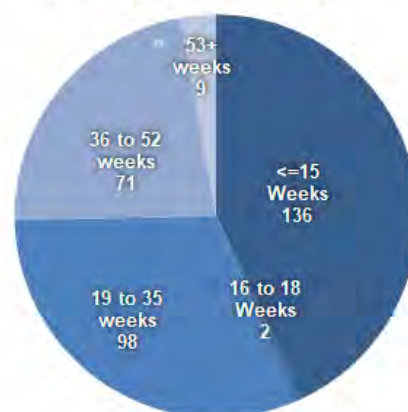
National Benchmarking

Month		2019/20								2020/21				
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	% <=18 Weeks	74.8%	77.1%	62.5%	66.0%	71.3%	71.8%	74.1%	83.1%	67.0%	74.2%	62.2%	62.8%	57.8%
Scotland		63.8%	66.9%	64.6%	64.2%	71.5%	67.5%	63.8%	64.3%	74.0%	58.2%	50.5%		

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 *By Dec-20*	Staff activity to reduce the waiting list during the lockdown period allowed children and young people to be seen within 2 or 3 weeks of referral. The resignation of two staff to take up permanent positions impacts the level of activity and response that will ensure children are supported by the wider range of services available. This will create a challenge in achieving our overall aim of lessening referrals to 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 *By Dec-20*	Due to COVID-19 restrictions, group-based face to face therapy work is not viable. We are investigating alternatives to enable delivery of multiple contacts with minimal staffing. Challenges around identifying appropriate and safe digital platforms has slowed this development.
21.2 Use Centralised Allocation Process *By Dec-20*	Revised administrative processes and clinical systems are in place to facilitate centralised screening and allocation of referrals. This will ensure that appointments are identified and allocated quickly across clinical teams.
21.3 Build CAMHS Urgent Response Team *By Mar-21*	The plan to develop a CAMHS URT has been postponed due to the absence of key staff. The existing Self Harm Service has been maintained and supported to continue to deliver urgent assessments and interventions for children and young people who present with suicidal or self harming behaviour, both through the urgent referral process and within acute hospital settings. The opportunity to redesign the service will be reviewed again in 3 months, giving consideration to staffing and the COVID-19 position.

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
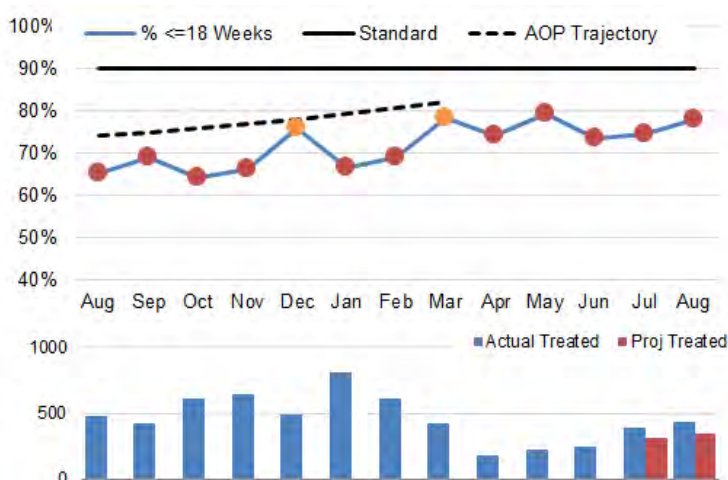
Waiting List (2832) Aug-20
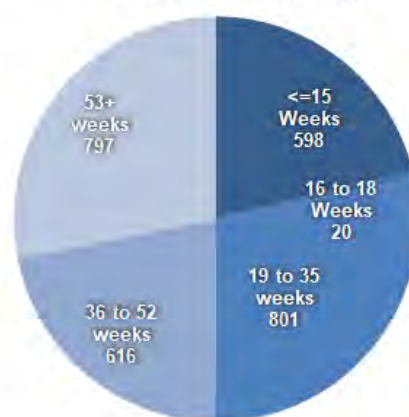
National Benchmarking

Month		2019/20								2020/21				
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	% <=18 Weeks	65.2%	69.0%	64.2%	66.0%	75.8%	66.6%	69.0%	78.4%	74.2%	79.2%	73.6%	74.5%	77.9%
Scotland		79.2%	80.1%	78.5%	77.8%	81.5%	75.8%	78.5%	78.8%	74.0%	76.5%	72.7%		

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 *By Dec-20 (was Sep-20)*	Implementation of full re-design is currently suspended, and the target completion date has been adjusted accordingly
20.4 Implement triage nurse pilot programme in Primary Care *By Dec-20*	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 *By Dec-20 (was Sep-20)*	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. Use of suitable digital platform now agreed, and target completion date adjusted to reflect ongoing work.
21.1 Introduction of additional on-line therapy options	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. ***** ACTION COMPLETE *****
21.2 Development of alternative training and PT delivery methods *By Dec-20*	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

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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
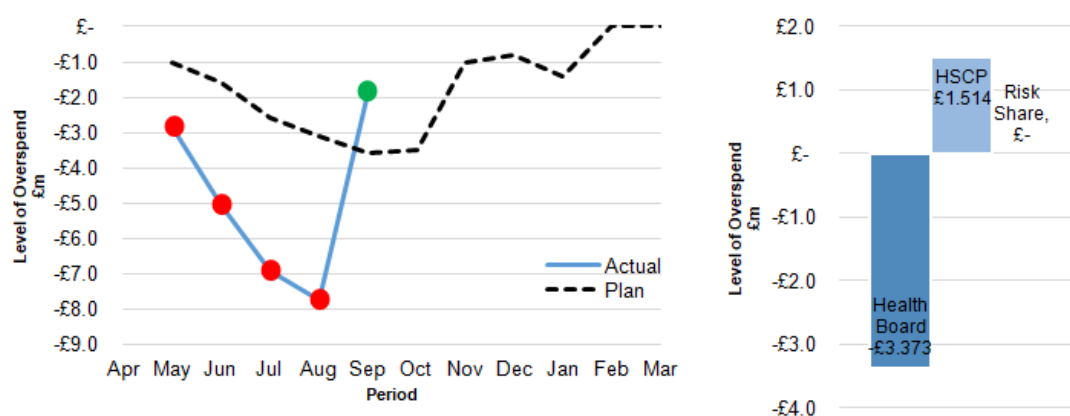
Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By		
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Core Unmet Savings £'000	Covid Unmet Savings £'000
Health Board	420,383	445,762	210,157	213,530	-3,373	-1.60%	2,202	-494	-5,081
Integration Joint Board (Health)	358,477	377,827	186,689	185,175	1,514	0.81%	1,767	0	-253
Risk Share	0	0	0	0	0	0.00%	0	0	0
Total	778,860	823,589	396,846	398,705	-1,859	-0.47%	3,969	-494	-5,334

Key Challenges in 2020/21	• Availability of Covid-19 funding (initial allocation received in September): to match our net additional costs; and costs associated with remobilisation plans – final funding allocation to be made in January • Our ability as a Board to regain traction in our savings and transformation plans in the context of the Covid-19 pandemic journey; and the implications of the funding decision yet to be made by SG on Boards' unmet savings as a consequence of diversion of resources to deal with the Covid-19 pandemic • 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 positions; and assessing the impact of the Winter flu campaign and the Redesign of Urgent Care Scotland-wide • Ongoing discussions on potential risk share options with SG and respective partners – no IJB risk share has been built in to the in-year position, however £7.2m potential risk share cost (at September) has been reflected in our forecast outturn

Improvement Actions	Update

21.1 Local mobilisation plan
Ongoing throughout FY
	Partnering with the services to:
	   • 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 *By Jan-21*	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. Whilst our early planning assumption indicated some £6m may be met across NHS Fife; with c£14m recorded in the LMP as expected underachievement of savings; this has

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	since been updated to reflect £11m expected achievement; and £9m anticipated underachievement of savings.

Commentary

The revenue position for the 6 months to 30 September reflects initial Covid-19 funding received from SG; and match funds additional Covid-19 expenditure to September, with the exception at this time, of unmet efficiency targets; and offsetting cost reductions due to wide variation across Scotland.

The month 6 position reflects an overspend of £1.859m; which comprises a core underspend of £3.475m; and unmet savings of £5.334m as a consequence of diversion of resources to deal with the Covid-19 pandemic. All other additional Covid-19 costs for quarters 1 and 2 have been match funded from the initial SG allocation received in September. At this point any potential implications of the IJB risk share have not been factored in to the half year position; albeit the potential full year cost is highlighted in our forecast outturn position.

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 reflects both the mobilisation and the remobilisation plan high level impact on the financial position submitted at the end of July. As part of Scottish Government financial governance arrangements, a detailed formal quarter one financial review was submitted on 14 August, with a final submission made, and discussed on a scheduled call with Scottish Government colleagues, on 18 September. Initial funding allocations have been confirmed, based on Boards' quarter one returns, in a letter from SG of 29 September 2020; and received in our September allocation.

2. Financial Allocations

Revenue Resource Limit (RRL)

2.1 NHS Fife received confirmation of the September core revenue amount on 1 October. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £809.189m - this includes an initial allocation of £33.545m to meet Covid-19 expenditure. Anticipated allocations total £4.667m and includes an expected £1.550m for Covid-19 which relates to payments to primary care. This primarily covers payments to General Practice to meet their additional costs of dealing with the pandemic.

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 30 September is therefore £823.589m as detailed in Appendix 1.

3. Summary Position

3.1 The revenue position for the 6 months to 30 September reflects an overspend of £1.859m.

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 savings positions. An overspend of £3.373m is attributable to Health Board retained budgets; and an underspend of £1.514m is attributable to the health budgets delegated to the IJB.

Table 1: Summary Financial Position for the period ended September 2020

Memorandum	Budget			Variance Split By			
	CY	Variance	Variance	Run Rate	Core Unmet Savings	Net Core Position	Covid Unmet Savings
	£'000	£'000	%	£'000	£'000	£'000	£'000
Health Board	445,762	-3,373	-1.60%	2,202	-494	1,708	-5,081
Integration Joint Board (Health)	377,827	1,514	0.81%	1,767	0	1,767	-253
Risk Share	0	0	0.00%	0	0	0	0
Total	823,589	-1,859	-0.47%	3,969	-494	3,475	-5,334

	CY	Variance	Variance	Run Rate	Core Unmet Savings	Net Core Position	Covid Unmet Savings
	£'000	£'000	%	£'000	£'000	£'000	£'000
Acute Services Division	210,405	-7,055	-6.79%	-1,868	-460	-2,328	-4,727
IJB Non-Delegated	8,687	68	1.59%	84	-1	83	-15
Estates & Facilities	76,124	492	1.32%	637	-13	624	-132
Board Admin & Other Services	64,441	397	1.14%	624	-20	604	-207
Non-Fife & Other Healthcare Providers	90,973	1,034	2.27%	1,034	0	1,034	0
Financial Flexibility & Allocations	23,718	1,681	100.00%	1,681	0	1,681	0
HB Offsets	2,977	0	0.00%	0	0	0	0
Health Board	477,325	-3,383	-1.49%	2,192	-494	1,698	-5,081
Integration Joint Board - Core	416,347	1,424	0.67%	1,677	0	1,677	-253
IJB Offsets	2,724	0		0	0	0	0
Integration Fund & Other Allocations	8,940	50	0.00%	50	0	50	0
Sub-total Integration Joint Board Core	428,011	1,474	0.69%	1,727	0	1,727	-253
IJB Risk Share Arrangement	0	0		0	0	0	0
Total Integration Joint Board - Health	428,011	1,474	0.69%	1,727	0	1,727	-253
Total Expenditure	905,336	-1,909	-0.43%	3,919	-494	3,425	-5,334
IJB - Health	-50,184	40	-0.16%	40	0	40	0
Health Board	-31,563	10	-0.06%	10	0	10	0
Miscellaneous Income	-81,747	50	-0.12%	50	0	50	0
Net Position Including Income	823,589	-1,859	-0.47%	3,969	-494	3,475	-5,334

3.3 The core position at month 6 is a net underspend of £3.475m, and takes in to account offsetting cost reductions, albeit SG have indicated further work will be undertaken on the treatment of offsets to inform the final funding tranche to be made in January. Members will recall the principle established in May recognised that due to reduced activity levels, a proportion of the core underspend reported is identified and utilised to support the Covid-19 costs incurred. For the 6 months to September, a total of £5.701m was identified, in conjunction with Directors, General and Service Managers, as offset towards Covid-19 expenditure: comprising £2.977m from Health Board retained; and £2.724m from Health delegated functions. The main contributing factors include: 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.

3.4 Funding allocations of £8.131m and £3.439m have been allocated to HB and HSCP respectively to match Q1 and Q2 Covid-19 costs incurred. Further detail is provided in section 6 and later in Appendix 5. The net Covid-19 unmet costs after the funding allocation is £5.334m and represents unmet savings.

4. Operational Financial Performance for the year

<u>Acute Services</u>

4.1 The Acute Services Division reports a **net overspend of £2.328m for the year to date**. This reflects an overspend in operational run rate performance of £1.868m, and unmet savings of £0.460m per Table 2 below. The overall position is mainly driven by pay overspend in junior medical and dental staffing of £1.266m. Additional non pay cost pressures of £0.751m relate to medicines within Emergency Care. Various

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underspends across other areas of Acute arising from vacancies have helped to offset the level of overspend. Budget rephasing has taken place to reflect the cost impact of the additional capacity required to catch up on postponed services due to resume in October.

Table 2: Acute Division Financial Position for the period ended September 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	70,451	71,689	32,702	32,805	-103	-0.31%	30	-133
Emergency Care & Medicine	74,614	77,344	39,407	41,877	-2,470	-6.27%	-2,306	-164
Women, Children & Cinical Services	54,615	55,063	26,928	27,141	-213	-0.79%	-50	-163
Acute Nursing	607	627	283	269	14	4.95%	14	0
Other	1,990	2,001	910	466	444	48.79%	444	0
Total	**202,277**	**206,724**	**100,230**	**102,558**	**-2,328**	**-2.32%**	**-1,868**	**-460**

Estates & Facilities

4.2 The Estates and Facilities budgets report an **underspend of £0.624m** 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 £0.604m**. Included within this position is a cost pressure of £0.066m relating to unfunded costs in connection with the significant flooding to the hospital and specific car parks in August. 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 £1.034m** 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; with allocations continued to be released on a monthly basis. The financial flexibility of £1.681m released to the M6 position is detailed in Appendix 4.

Integration Services

4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £1.727m for the year to date**. The majority of underlying drivers for the run rate under spend are vacancies in sexual health and rheumatology, 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 administrative posts.

Income

4.7 A small over recovery in income of £0.050m is shown for the year to date.

5.   Pan Fife Analysis

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

Table 3: Subjective Analysis for the Period ended September 2020

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under Spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	396,429	197,775	198,072	-298
GP Prescribing	72,330	35,781	35,781	0
Drugs	31,605	16,104	16,488	-384
Other Non Pay	385,413	194,261	191,392	2,869
Efficiency Savings	-13,099	-5,829	0	-5,829
Commitments	32,658	1,731	0	1,731
Income	-81,747	-42,978	-43,028	50
Net overspend	**823,589**	**396,846**	**398,705**	**-1,859**

Pay

5.2   The overall pay budget reflects an overspend of £0.298m. The majority of the overspend is within medical & dental staff with small offsetting underspends across other pay heads with the exception of personal and social care. Within Acute there are a number of unfunded posts including Clinical Fellows within Emergency Care.

5.3   Against a total funded establishment of 7,938 wte across all staff groups, there was an average 8,026 wte core staff in post in September. 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 overspend of £0.384m on medicines. The GP prescribing position is based on 2019/20 trend analysis and June/July 2020 actual information (2 months in arrears). Across Scotland we continue to work 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 underspent by £2.869m. The in month change in the position is as a result of a number of factors. Equipment spend has now been funded as a result of the allocation received for Covid 19. An updated position on the 2020/21 spend associated with the Royal Hospital for Sick Children is significantly less than had been anticipated. A further analysis of financial flexibility has also taken place.

6   Covid-19 Initial Funding Allocation

6.1   Our initial Covid-19 funding allocation was confirmed on 29 September. The funding allocation has been made across Scotland on either actual costs or NRAC share, and excludes unachieved efficiency savings; and offsetting cost reductions. NHS Fife's additional Covid-19 costs (excluding unmet savings) have been fully match funded for the 6 months to September. At this stage SG have allocated 70% of total funding with a general contingency of 30% retained by the Portfolio in recognition of the level of uncertainty reflected in financial assumptions. A summary of initial funding and anticipated funding is attached at Appendix 5.

6.2   The funding received confirms £7.7m funding for elective/planned care activity which we had already anticipated and reflected in our financial reporting to date.

6.3   It has been confirmed that a separate allocation will follow of £1.5m which relates to payments to primary care for additional costs in responding to the pandemic.

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6.4 Whilst a SG decision has yet to be made on the treatment of unachieved savings; and offsetting cost reductions; there remains a risk that funding may be insufficient to cover additional costs which materialise as the year unfolds. This position will be kept under close review and highlighted in our regular SG reporting.

7 Financial Sustainability

7.1 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. Whilst we had initially 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; this has since been updated to reflect £11.2m expected achievement; and £8.8m anticipated underachievement of savings. SG plan to conduct a review of Boards' unmet savings to inform their decision on potential funding over the coming weeks to inform the January final Covid-19 allocation. Table 4 summaries the position for the 6 months to September. Given our commitment to achieving savings as reported to SG, arrangements are being made to remove from/top-slice budgets the full expected achievement £11.2m target in the month of October.

Table 4: Savings 20/21

Total Savings	Total Savings Target £'000	Forecast Achievement (Core) £'000	Forecast unmet savings (Covid-19) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to Sept £'000	Forecast / Unidentified to March £'000
Health Board	14,868	6,571	8,297	972	1,485	2,457	4,114
Integration Joint Board	5,147	4,675	472	2,520	1,939	4,459	216
Total Savings	**20,015**	**11,246**	**8,769**	**3,492**	**3,424**	**6,916**	**4,330**

8 Forecast

8.1 Based on the year to date position, and a number of high level planning assumptions as agreed by delegated budget holders, the year end run rate forecast is an underspend of £0.782m underspend. Whilst we await SG decision on the treatment of offsetting cost reductions, there is a potential benefit of £5.701m if we can retain offsets. We would plan to use these offsetting cost reductions to mitigate some of the anticipated unachieved savings of £8.768m. If the aforementioned assumptions crystallise, the NHS Fife forecast RRL position would be an overspend of £2.285m. Further detailed review work will be undertaken to identify any further financial flexibility in an effort to deliver an improved position with a target balanced position.

8.1 There is however very limited assurance that NHS Fife can remain within the overall revenue resource limit if we are additionally required to cover the impact of the IJB risk share position of £7.2m. This therefore raises a concern that the Board cannot deliver on its statutory requirement to break even without additional funding. NHS Fife and Fife Council are currently reviewing the Integration Scheme and in particular the risk share agreement. The £7.2m is based on current arrangements.

8.3 The component parts which inform the forecast outturn are detailed in Table 5.

8.4 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR) we have included the value of the risk share impact in the forecast; and are signposting a potential overspend of £9.492m.

Table 5 – Forecast (modelling based on actual position at 30 September 2020)

Forecast Outturn	Run Rate £'000	Offsets £'000	Savings £'000	Risk Share £'000
Acute Services Division	-7,768	2,692	-8,264	0
IJB Non-Delegated	89	0	-33	0
Estates & Facilities	535	234	0	0
Board Admin & Other Services	965	51	0	0
Non-Fife & Other Healthcare F	465	0	0	0
Financial Flexibility	3,362	0	0	0
Miscellaneous Income	100	0	0	0
Health Board Retained Budg	**-2,252**	**2,977**	**-8,297**	**0**
IJB Delegated Health Budgets	3,035	2,724	-472	0
Integration Fund & Other Alloc	0	0	0	0
Total IJB Delegated Health E	**3,035**	**2,724**	**-472**	**0**
Risk share	**0**	**0**	**0**	**-7,207**
Total Forecast Outturn	**783**	**5,701**	**-8,769**	**-7,207**

9   Key Messages / Risks

9.1   The month 6 position reflects an overspend of £1.859m; which comprises a core underspend of £3.475m; and unmet savings of £5.334m as a consequence of diversion of resources to deal with the Covid-19 pandemic. All other additional Covid-19 costs for quarters 1 and 2 have been match funded from the initial SG allocation received in September. There is the potential risk exposure if the Covid-19 contingency (second tranche funding) held by the Portfolio is insufficient to meet costs which materialise in the second half of the year.

9.2   At this point any potential implications of the IJB risk share have not been factored in to the half year position; however the potential risk share cost assuming no change to the Integration Scheme would mean a full year cost of £7.2m, which has been factored in to the forecast outturn position.

10   Recommendation

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

- **Note** the reported core underspend of £3.475m for the 6 months to date
- **Note** that initial funding allocations for Covid-19 reflected in the month 6 position match fund additional costs to month 6
- **Note** the potential year-end outturn position of £9.492m overspend (includes a forecast risk share cost of £7.2m); with the caveat that this position assumes NHS Fife are allowed to retain offsetting cost reductions to meet unachieved savings.

Finance, Performance & Resources – Finance

Appendix 1: Revenue Resource Limit

		Baseline Recurring £'000	Earmarked Recurring £'000	Non-Recurring £'000	Total £'000	Narrative
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	Confirmed Allocations			5,614	5,614	
Aug-20	Hospital Eye Services		9,474	1,547	11,021	
Sep-20	Advanced Breast Practitioner in Radiology			31	31	Pilot Project
	MPP ARISE			68	68	Project within Planned Care
	NSS Top slice Adjustments	-69		-258	-327	Annual Adjustments agreed through Chief Execuitives Gr
	NSS Risk Share			-3,733	-3,733	Annual Adjustment
	PfG Local Inprovement Fund			1,159	1,159	Alcohol and Drugs
	ADP Funding Drug Deaths			136	136	New for 20/21 part of national strategy
	Pre-Registration Pharmacist top slice		-159		-159	Annual Adjustment
	National Cancer Strategy			140	140	In line with previous years allocation
	GP Premises Funding			102	102	20/21 Allocation
	Implementation of Excellence for Care			90	90	Annual Allocation
	Implementation of Health Staffing Act			65	65	Annual Allocation
	Primary Medical Services		56,909		56,909	20/21 Allocation
	Perinatal Funding			342	342	New Alloction 20/21
	NHS Research Scotland Infrastructure			579	579	Annual Allocation
	Sla Children's Hopsices Across Scotland			-409	-409	Annual Contribution
	COVID 19 Q1-Q4			33,545	33,545	In line with Submission and letter of 29 Sept 2020
	Test & Protect			-239	-239	Reversal
	Mental Health Strategy Acton 15			1,146	1,146	Annual Allocation
	Total Core RRL Allocations	**700,161**	**66,224**	**42,804**	**809,189**	
Anticipated	Mental Health Bundle		1,363		1,363	
Anticipated	Distinction Awards		193		193	
Anticipated	Research & Development		243		243	
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	Family Nurse Partnership		28		28	
Anticipated	New Medicine Fund		5,386		5,386	
Anticipated	Golden Jubilee SLA		-25		-25	
Anticipated	Primary Care Improvement Fund		277		277	
Anticipated	Veterans First		116		116	
Anticipated	GP pension		85		85	
Anticipated	COVID 19		1,550		1,550	
Anticipated	Top Slice NSS		-962		-962	
	Total Anticipated Core RRL Allocations	**0**	**4,667**	**0**	**4,667**	
Anticipated	IFRS			8,617	**8,617**	
Anticipated	Donated Asset Depreciation			116	**116**	
Anticipated	Impairment			500	**500**	
	AME Provisions			500	**500**	
	Total Anticipated Non-Core RRL Allocations	**0**	**0**	**9,733**	**9,733**	
	Grand Total	**700,161**	**70,891**	**52,537**	**823,589**	

Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	12,545	6,293	6,326	-34
Nhs Fife Chief Executive	206	103	146	-43
Nhs Fife Finance Director	6,403	3,178	2,929	249
Nhs Fife Medical Director	7,310	3,130	3,035	95
Nhs Fife Nurse Director	3,858	1,871	1,759	112
Legal Liabilities	7,282	5,220	5,286	-67
Early Retirements & Injury Benefits	814	407	385	22
Regional Funding	251	140	124	16
Depreciation	17,766	9,116	9,116	0
Nhs Fife Public Health	2,120	1,018	974	45
Nhs Fife Workforce Directorate	3,146	1,602	1,533	69
Nhs Fife Major Incident - Flooding			66	-66
COVID undelivered savings adjustment			-207	207
Total	**61,699**	**32,077**	**31,473**	**604**

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	98	49	47	2
Borders	45	22	24	-2
Dumfries & Galloway	25	12	28	-16
Forth Valley	3,179	1,590	1,776	-186
Grampian	359	180	152	28
Greater Glasgow & Clyde	1,655	827	813	14
Highland	135	68	99	-31
Lanarkshire	114	57	123	-66
Lothian	31,518	15,760	14,689	1,071
Scottish Ambulance Service	101	51	51	0
Tayside	41,096	20,547	20,321	226
	78,325	**39,163**	**38,123**	**1,040**
UNPACS				
Health Boards	10,627	5,313	5,434	-121
Private Sector	1,245	623	786	-163
	11,872	**5,936**	**6,220**	**-284**
OATS	711	355	79	276
Grants	65	65	63	2
Total	**90,973**	**45,519**	**44,485**	**1,034**

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Appendix 4 - Financial Flexibility & Allocations

	CY Budget £'000	Flexibility Released to Sept-20 £'000
Financial Plan		
Drugs	2,869	0
CHAS	0	0
Unitary Charge	100	0
Junior Doctor Travel	37	8
Consultant Increments	198	0
Discretionary Points	205	0
Cost Pressures	3,342	987
Developments	4,232	535
Pay Awards	39	0
Sub Total Financial Plan	**11,022**	**1,530**
Allocations		
Waiting List	3,017	0
AME: Impairment	500	0
AME: Provisions	670	0
Neonatal Transport	15	2
Cancer Access	682	149
Hospital Eye	193	0
Endoscopy	695	0
Advance Breast Practitioner	31	0
ARISE	68	0
National Cancer Strategy	140	
Covid 19	6,685	
Sub Total Allocations	**12,696**	**151**
Total	**23,718**	**1,681**

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 £12.968m including anticipated allocations for specific projects. The capital position for the 6 months to September shows investment of £3.323m equivalent to 25.62% of the total allocation. The capital spend on the specific projects commences in earnest in the latter half of the financial year and as such is on track to spend in full.

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 has been approved by the FP&R Committee and is pending NHS Fife Board approval. NHS Fife received a capital allocation of £7.394m in the August allocation letter; NHS Fife received an allocation of £0.999k for Covid equipment in the September allocation letter; and is anticipating allocations of £4.5m for the Elective Orthopaedic Centre, HEPMA £0.025m, Lochgelly Health Centre £0.025m and Kincardine Health Centre £0.025m. The total capital plan is therefore £12.968m.

2. Capital Receipts

2.1 Work continues on asset sales with a disposal planned :

- Lynebank Hospital Land (Plot 1) (North) – Under offer – however the sale of this land will not complete in the current financial year.

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 £3.323m or 25.62% of the total allocation, in line with the plan, and as illustrated in the spend profile graph above.

3.2 The main areas of investment to date include:

Statutory Compliance	£1.532m
Equipment	£0.601m
E-health	£0.575m
Elective Orthopaedic Centre	£0.554m

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 30 September 2020 of £3.323m and the forecast year end spend of the total capital resource allocation of £12.968m.

Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2020/21 £'000
COMMUNITY & PRIMARY CARE			
Capital Minor Works	207	43	207
Statutory Compliance	150	91	150
Capital Equipment	31	31	31
Covid Community Equipment	26	0	26
Condemned Equipment	0	0	0
Total Community & Primary Care	413	164	413
ACUTE SERVICES DIVISION			
Statutory Compliance	3,089	1,356	3,089
Capital Equipment	549	108	549
Covid Acute Equipment	973	385	973
Minor Works	160	18	160
Condemned Equipment	90	77	90
Total Acute Services Division	4,861	1,944	4,861
NHS FIFE WIDE SCHEMES			
Equipment Balance	236	0	236
Information Technology	1,041	575	1,041
Minor Works	131	0	131
Statutory Compliance	100	0	100
Contingency	100	0	100
Asbestos Management	85	0	85
Fire Safety	85	85	85
Scheme Development	60	0	60
Vehicles	60	0	60
Capital In Year Contingency (EDG)	1,220	0	1,220
Total NHS Fife Wide Schemes	3,118	660	3,118
TOTAL CONFIRMED ALLOCATION FOR 2020/21	**8,393**	**2,769**	**8,393**
ANTICIPATED ALLOCATIONS 2020/21			
Elective Orthopaedic Centre	4,500	554	4,500
HEPMA	25	0	25
Lochgelly Health Centre	25	0	25
Kincardine Health Centre	25	0	25
Anticipated Allocation for 2020/21	**4,575**	**554**	**4,575**
Total Anticipated Allocation for 2020/21	**12,968**	**3,323**	**12,968**

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Finance, Performance & Resources – Finance

Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2020/21 Routine Expenditure	Pending Board Approval £'000	Cumulative Adjustment to August £'000	September Adjustment £'000	Total September £'000
Community & Primary Care				
Capital Equipment	0	31	0	31
Condemned Equipment	0	0	0	0
Minor Capital	0	208	0	207
Covid Equipment	0	0	26	26
Statutory Compliance	0	150	0	150
Total Community & Primary Care	**0**	**388**	**26**	**413**
Acute Services Division				
Capital Equipment	0	969	-420	549
Condemned Equipment	0	57	33	90
Minor Capital	0	159	1	160
Covid 19 Acute Equip	0	0	973	973
Statutory Compliance	0	3,105	-16	3,089
	0	**4,290**	**571**	**4,861**
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,569	-3,485	16	100
Fife Wide Equipment	2,036	-980	-820	236
Information Technology	1,041	0	0	1,041
Minor Work	498	-462	94	131
Fife Wide Contingency Balance	100	0	0	100
Condemned Equipment	90	-77	-13	0
Scheme Development	60	0	0	60
Fife Wide Asbestos Management	0	85	0	85
Fife Wide Fire Safety	0	85	0	85
Fife Wide Screen & Speech Units	0	95	-95	0
Fife Wide Vehicles	0	60	0	60
Capital In Year Contingency		0	1,220	1,220
Total Fife Wide	**7,394**	**-4,678**	**402**	**3,118**
Total	**7,394**	**0**	**999**	**8,393**
ANTICIPATED ALLOCATIONS 2020/21				
Elective Orthopaedic Centre	4,500	0	0	4,500
HEPMA	25	0	0	25
Lochgelly Health Centre	25	0	0	25
Kincardine Health Centre	25	0	0	25
Anticipated Allocation for 2020/21	**4,575**	**0**	**0**	**4,575**
Total Planned Expenditure for 2020/21	**11,969**	**0**	**999**	**12,968**

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)
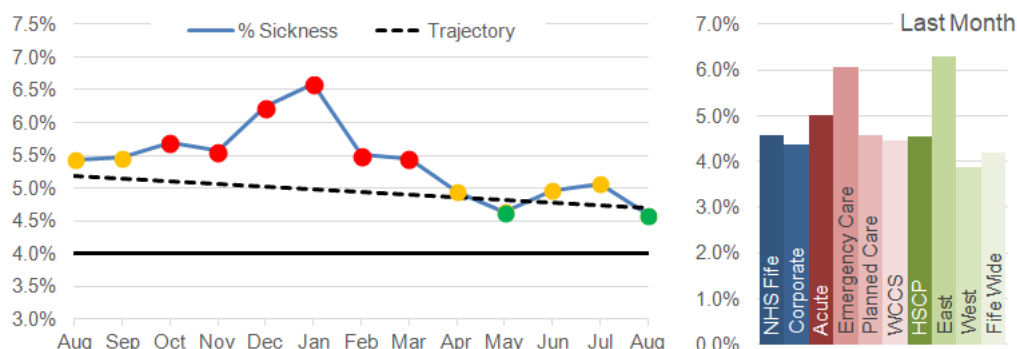
National Benchmarking

Month	2019/20								2020/21				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	5.44%	5.46%	5.70%	5.57%	6.25%	6.59%	5.51%	5.46%	4.95%	4.64%	4.96%	5.06%	4.58%
Scotland	5.18%	5.24%	5.69%	5.58%	5.83%	5.99%	5.27%	5.20%	4.57%	4.54%	4.49%	4.57%	4.64%

Key Challenges in 2020/21	Recovery from COVID-19 and repurposing Promoting Attendance activities to support business as usual

Improvement Actions	Update
20.1 Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence *By Dec-20*	The Regional Workforce Dashboard (Tableau) is being rolled out. This provides managers with timely workforce information which they can interrogate in order to identify trends and priority areas. Tableau training to line managers is being undertaken for local Promoting Attendance Groups. Tableau will be utilised in future by Line Managers, Human Resources, and Occupational Health staff, Promoting Attendance and Well@Work groups and Review and Improvement Panels, to target future interventions to the appropriate areas. 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. Business units are utilising trajectory reporting and RAG status reports. Further OH Drop-in Sessions will take place when COVID-19 activity allows.
20.2 Early OH intervention for staff absent from work due to a Mental Health related reason *By Mar-21*	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. Initial consideration of factors including general awareness raising of mentally healthy workplaces, support for managers to create mentally healthy and resilient workplaces and further awareness raising of support for staff was 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 consideration and evaluation of staff support requirements being taken forward by the Staff Support and Wellbeing Sub Group of the Silver Command Workforce Group and their successors.

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Staff Governance	
	An additional Mental Health Nursing resource has been secured within Occupational Health to provide support to staff who may be struggling with their mental health during the COVID-19 pandemic and will provide Occupational Health clinicians the option of referring employees for interventions which will help support them in the workplace.
21.1 Once for Scotland Promoting Attendance Policy *By Dec-20*	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 aware of the new policy and the changes which affect them.
21.2 Review Promoting Attendance Group *By Dec-20*	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	

CAROL POTTER
Chief Executive
21st October 2020

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

Appendix 1: NHS Fife Remobilisation – Activity to end of September 2020

Mobilisation Plan | Projected Activity

Higher than Projected
Lower than Projected

		Month End			Quarter End	Quarter End	Quarter End
		Jul-20	Aug-20	Sep-20	Sep-20	Dec-20	Mar-21
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	398	748	894	2,040	3,044	3,220
	Actual	776	900	1,145	2,578		
	Variance	378	152	251	538		
OP Referrals Accepted (Definitions as per Waiting Times Datamart)	Projected	3,627	4,724	5,691	14,042	22,565	21,906
	Actual	4,977	5,413	6,528	16,918		
	Variance	1,350	689	837	2,876		
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	3,035	4,534	6,033	13,602	20,630	22,208
	Actual	3,532	3,572	4,657	11,761		
	Variance	497	-962	-1,376	-1,841		
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	400	400	848	1,648	2,296	2,544
	Actual	267	333	508	1,108		
	Variance	-133	-67	-340	-540		
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	3,408	3,408	3,258	10,074	11,450	10,850
	Actual	3,451	3,691	4,122	11,264		
	Variance	43	283	864	1,190		
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	6,855	7,270	7,370	21,495	21,705	21,810
	Actual	6,446	7,068	6,789	20,303		
	Variance	-409	-202	-581	-1,192		
Number of A&E 4-Hour Breaches (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	250	260	265	775	1,000	985
	Actual	249	323	243	815		
	Variance	-1	63	-22	40		
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	2,975	3,100	3,150	9,225	10,100	9,970
	Actual	2,906	3,014	2,853	8,773		
	Variance	-69	-86	-297	-452		
Admissions via A&E (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	1,400	1,470	1,484	4,354	4,350	4,160
	Actual	1,470	1,562	1,435	4,467		
	Variance	70	92	-49	113		
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	750	750	695	2,195	2,140	2,320
	Actual	655	664	772	2,091		
	Variance	-95	-86	77	-104		
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	103	103	103	309	309	309
	Actual	103	76	112	291		
	Variance	0	-27	9	-18		
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	106	109	110	325	356	295
	Actual	86	90	98	274		
	Variance	-20	-19	-12	-51		
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	308	349	313	970	1,956	1,985
	Actual	385	430	418	1,233		
	Variance	77	81	105	263		
		Month End			Month End	Month End	Month End
		Jul-20	Aug-20	Sep-20	Sep-20	Dec-20	Mar-21
Delayed Discharges at Month End (Total Delayed Discharges of Any Reason or Duration, per the Definition for Published Statistics) [1]	Projected	72	80	79	79	79	74
	Actual	69	83	74	74		
	Variance	-3	3	-5	-5		

[1] The data required is the estimated number of people delayed at each census point (the snapshot figure). Baseline figures used are the census point figures as at the end of each month;

NHS Fife

NHS SCOTLAND

Meeting:	**Clinical Governance Committee**
Meeting date:	**4th November 2020**
Title:	**HEPMA Full Business Case**
Responsible Executive:	**Chris McKenna – Medical Director**
	Scott Garden - Director of Pharmacy and Medicines
Report Author:	**Marie Richmond – D&I Head of Strategy and Programmes**
	Debbie Black – D&I Senior Project Manager

1   Purpose

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

- Decision

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

In November 2019, Fife Board approved Outline Business Case (OBC) and progression to Full Business Case (FBC) for the implementation of Hospital Electronic Prescribing and Medicines Administration System (HEPMA) for NHS Fife. Clinical Governance Committee are asked to support the FBC for implementation of Full HEPMA in NHS Fife supplied by EMIS Health.

2.2.1 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. The system is a key missing component of an electronic health record and if not adopted NHS Fife will fall behind other health boards in relation to digital maturity, public health intelligence and medicine related research.

Following NHS Fife Board approval engagement was undertaken with the 3 suppliers currently available on the National Framework by NHS Fife procurement with support from NHS Orkney and the mini tender was completed. Two out of the three suppliers opted to submit a bid to provide Full HEPMA to NHS Fife. There was a slight delay to identification of the preferred supplier due to the outbreak of the Covid19 pandemic.

2.3   Assessment

NHS Fife decided to undertake a mini competition in order to determine the provider that best met the needs and requirements of our Board and the citizens within. Two out of the three suppliers opted to submit a bid to provide Full HEPMA to NHS Fife. There was a slight delay to identification of the preferred supplier due to the outbreak of the Covid19 pandemic.

Both suppliers had met the National Framework standard for HEPMA delivery in Scotland. A robust procurement process was followed and each supplier was required to meet mandatory supplier questions before being subject to technical and commercial evaluation. The weighting of the tender was set at 80% technical and 20% commercial, both suppliers met the mandatory questions.

An evaluation panel of senior stakeholders and decision makers from a cross section of disciplines within NHS Fife independently and anonymously scored both suppliers. A consensus meeting of the evaluation panel led by NHS Fife Procurement, met on 26th August 2020 and scores were ratified.

NHS Fife Procurement produced "*FIF19035 Hospital Electronic Prescribing and Medicines Administration Contract Award Recommendation Report*". The report detailed the tender process undertaken, the scoring of both suppliers which showed EMIS Health should be selected as the preferred supplier as they provided the most advantageous tender for NHS Fife. The Options Appraisal document detailing the full decision making process is provided in Appendix A of the FBC with relevant details in sections 4 and 5.

The FBC has been completed based on the preferred Supplier having being identified and with direct reference to the OBC presented to NHS Fife Board in November 2019.

2.3.1 Quality/ Patient Care

The FBC clearly details the benefits which will be realised through the implementation of EMIS Health HEPMA. These are included within sections 3.4 and 4.5 of the FBC.

2.3.2 Workforce

In order to fully support HEPMA implementation within NHS Fife. A resource profile was developed which recognised the resource profile outlined in the National Business Case and lessons learned from other boards implementation. Just over half the costs associated with the deployment of HEPMA relate to implementation resource. The resource profile for NHS

Fife has been reviewed and agreed as the minimum requirement to ensure safe delivery of HEPMA within NHS Fife.

Circa 3,500 staff will be positively impacted by the implementation of HEPMA. Prescribers, including all medical staff, pharmacists and nurse/AHP Prescribers and Administrators – includes all band 5 and above nurses, and some AHP's.

2.3.3 Financial

The full financial profile is detailed within section 6 of the FBC. A summary of the costs and affordability is provided below.

Capital Cost

The implementation of Full HEPMA within NHS Fife is estimated to take 36 months. The Total Capital Cost for the implementation of HEPMA is £2.495m. Scottish Government have confirmed funding of £1.697m for NHS Fife. Therefore, additional capital support will be required from NHS Fife and will be included within the Property and Asset Management Investment Programme from 21/22 onwards. The total capital cost for NHS Fife will be £798k over 3 years. Whilst the capital cost has been agreed and supported by NHS Fife, finance colleagues are discussing with Scottish Government whether the remaining capital allowance could be met as part of the allocation.

The OBC presented to the Board in November 2019, indicated an estimated capital spend of £3.856m for Fife. The reduction in capital costs within the FBC are associated with the preferred suppliers charging model for HEPMA provision and a review of implementation resources. Optimism Bias, which reduces the risk of a negative impact on costs, of 10% has been included for 21/22 and 22/23 to account for any variance in hardware or resource costs, this was not present in the OBC.

Recurring Revenue

Recurring Revenue costs per annum are based on the preferred supplier EMIS Health being awarded a 7-year contract as per tender. There is an assumption the contract negotiations will be undertaken in 20/21 with contract award and project inception from 21/22 onwards.

Recurring Revenue costs are £5.280m over the 7 years. Following a review of available finances, Digital and Information (D&I) have agreed a financial contribution of £676k with further savings identified of £101k. The Recurring Revenue requirement therefore for NHS Fife is £4.502m over 7 Years.

The OBC presented to the Board in November 2019, indicated an estimated revenue spend of £2.357m for Fife. It should be noted the OBC detailed a 5-year plan for HEPMA, following mini tender the framework agreement with the supplier would be for a 7-year contract for HEPMA. Therefore, costs have increased accordingly. In addition, the cost model for provision of EMIS Health HEPMA is based on a minimal upfront capital cost with a larger ongoing recurring cost,

this model was not the model detailed within the OBC, which followed the National Business Case funding model. There is also the potential for EMIS Health to deliver a 'hosted service', which would involve EMIS being responsible for the infrastructure to support delivery of EMIS HEPMA, which was not included in the OBC and if implemented as they would be looking after the infrastructure could potentially reduce the D&I Infrastructure and support costs, however this will not be known until hosting discussions have been held with the supplier. NHS Fife Director of Finance recognised the prudence of the revised charging model for EMIS based on the current economic climate within NHS Scotland.

Additional Capital and Revenue Costs have been discussed with the Director of Finance, NHS Fife and will be prioritised as part of the medium-term financial planning process for 2021/22 – 2023/24.

2.3.4 Risk Assessment/Management

Risks are detailed within section 4.7 and include Corporate, D&I and Programme Risks. Risks will be managed in line with NHS Fife's governance procedures with risks recorded in Datix. Risks will be reviewed on a regular basis as part of Programme Delivery.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has been approved and published as at 01 October 2020 by NHS Fife Equality and Human Rights Officer.

2.3.6 Other impact

There was a note of caution within the OBC concerning the potential requirement to replace NHS Fife's Pharmacy Stock Control system. Following a fair and open procurement the preferred supplier EMIS Health are the incumbent provider of stock control and therefore no funding will be required to support integration.

The case recognises that NHS Fife is currently the only board in Scotland who have opted for an alternative supplier for HEPMA provision. The process followed for selection of supplier has been robust and therefore NHS Fife has selected the most appropriate supplier to meet the needs of our board and our citizens. Both suppliers are on the National Framework and have met the standard for HEPMA delivery in Scotland.

2.3.7 Communication, involvement, engagement and consultation

Throughout creation of the OBC and FBC stakeholder engagement has been robust. Formal agreement of the FBC will trigger creation of Stakeholder Analysis and Communication Strategy for the delivery of Full HEPMA in NHS Fife.

2.3.8 Route to the Meeting

The FBC was submitted to the following groups for decision as v1.1: -

Governance Group	Decision	Supporting Info
HEPMA Programme Board	Support Implementation of Full HEPMA provided by EMIS Health.	Minor changes – v1.2 created
Executive Directors Group	Support Implementation of Full HEPMA provided by EMIS Health.	Minor changes – v1.2 created

Only minor changes were identified, v1.2 was created and is being submitted to this group. In addition v1.2 has been shared with Area Drug and Therapeutics Committee and Digital and Information Board for information.

2.4   Recommendation

The NHS Fife Clinical Governance Committee are asked to:-
- Agree Implementation of Full HEPMA provided by EMIS Health
- Support progression of the FBC through FP&R and NHS Fife Board.

3   List of appendices

The following appendices are included with this report:

- HEPMA Full Business Case

Report Contact

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NHS Fife
Hospital Electronic Prescribing and Medicines Administration (HEPMA)

Full Business Case

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Equality and Diversity Impact Assessment:

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Section 1: Executive Summary

1.1 Introduction

This document sets out the Full Business Case (FBC) for the implementation of a Hospital Electronic Prescribing and Medicines Administration (HEPMA) system within NHS Fife. It builds upon the Outline Business Case (OBC) (November 2019) and the National HEPMA Full Business Case (approved August 2016).

The aim of this document is to reiterate the value of HEPMA delivery for NHS Fife, and to seek approval to appoint to the preferred supplier EMIS Health and proceed with a rapid implementation of Full HEPMA across NHS Fife.

1.2 Strategic Case

Medicines represent the most frequent healthcare intervention – there are approximately 34 million prescriptions and 122 million administrations of medicines per year in NHS Scotland. However, most medicines used in hospitals are still prescribed, and their administration recorded, using a paper-based chart system, and with the increasing range and complexities of medicines available, the safe and effective prescribing and administration of medicines is challenging.

The strategic case was outlined in the NHS Fife Outline Business Case, and has been updated to take account of recent reports and strategies and is focused on four key themes:

Patient Safety. The Scottish Patient Safety Programme (SPSP) has a strategic commitment to reduce the harm associated with high risk medicines and recognised that HEPMA is a key building block. In 2015, Healthcare Improvement Scotland (HIS) released a publication outlining the scale of medication incidents and medication incidents related harm in NHS Scotland. It highlighted that 15,000 patients admitted to acute hospitals experience adverse drug events due to medicines (ranging from no harm to death). Research indicates that 72% are preventable.

The third WHO Global Patient Safety Challenge: Medication Without Harm will propose solutions to address many of the obstacles the world faces today to ensure the safety of medication practices. WHO's goal is to achieve widespread engagement and commitment of WHO Member States and professional bodies around the world to reduce the harm associated with medicines.

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Medication Without Harm aims to reduce severe avoidable medication -related harm by 50% globally in the next 5 years. It was formally launched at the Second Global Ministerial Patient Safety Summit in Bonn, Germany on 29 March 2017.

Strategic Alignment. The Scotland eHealth strategy 2014-2017 committed to the need for electronic prescribing and medicines administration systems, and described the future state of all NHS Boards will be where they have 'implemented some elements of electronic prescribing and medicines administration (EPMA) systems with integral clinical decision support interfaced with other clinical eHealth systems by 2020'. This commitment was reiterated in the follow up Digital Health and Care Strategy (2018) and in NHS Fife's Digital and Information Strategy – Digital at the Heart of Delivery (2019-2024). In addition, Achieving Excellence in Pharmaceutical Care and the Lord Carter Review, focusing on Hospital Productivity both recommend the implementation of electronic prescribing.

Electronic Patient Record and Paperless Vision. Most medicines used in hospitals are prescribed and administered using a paper-based system and until these records are recorded digitally it will be impossible to complete a patient's electronic record. Electronic prescribing is the 'largest missing piece of the Electronic Patient Record (EPR) jigsaw' as it is the last major area of clinical information not available electronically.

Digital Maturity. Electronic prescribing is a key determinant of digital maturity and implementing a system such as HEPMA will ensure NHS Fife remains at the forefront of prescribing practice and does not fall behind other health systems who have already invested in the implementation of HEPMA.

For the purposes of the Full Business Case the strategic case was reviewed and there was no significant update between business cases, with only linkages to recent strategies added to the Full Business case. The strategic case therefore remains valid for HEPMA implementation within NHS Fife.

The case outlines the benefits which can be achieved through implementation of HEPMA and recognises that many of these benefits will be realised through implementation of the system. The benefits outlined when achieved will deliver significant improvements to the patient journey and to those working within NHS Fife.

There was no fundamental change to the strategic case for implementation of HEPMA from the Outline Business Case to the Full Business Case, the case was merely strengthened through addition of recent strategies and studies which had been undertaken which recognised the benefit of HEPMA to NHS Boards.

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1.3 Economic Case

The NHS Fife Outline Business Case compared the benefits of Full HEPMA against Foundation HEPMA. The recommendation to the Board was that NHS Fife should proceed to mini tender with the intent to deliver Full HEPMA for NHS Fife. This was accepted as it was recognised that Full HEPMA would deliver maximum reach, functionality and integration.
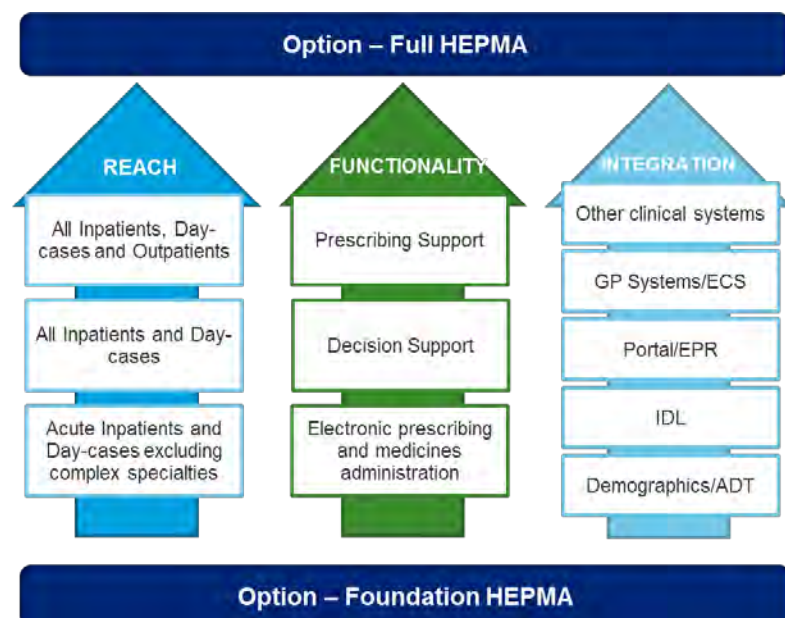
This section details the process which was followed to undertake the mini tender from the National Framework, and refers directly to the options appraisal document attached within Appendix A.   The total evaluation scores were as follows: -

Criteria	Maximum Score	EMIS Health	JAC/ Wellsky
Mandatory	Pass/Fail	Pass	Pass
System	125.00	109.38	112.50
Usability	150.00	137.50	112.50
Integration	125.00	50.00	50.00
Commercial	100.00	100.00	57.01
Total	**500.00**	**396.88**	**332.01**

Given the results of the evaluation process and the combined technical and commercial evaluation results, the recommendation is to award the contract to **EMIS Health**, for Full HEPMA implementation within NHS Fife having their bid evaluated as the Most Advantageous Tender.

1.4 Commercial Case

The commercial case recognises the work which had been undertaken to complete the mini tender process. The intention is for Full HEPMA to be rolled out across NHS Fife, there is recognition of the need to ensure services are in agreement as to the rollout plan for delivery which will be formalised following Full Business Case sign off and Contract Negotiations.

Training will be provided to all staff who will be involved in HEPMA delivery across NHS Fife and the system will integrate with all relevant NHS Fife systems. In order to maximise benefits the EMIS HEPMA solution will have full decision support functionality.

Contractual and charging mechanisms will be agreed following Full Business Case sign off, however the team wish the board to recognise the intention to implement payment milestones for the supplier to ensure the supplier meets the timescales for the project and the intention for a robust exit strategy to be agreed at contract outset.

Resources for implementation and business as usual have been agreed in line with lessons learned from other Health Boards and resource profiles detailed within the National Business Case for HEPMA. The resource profile for NHS Fife is shown in Appendix 3. The project timescale has been estimated as 3 years.

The case recognises that NHS Fife is currently the only board to date in Scotland who have opted for an alternative supplier for HEPMA provision. The process followed for selection of supplier has been robust and therefore NHS Fife has selected the most appropriate supplier to meet the needs of our board and our population. Both suppliers are on the National Framework and have met the standard for HEPMA delivery in Scotland.

1.5 Financial Case

The implementation of Full HEPMA within NHS Fife is estimated to take 36 months.   A summary of the costs associated with the implementation of EMIS Health HEPMA and the affordability of delivery is detailed overleaf.

Capital Cost and Affordability

Capital	20/21 £'000	21/22 £'000	22/23 £'000	23/24 £'000	Total Cost £'000
HEPMA System		50			50
Hardware – NHS Fife Infrastructure		110			110
Hardware – Workstations / PC's		208	104		312
Hardware – Pharmacy Mobile Devices		18			18
External Integration Costs		15	15		30
Implementation Resource		808	511	349	1,667
Legal Fees	25				25
Optimism Bias (10%)		116	63		179
VAT		80	24		104
TOTAL CAPITAL	25	1,405	716	349	2,495
SG HEPMA FUNDING	25	1,100	572	0	1,697
NHS FIFE CAPITAL FUNDING	0	305	144	349	798

The Scottish Government have confirmed that central funds will be made available to NHS Boards to fund non recurrent revenue and capital costs (but not local hardware costs). This funding equates to £1.697m for NHS Fife – the profile has been agreed in principle with Scottish Government however will be confirmed following formal agreement of the Full Business Case. Additional capital support will be required from NHS Fife and will be included within the Property and Asset Management Investment Programme from 21/22 onwards. The total capital cost for NHS Fife will be £798k over 3 years.

The OBC presented to the Board in November 2019, indicated an estimated capital spend of £3.856m for Fife. The reduction in capital costs within the FBC are associated with the preferred suppliers charging model for HEPMA provision and a review of implementation resources. Optimism Bias, which reduces the risk of a negative impact on costs, of 10% has been included for 21/22 and 22/23 to account for any variance in hardware or resource costs, this was not present in the OBC.

Recurring Revenue and Affordability

Recurring Revenue costs per annum are summarised in the table below. They are based on the preferred supplier EMIS Health being awarded a 7-year contract as per tender. There is an assumption the contract negotiations will be undertaken in 20/21 with contract award and project inception from 21/22 onwards.

Recurring Revenue	21/22 £'000	22/23 £'000	23/24 £'000	24/25 £'000	25/26 £'000	26/27 £'000	27/28 £'000	Total £'000
D&I Infrastructure and Support	66	66	66	66	66	66	66	**462**
Ongoing BAU Support	381	381	381	381	381	381	381	**2,668**
Training	209	209	209	0	0	0	0	**626**
Supplier Recurring Support	65	115	115	115	115	115	115	**754**
Hosting	110	110	110	110	110	110	110	**770**
Total Additional Recurring	**831**	**881**	**881**	**672**	**672**	**672**	**672**	**5,280**
Available Budgets								
Medicines Prescription Chart Procurement Savings	5	10	12	19	19	19	19	**101**
Digital and Information (recurring salary)	151	151	151	0	0	0	0	**452**
Digital and Information Strategic Funds	84	84	56	0	0	0	0	**224**
Total Available Budgets	240	245	219	19	19	19	19	**777**
NHS Fife Recurring Revenue Requirement	**591**	**636**	**662**	**653**	**653**	**653**	**653**	**4,502**

The OBC presented to the Board in November 2019, indicated an estimated revenue spend of £2.357m for Fife. It should be noted the OBC detailed a 5-year plan for HEPMA, following mini tender the framework agreement with the supplier would be for a 7-year contract for HEPMA. Therefore, costs have been amended accordingly. The cost model for provision of EMIS Health HEPMA is based on a minimal upfront capital cost with a larger ongoing recurring cost. This model was not the model detailed within the OBC, which followed the National Business Case funding model. There is also the potential for EMIS Health to deliver a 'hosted service', which transfers the infrastructure support to the company, was not included in the OBC. If implemented this could potentially reduce the Digital & Information (D&I) Infrastructure and support costs, however this will not be known until hosting discussions have been held with the supplier.

Following a review of available finances, D&I have also agreed a financial contribution as detailed above. Additional capital and revenue costs have been discussed with the Director of Finance, NHS Fife and will be prioritised as part of the medium-term financial planning process for 2021/22 – 2023/24.

1.6 Management Case

Following agreement of the Full Business Case, NHS Fife will engage in contractual discussions with the preferred supplier.   As with all programmes within NHS Fife, the programme will be managed in line with Managing Successful Programmes (MSP) and Prince 2 project management methodologies.

The HEPMA Programme Board will continue and evolve to deliver Full HEPMA throughout NHS Fife. The programme will follow NHS Fife governance, change, benefits and risk methodologies and will be evaluated to ensure the project both continues to meet and completes the delivery requirements set out at project inception.

1.7 Conclusion and Recommendation

This section recognises the time taken to select a supplier for Full HEPMA within NHS Fife however assures the Board due process has been followed.

Delivery of HEPMA will ensure that NHS Fife meets the targets which have been set by strategies at both a Local and National level. The benefits outlined within the case are mainly qualitative in nature and this is recognised, however, there can be no greater benefit for an organisation than delivery of a digital solution which brings substantial benefit to both our workforce and our citizens.

The recommendation which the board is asked to accept is implementation of Full HEPMA, supplied by EMIS Health, across NHS Fife

Section 2: Introduction and Purpose

2.1   Introduction

This document sets out the Full Business Case (FBC) for the implementation of Full Hospital Electronic Prescribing and Medicines Administration (HEPMA) within NHS Fife.

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.

Production of the FBC has been carried out with reference to Scottish Capital Investment Manual guidelines. Care has been taken to consider not only the financial aspect of the investment but the non-financial aspects inclusive of user requirements and benefits for patients and staff.   This document was prepared in conjunction with a small project team comprising Digital and Information, Pharmacy and Clinical colleagues and sets out the benefits, risks and costs of implementing Full HEPMA within NHS Fife.

2.1.1   Programme Description

Full HEPMA delivery within NHS Fife will combine three functions to provide all clinical staff with an integrated view of a patient's medication history, through: electronic communication of a prescription or medicine order aiding the choice, administration and supply of a medicine and through knowledge and decision support providing a robust audit trail for the entire medicines use process. Medicines represent the most frequent healthcare intervention; Healthcare Improvement Scotland reported that each year in an average 500 bedded acute hospital approximately 435,000 items are prescribed resulting in 2 million doses of medicine being administered to patients[1]. Treatment with medicines saves lives, controls and cures diseases and provides symptom control.

However, many medicines used in hospitals are still prescribed and administered using a paper-based chart system. The safe and effective prescribing and administration of medicines is thus limited by legibility challenges, multiple handover points, poor integration with clinical systems especially in primary care and a lack of data on medicine usage.

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[1]
http://www.scottishpatientsafetyprogramme.scot.nhs.uk/Media/Docs/Medicines/20150828%20Safer%20use%20of%20medicines%20v%201.0.pdf

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Experience following the introduction of electronic prescribing systems in general practice over two decades has demonstrated improvements in quality of care, medicines utilisation and prescribing practice.

Section 3: Strategic Case

3.1   Review of Strategic Case Within the Outline Business Case

The strategic case for HEPMA was outlined in the National Business Case (2016). The National case showed how the programme will support organisations to meet their strategic priorities as well as setting out the national policy context. The Strategic Case within NHS Fife's Outline Business Case was largely based on the original National OBC with sections updated to take account of more recent reports and strategies. As part of the Full Business Case the information was verified and again updated to reflect current reports and strategies. There was no fundamental change to the Strategic case for implementation of HEPMA from the Outline Business Case to the Full Business Case.

The case outlines the benefits which can be achieved through implementation of HEPMA and recognises that many of these benefits will be realised through implementation of the system. The benefits outlined when achieved will deliver significant improvements to the patient journey and to those working within NHS Fife.

There was no fundamental change to the strategic case for implementation of HEPMA from the Outline Business Case to the Full Business Case, the case was merely strengthened through addition of recent strategies and studies which had been undertaken which recognised the benefit of HEPMA to NHS Boards.

3.1.1   National Policy Context

The national context remains valid, medicines continue to represent the most frequent healthcare intervention – with approximately 34 million prescriptions and 122 million administrations of medicines per year in NHS Scotland. Treatment with medicines saves lives, controls and cures diseases and provides symptom control. A report by Audit Scotland recognised that expenditure on drugs takes up an increasing proportion of the budget and in 2018-2019, amounted to £1.76bn. This is 16.1% of total NHS expenditure (hospitals and primary care - £10.97bn) or 13.1% of the total health budget (13.4bn).

However, most medicines used in hospitals are still prescribed and administered using a traditional paper-based chart system and with the increasing range and complexities of

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medicines available, the safe and effective prescribing and administration of medicines is challenging. Although the current paper-based system is part of a structured approach to prescribing and medicines administration, it is recognised there are several limitations, including:

- legibility challenges;
- multiple transcription/handover points;
- unavailability or loss of paper records/forms;
- no evidence of prescribing advice and decision support;
- lack of seamless medicine reconciliation;
- no link with an increasing number of IT clinical systems; and
- no ability to collate data on medicine usage.

3.1.2 Key Strategic Drivers

Implementation of HEPMA across Scotland and Full HEPMA within NHS Fife will be a major achievement towards improving the quality of health care in Scotland. This is clear from the fact that it will be a key step towards meeting the NHS Scotland quality ambitions, of preventing harm and providing the most appropriate treatment.

The additional benefit of a digital hospital medication records would greatly improve communication, allowing us to take better account of each individual patient's response to treatment and facilitate shared decision making.

Implementation of Full HEPMA within NHS Fife will help realise the aims of several key Scottish Government policies. These include:

National Clinical Strategy	The Chief Medical Officer (CMO) Annual Report 2014-15 and the new National Clinical Strategy for Scotland both place great emphasis on the importance of reducing overprescribing and removing harmful variation. This would be difficult to achieve without HEPMA implementation.
eHealth Strategy and Digital Health and Care Strategy	The eHealth Strategy 2014-2017 recommended Scotland should introduce electronic prescribing and medicines administration systems as safe as the current paper-based system whilst providing a foundation for improving the safe and effective use of medicines. This commitment was reiterated in the following Digital Health and Care Strategy 2018: enabling, connecting and empowering.

Closing the Loop	The 'Closing the Loop' project, commissioned by Scottish Government to help improve the electronic exchange of patient information between primary and secondary care, identified a HEPMA solution as a critical component of medicine reconciliation to enable electronic exchange of important clinical information in a timely, consistent and efficient way. Closing the Loop stated that by improving the electronic exchange of medicines information, HEPMA would reduce transcription risks and make better use of a clinician's time.
Achieving Excellence in Pharmaceutical Care	Achieving Excellence aims for all patients to receive high quality pharmaceutical care from clinical pharmacist independent prescribers, delivered through collaborative partnerships with the patient, carer, GP, and other relevant health, social care, third and independent sector professionals so that every patient gets the best possible outcomes from their medicines, and avoiding waste and harm. Within this plan, the implementation of electronic prescribing and medicines administration in secondary care is a key aim to allow for electronic capture of prescribing data and sharing of information for the development of pharmaceutical care.
Supply and Demand for Medicines	This enquiry report undertaken by the Health and Sport Committee into the supply and demand for medicines, highlighted the importance of HEPMA within NHS Boards and welcomed the commitment of the Cabinet Secretary for HEPMA to be running in all boards by March 2021. The report recommended the Scottish Government provide the funding required to ensure the delivery of not only the HEPMA systems in all health boards but also the infrastructure required to maximise the benefit to patients and the outcomes data the system is capable of producing.

Investment in HEPMA on both a national and local level will aid in the delivery of safe, effective person-centred pharmaceutical care beyond hospitals alone, and support the electronic capture of prescribing data and sharing of information on patients' medicines within and between care settings.

Strategic Benefits: Patient Safety and Effective Use

The Scottish Patient Safety Programme (SPSP) has a strategic commitment to reduce the harm associated with high risk medicines and to improve medicine reconciliation at all patient handovers. The SPSP programme highlights the need for safe and effective recording and transfer of information on patients' medicines across and within all care settings. It was recognised that HEPMA is a key building block to achieving this across NHS Scotland given the number of medication incidents that occur on an annual basis. Improving patient safety has always been the primary objective of investment in a HEPMA system for Scotland.

In 2015, Healthcare Improvement Scotland (HIS) released a publication outlining the scale of medication incidents and medication incident related harm in NHS Scotland. It highlighted that 15,000 patients admitted to acute hospitals experience adverse events due to medicines (ranging from no harm to death) of which research indicates that 72% are preventable (Pirmohamed M, James S, Meakin S et al. (2004)) and there are up to 280 preventable deaths across all acute hospitals due to medicines (Ryan C, Ross S, Davey P, Duncan EM, Francis JJ, Fielding S et al; (2014)).

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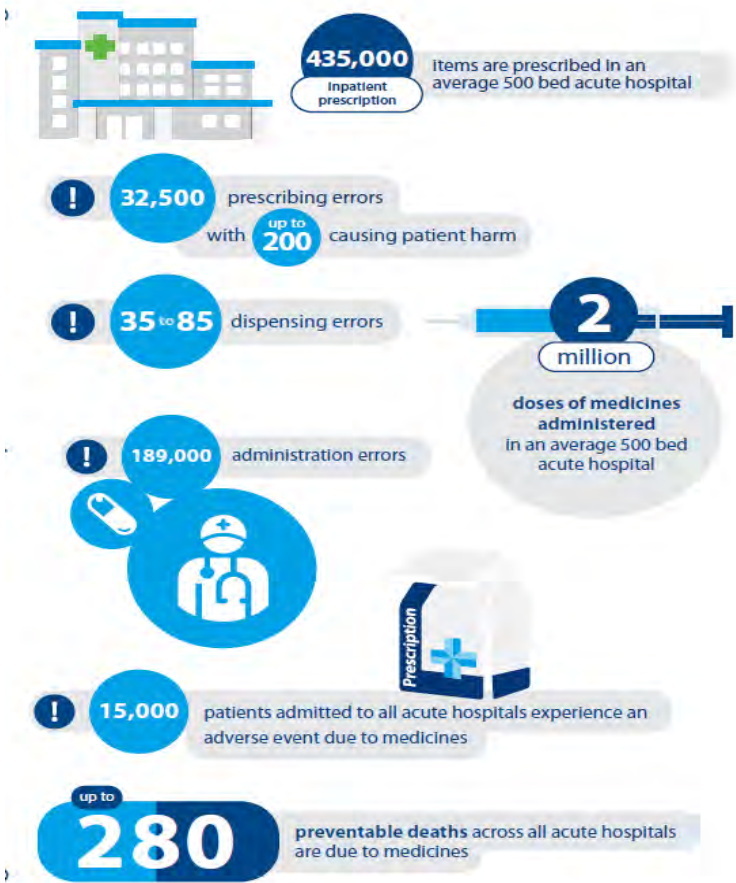
The proposed NHS Fife Full HEPMA solution will be interoperable with other key digital health systems, to enhance patient safety and effective use by:

- Reducing the number of transcription, prescribing and administration errors;
- Improving Record Keeping of missed doses and polypharmacy;
- Contribute to accurate and efficient medicine reconciliation and communication of medicines information at all points of patient transfer, including on admission and discharge;
- Contribute to the efficient transfer of accurate medicines information through removal of transcribing on admission and at discharge allowing prescribers to concentrate on the professional review of suitability of medication as part of the medicines reconciliation process;
- Support greater consistency in clinical practice, reduce harmful variation and limit overprescribing;
- Strengthen information governance by providing a robust audit trail;
- Complete a key component of the integrated electronic patient record; and
- Collect, collate and analyse patient and population level data on medicines use in secondary care to build intelligence on patient response to therapy, to manage medicine effectiveness and efficiencies, monitor prescribing patterns, improve clinical practice, enhance patient safety, and support clinical research.

The preferred NHS Fife Full HEPMA solution provided by EMIS Health will underpin how medicines governance is delivered within NHS Fife.

Strategic Benefits: Digital Maturity and Paper-light working

Many medicines used in hospitals are prescribed and administered using a paper-based system and until these records are recorded digitally it will be impossible to complete an integrated patient's electronic patient record.

Electronic prescribing is the 'largest missing piece of the Electronic Patient Record (EPR) jigsaw' as it is the last major area of clinical information not available electronically.

The figure overleaf illustrates one of the problems associated with paper-based systems – the 'legibility challenge'.

Electronic prescribing has been common place in primary care for many years and provides a blueprint of how it supports clinicians professionally, how it streamlines working practices and how consistent, good quality data can be used to support feedback to clinicians to drive public health insight, manage prescribing costs and manage performance. Implementation of HEPMA will provide NHS Fife with an efficient and systematic approach to audit, reporting and performance management in the acute and community settings.

HEPMA is a key part of the National eHealth Integrated Safer Medicines Programme endorsed by the National eHealth Strategy Board. It is an important building block of an integrated Electronic Patient Record and implementation of the proposed NHS Fife solution would support several of the Scottish Government's policy aims on the future use of electronic health records. Scottish Government committed to provide each citizen in Scotland with a summary view of their electronic patient record by 2020 and improving access to key patient information for appropriate staff. Implementation of EMIS Health HEPMA will contribute towards delivery of this aim.

Strategic Benefits: Health Intelligence

The capture, aggregation, analysis and visualisation of patient and population level data on medicines use in secondary care available post implementation will be extremely valuable to support stratified care, to manage medicine effectiveness and efficiencies, monitor prescribing patterns, improve clinical practice, enhance patient safety, and support clinical research at regional and national levels.

HEPMA implementation within NHS Fife will ensure we meet the policy recommendation for Scotland from the 2016 OECD "Review of Health Care Quality in the UK" that we improve

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how health system information is used to drive quality improvement. In addition, it would take account of the Scottish Government "2015 Public Health Review for Scotland" which placed an emphasis on data, information, intelligence, research and evidence as a basis for public health decision-making and action. In this respect, HEPMA implementation can be expected to underpin both the planned Population Health Strategy for Scotland and the developing Health and Social Care Information Strategy for Scotland.

3.2 Organisational Overview

NHS Fife is situated in the East of Scotland with a coastline of 170 kilometres (105 miles) bounded by the Firth of Forth to the South and the Firth of Tay to the North. NHS Fife is served by Victoria Hospital in Kirkcaldy (27 wards) and Queen Margaret Hospital (6 wards) in Dunfermline, Stratheden Mental Health Hospital alongside a variety of essential Community Health Partnership hospitals, day hospitals, primary care facilities and general practitioners.

- 370,000 Residents
- 10 Hospitals
- 54 GP Practices
- 10,500 Staff

3.3 Strategy & Aims

3.3.1 Local Strategic Context

Realising the benefits attributable to implementation of EMIS Health HEPMA is a strategic fit with NHS Fife's aim to transform health and care in NHS Fife to be the best and the values of safety first, care and compassion, excellence and fairness and transparency.

The NHS Fife Clinical Strategy (2016) noted the need for a pharmacy strategy aligned to the clinical strategy which supports patient safety and reduces harm and variation in the use of medicines. In addition, the strategy noted the need to promote effective, efficient prescribing and use of medicines to enable patients to achieve the best outcomes from their medication. The Clinical strategy further recognised the need to build capacity across primary and secondary care settings to support the safe and effective use of medicines and ensure the role of the pharmacist and pharmacy team is maximised. Implementation of the solution will assist with delivery of these aims.

The Digital and Information Strategy (2019-2024) recognised the alignment of HEPMA to joined up care and the need to ensure all relevant information is available at point of contact,

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this linked closely to the national digital strategy objectives of service transformation and workforce capability and recognised the linkage of HEPMA to the clinical strategy objectives of person centred care and ongoing support/follow up.   Delivery of the EMIS Health HEPMA solution will achieve this for NHS Fife.

The Health and Social Care Strategy (2019-2022) emphasised the importance of achieving pharmaceutical excellence, this will be delivered by providing pharmaceutical care that supports safer use of medicines and enhancing the clinical capability and capacity of the pharmacy workforce. The aim is to improve service delivery through digital information and technologies and implementation of the full HEPMA solution links closely to all these committed deliverables.

The Area Drug and Therapeutics Committee are supportive of HEPMA and appreciate the potential benefits in supporting patient safety, reducing harm to patients and promoting effective and efficient prescribing of medicines in NHS Fife.

3.3.2 Strategically Aligned National Activities

Several activities have been progressed, in collaboration with the Safer Medicines Steering Group (SMSG) in support of the implementation programme.

Regional Working: The Scottish Government's Head of eHealth wrote to the Regional Implementation Lead Chief Executives in December 2017 to reiterate the requirement for a regional approach to HEPMA implementation and confirm that Boards will need to demonstrate regional collaboration at several levels.   This work has evolved in this time, with different approaches to regional collaboration being taken in the South East, North and West of Scotland. In the South East, Lothian, Borders and Fife are working towards collaboration on an 'East Region' formulary, which will support prescribing in individual HEPMA systems.

Multi Supplier Framework: The process to establish a National Multi-supplier Framework for HEPMA was undertaken and three suppliers are currently active on this framework:

- EMIS Health (previously Ascribe)
- Wellsky (previously JAC)
- Dedalus (NoemaLife)

All three suppliers were advised of the Invitation to Tender going live to bid for implementation of Full HEPMA within NHS Fife. Only two responded; EMIS Health and Wellsky and following a successful procurement (detailed further within Section 4) EMIS Health were selected as the preferred supplier for NHS Fife.

Shared Learning: Healthcare Improvement Scotland (HIS) are in the process of developing proposals for Shared Learning on a national basis using a 'Knowledge into Action' approach to allow the experience of implemented Boards to be shared across Boards and to feed into planning, system configuration and benefits realisation.

Several documents have been published on their website and for the purposes of planning for NHS Fife the following documents were referred to:

- HEPMA – A Good Practice Guide
- HEPMA in NHS Forth Valley – Key Learning from Rapid Roll-Out

NHS Fife intend to utilise the lessons learned for implementation of the preferred option within our sites.

Data Strategy: Public Health Scotland have been commissioned to develop a national HEPMA Data Strategy, setting standards for HEPMA data coding and collection to ensure that HEPMA data will be usable at national level alongside existing primary care data. NHS Fife will ensure that any data coding and collection remains in line with the National plan for delivery. In order to ensure the requirements are met and that NHS Fife comply with any new data requirements a HEPMA Data Analyst has been requested for service delivery.

3.4 Investment Objectives

The investment objectives for this programme have been developed from the strategies noted within section 3.

Strategic Objective	Summary of Strategic Project Objectives	Strategic Link to
1	Patient Safety and Effective Use	Achieving Excellence in Pharmaceutical Care Clinical Strategy Closing the Loop Digital and Information Strategy eHealth Strategy Health and Social Care Strategy National Clinical Strategy Scottish Patient Safety Programme Supply and Demand for Medicines

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2	Digital Maturity	National Digital Strategy Digital and Information Strategy
3	Health Intelligence	National Digital Strategy Digital and Information Strategy Health and Social Care Strategy Supply and Demand for Medicines
4	Paperlite	Closing the Loop Digital and Information Strategy eHealth Integrated Safer Medicines Programme eHealth Strategy National Digital Strategy Prescription for Excellence Scottish Patient Safety Programme
5	Enhance Clinical Capability	Clinical Strategy Digital and Information Strategy Health and Social Care Strategy

3.5 Existing Arrangements

3.5.1 Summary of History

The Pharmacy department has played a key role in operational delivery within NHS Fife hospitals.   In NHS Fife £105 million was spent on drugs in 2019/20, of which £32.2 million was in the hospital setting (Acute and HSCP).

Figure 1 NHS Fife Drugs Expenditure (Acute and HSCP)
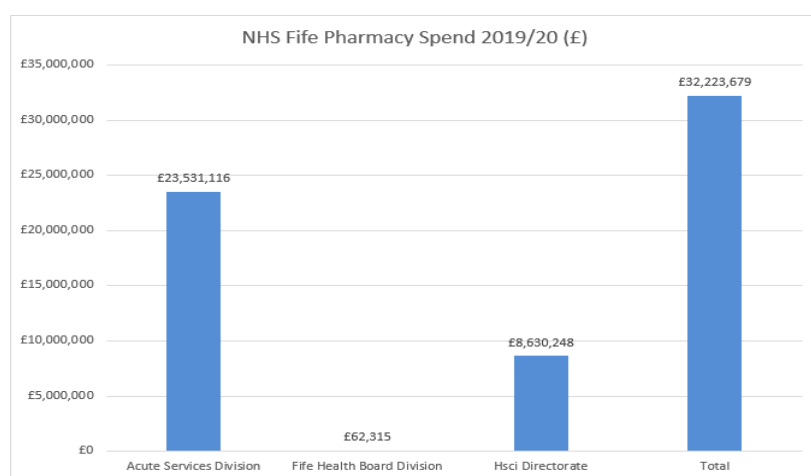
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Over the last 7 years, there have been some change to how pharmacy is delivered within NHS Fife. These include: -

- The transfer of many patients and clinical services from 2 hospital sites (VHK/QMH) to 1 hospital site (VHK)
- Centralisation of aseptic dispensing services in one unit, at VHK
- Introduction of the "One stop" model – use of patients own medicines and over labelled packs to facilitate discharge in a timelier manner.
- Redesign of clinical pharmacy services - multifactorial, including novel use of clinical coordinator to triage workload and focus on high risk patients, and introduction of new clinical pharmacy practitioner roles across many clinical specialities.
- Introduction of a 7-day pharmacy service
- Introduction and development of the role of Clinical Pharmacy Technicians
- Introduction of Dispensing Assistants to enable wider workforce transformation

3.5.2 Current Situation and Limitations

Many medicines used in NHS Fife are still prescribed and administered using a traditional paper-based chart system which has been unchanged for many years. With the increasing range and complexities of medicines available and the challenges to service provision, the safe and effective prescribing and administration of medicines is increasingly challenging. Although the current paper-based system is part of a structured approach to prescribing and medicines administration, it is recognised there are several limitations to service delivery. The limitations are reflected within the strategic benefits noted above.

- Management of expenditure – Understanding the cost of medicines within NHS Fife – data is only available on 'issues' to locations, and not at patient level
- Workforce challenges include insufficient frontline pharmacy staff to carry out medicines' reconciliation in all hospital areas
- Continued and increasing risks to patient safety due to increasing complexity of medicines and polypharmacy
- Lack of patient specific data in secondary care
- A continued use of paper records makes it impossible for a complete integrated patient record to be created.

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3.6 Business Needs – Current & Future

As more patients are being treated with complex therapies ensuring patient safety and best outcomes from medicine use is a key component of safe and effective healthcare. Pharmacy is already facing increasing workload demand and is not able to provide a clinical pharmacy service to all wards/beds within current resource limitations and so must prioritise which wards, and departments receive clinical pharmacy input and support. On a weekly and daily basis, the pharmacy teams undertake critical analysis of what service capacity they have based on staff availability and a high-level risk assessment of patient need based purely on which clinical areas and wards are priorities for cover. Once within the ward, pharmacy staff identify individual patients through discussion with medical and nursing colleagues and from visual inspection of each medicine chart and access to lab results etc with the support of business intelligence reports. A consequence of this is that high risk patients in wards not covered by pharmacy are not able to be identified and so receive no input from pharmacy unless specifically requested by other clinicians.

HEPMA will support improved patient safety and service efficiency by enabling clinical pharmacy services to wards/departments to be targeted to at risk patients. Reports can be generated from HEPMA which will identify patients who meet pre-defined criteria. The criteria can be varied to meet requirements, e.g. patient age profile, patients on specific high-risk medicines, patients who have had new medicines added to their regime etc. These reports can be tailored for each clinical speciality. Patients where there have been no changes to their therapy since they were last seen by a pharmacist can also be identified as well as patients being discharged etc.

Accurate and early identification of high-risk patients will enable pharmacy staff to take more specific action that will potentially reduce risk of readmission and increase patients' concordance with their medicine therapies.

Of primary importance is the impact delivery of HEPMA will have on patients, who receive care within NHS Fife. Central to any delivery model is the positive impact the case for change will have on those who are most in need our patients. The case study overleaf details the positive impact Full HEPMA delivery could have on our patients.

HEPMA CASE STUDY

CURRENTLY

Margie is 89 years old and was admitted to Victoria Hospital via Accident and Emergency Department.

Margie was seen quickly however, she had to be admitted to Respiratory medicine as she had a very bad chest infection. Margie was admitted via Admissions and transferred to the Respiratory ward. The Nurses, Doctors and Pharmacists were all looking out for Margie and asked about the medications she was usually prescribed, this was very stressful for Margie.

Margie said "I felt so unwell and I kept being asked the same questions over and over about the medicines I usually take, I didn't know if they just didn't believe me, had I said it wrong…. I felt very confused. I also had to tell them over and over that I was allergic to antibiotics, I worried they might give me the wrong one and I would have got that awful rash. I was also worried as it was time for me to take my medicine, always at 7 o'clock when the soaps start but the Nurse could not give me them as the pharmacist had not been around. I was really worried about whether this would make me worse". By the end of the 1st night, Margie was exhausted as she had to tell the staff each time a new person came to see her. Margie said, "I just felt exhausted!"

HOW THIS COULD BE DIFFERENT (POST HEPMA)

Margie was admitted to hospital, through Admissions and transferred to respiratory. At each step the Nurses, Doctors and Pharmacists already knew the regular medications she was taking, and they made sure she received her medication right on time for the soaps starting. They know about her previous reaction to antibiotics. Margie said, "The pharmacist explained the treatment I was going to receive and why I was getting it, this made me feel great, really involved in my care, and I didn't have to worry about forgetting anything!" The team were focussed on caring for Margie "they were chatting away to me and made me feel better, when I really just wanted to go home because I didn't feel well and didn't want to be a burden, the staff were great." Margie was able to go home quickly as soon as her medication had started to work.

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Pharmacy

Pharmacy is an important part of the NHS Fife Healthcare family. The NHS Fife Pharmacy Service serves a population of approximately 380,000 people and is provided by an integrated team of around 200 Pharmacy staff, including Pharmacists, Pharmacy Technicians, Support Workers, Nurses, and Administrators. The teamwork across Acute and Community hospital sites, General Practices, Mental Health services, and a range of specialist teams. Partnership working is at the core of our values, and we work closely with other members of the multi-disciplinary team, including our Community Pharmacy colleagues, to deliver the highest quality care for everyone in Fife. The NHS Fife Pharmacy Service aims to provide the highest quality pharmaceutical care to the people of Fife. The integrated team provide person-focused pharmaceutical care to individuals, and supply medicines through systems that ensure safe, effective and economical use.

The team strive to ensure that patients derive maximum benefit and minimum harm from their medicines, throughout their healthcare journey. The team works in partnership with clinical colleagues, providing high quality care, timely information and advice to deliver safe and secure use of medicines. By integrating the pharmacy team across NHS and Health and Social Care Partnership (HSCP) services in Fife, it is ensured that medicines are purchased, stored, dispensed and prescribed to the highest standards in every care setting.

Workforce Pressures

As detailed within the strategic case for change and benefits section 4.5.   Several challenges related to medicines are experienced by our workforce within NHS Fife.   These include

- legibility challenges;
- multiple transcription/handover points;
- unavailability or loss of paper records/forms;
- no evidence of prescribing advice and decision support;
- lack of seamless medicine reconciliation;
- no link with an increasing number of IT clinical systems; and
- no ability to collate data on medicine usage.

Clinical and administrative teams who encounter one or more of these challenges are met with an increase in the administrative time to deliver care rather than allowing staff to focus on delivery of care to the patient. Based on the latest evidence from the HEPMA pilot in Lanarkshire the clinical team estimate that the system reduces by 50% the time required to undertake drug rounds (i.e. from two hours to one hour per drug round. There are four drug rounds per day).   Substantial reductions in administration and data entry will allow an

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increase in patient facing time delivering both productivity benefits to the organisation and mental health benefits for our workforce.

There is also the additional pressure and stress placed on staff should errors in transcription or misdiagnosis be made. NHS Fife staff who are part of an adverse incident investigation are placed under significant stress and the introduction of HEPMA can reduce the potential of these errors occurring, which will reduce the stress on our workforce.

The clinical strategy noted the need to build capacity across primary and secondary care settings to support the safe and effective use of medicines and ensure the role of the pharmacist and pharmacy team is maximised and HEPMA will achieve this.

Current Constraints

Current Constraints for NHS Fife are: -

- Workforce pressures - Due to a gap in resources and pharmacy vacancies in both Primary and Secondary Care, the service is unable to provide a clinical pharmacy resource to all areas to meet current demand, which causes stress for staff working within the service.

- Funding – There are increased funding pressures due to high cost medicines and increased incidence of chronic disease.

- Governance – Currently there is a lack of a central document repository for medicines guidelines. This means prescribers have variable access to decision support.

- Technology - Costs of IT solutions to deliver the services required and the time taken to implement new IT solutions to deliver services is challenging for the department.

There will be an element of process change which will be required in order to successfully implement Full HEPMA within NHS Fife. However, once implemented will assist with the reduction on workforce pressures and will contribute to the reduction on other aspects.

3.6.2 Pharmacy Re-design

The implementation of HEPMA will deliver a significant service improvement within NHS Fife. However, it would be remiss of the team presenting this paper not to acknowledge a separate business case which is currently under development for the introduction of robotics/automation within pharmacy. If successful, this business case will result in a re-design of pharmacy service provision within NHS Fife.

EMIS Health HEPMA will support delivery of this re-design through improvements in electronic medicines management and administration, ensuring that NHS Fife benefits from an integrated approach to medicines.

This Final Business Case asks for implementation of HEPMA within NHS Fife. However, the author would note there will be considerable benefit to the overall delivery of service if both HEPMA and Pharmacy redesign/automation are introduced as this will deliver maximum benefit to patients and staff.

3.7 Business Scope & Key Service Requirements

3.7.1 Business Scope

- Successful procurement of the most appropriate HEPMA solution for NHS Fife from the National Framework
- Contract negotiation with successful supplier
- Design and build of Full HEPMA solution for NHS Fife
- Delivery of required infrastructure
- Integration of HEPMA solution with Pharmacy Stock Control System
- Integration of HEPMA solution with existing Digital systems
- Rapid Rollout approach to delivery of Full HEPMA solution from 2021/22 to all areas within NHS Fife.
- Training and support to ensure HEPMA is integrated into working practice.
- Ratification of Processes to ensure HEPMA integrates well into working practice
- Delivery of Programme within target.

3.7.2 Resultant Service Requirements

- Support for delivery of Full HEPMA from across NHS Fife with all relevant service areas being provided with the capacity to support implementation.
- Ensure appropriate Infrastructure is in place to support Full HEPMA delivery.
- Training and Support for introduction of Full HEPMA
- Time to review processes to ensure fit for Full HEPMA purpose

Section 4: Economic Case

4.1 Review of Economic Case

The economic case for HEPMA was outlined in the National Business Case (2016). The NHS Fife Outline Business Case compared the benefits of Full HEPMA against Foundation HEPMA and a recommendation was made to the Board that NHS Fife should proceed to Full Business Case with the intent to deliver Full HEPMA for NHS Fife.

There has been no change to the economic case which was laid out in the Outline Business Case however it should be noted there was a note of caution within the OBC with regards to the potential requirement to replace NHS Fife's Pharmacy Stock Control system. Following a fair and open procurement the preferred supplier is EMIS Health who are the incumbent provider of stock control and therefore no funding will be required to support integration.

4.1.1 Full HEPMA

As a reminder Full HEPMA includes all components of HEPMA identified as realistically implementable in the medium term. Given current technology, and the reasons detailed within this paper, Full HEPMA represents an advanced HEPMA model which will bring maximum benefit for NHS Fife.

The National OBC identified three categories or 'pillars' which were selected to characterise the range of alternative scenarios that a Board would face when implementing HEPMA.

These pillars were:

- **Reach**: how widely HEPMA is rolled out within a Board;
- **Functionality**: which HEPMA functions (Electronic prescribing and medicines administration, Decision Support and / or Prescribing Support) are implemented and used;
- **Integration**: the level of integration with other clinical systems such as the Patient Management System (PMS), Admissions/Discharges/Transfers (ADT), Immediate Discharge Letter, Clinical Portal/Electronic Patient Record (EPR) and/ or Lab systems.
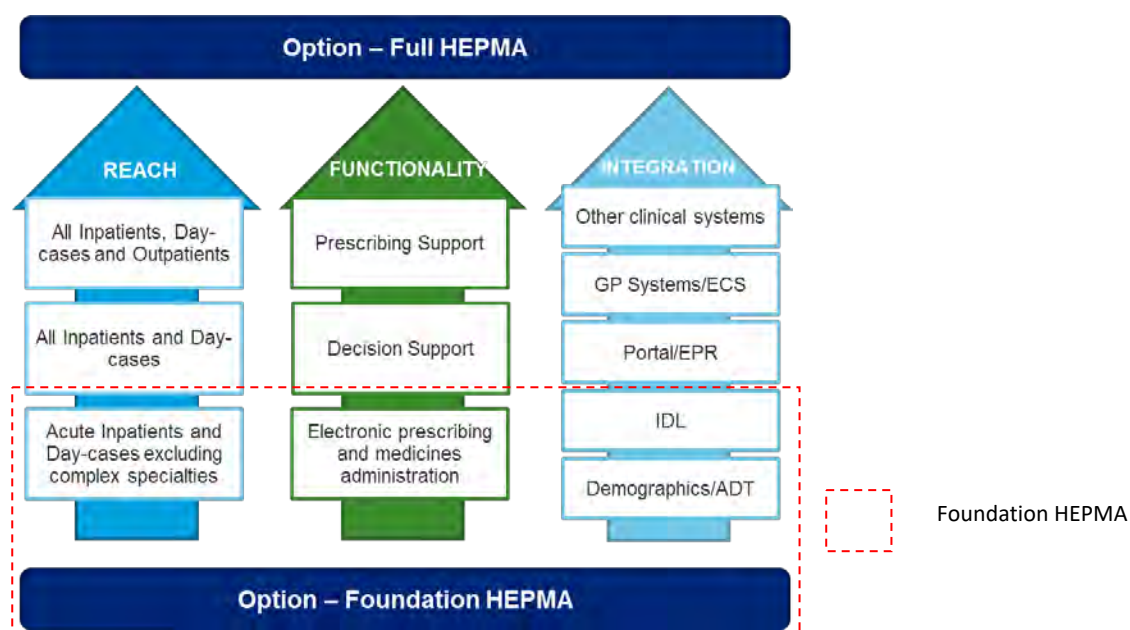
The Full HEPMA option selected by NHS Fife includes all the components of Foundation HEPMA but with extended reach, greater functionality and integration. Extended reach means the system covers all inpatient and day-case beds including outpatients departments. There is potential for a gap to remain in relation to Community Nursing and Special Schools for children with additional support needs, however this will be fully investigated and resolved if possible.

NHS Fife intend to implement all aspects of functionality of the system, including decision support; and additional prescribing support (e.g. local formulary, prescribing protocols). EMIS Health HEPMA will be fully integrated with all NHS Fife systems, and the pharmaceutical information from GP systems/Emergency Care Summary will be uploaded into HEPMA. The system will also integrate with other clinical systems e.g. diagnostics to provide additional clinical information to inform decision support and other HEPMA functions.

4.2 Critical Success Factors

The following critical success factors have been identified for this programme: -

- Governance and Risk Management Complete
- Leadership and Organisational Change undertaken
- Technology is fit for purpose and meets the needs of stakeholders.
- Benefits of Implementation are realised
- Improves Patient Experience
- The benefit of Full HEPMA for NHS Fife has been fully communicated.

4.3 Options Appraisal

A full Options Appraisal was carried out and the results are available within the NHS Fife Full HEPMA Options Appraisal document within Appendix 1. The document clearly outlines the process that was carried out to identify the initial long list of options, which were then shortlisted as part of the Outline Business Case (OBC). The agreement at OBC was to undertake a mini tender on 3 available suppliers from the National Framework.

Engagement was undertaken with the 3 suppliers currently available on the National Framework by NHS Fife procurement with support from NHS Orkney and the mini tender was completed. Two out of the three suppliers opted to submit a bid to provide Full HEPMA to NHS Fife. There was a slight delay to identification of the preferred supplier due to the outbreak of the Covid19 pandemic.

In accordance with regulation 76(10) of The Public Contracts (Scotland) Regulations 2015, the preferred supplier was identified based on both quality and price (through identifying the Most Advantageous Tender). The price-quality ratio was weighted in favour of the technical elements of the submission given the few sources of supply, the technically complex specification and the potential impact on the organisation should the solution fail.

Criteria	Weighting	Available Marks
Technical	80%	400
Commercial	20%	100
TOTAL	100%	500

The suppliers were assessed against both mandatory and technical criteria. There were 5 mandatory questions and 12 technical questions which needed to be requested.

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The breakdown of the final evaluation panel scores for the Technical were as follows:

Question	EMIS Health		JAC / Wellsky	
	Score	Marks	Score	Marks
2.2.1	4	25.00	3	18.75
2.2.2	4	25.00	4	25.00
2.2.3	4	12.50	4	12.50
2.2.4	3	18.75	3	18.75
2.2.5	3	28.13	4	37.50
2.3.1	4	37.50	4	37.50
2.3.2	3	37.50	2	25.00
2.3.3	4	37.50	3	28.13
2.3.4	4	12.50	3	9.38
2.3.5	4	12.50	4	12.50
2.4.1	2	37.50	2	37.50
2.4.2	1	12.50	1	12.50

The breakdown of the evaluation of the Commercial were as follows:

Criteria	EMIS Health	JAC /Wellsky
Software License	£50,000	£355,280
Implementation	£224,400	£176,434
Support	£455,000	£663,939
Additional Services (50 days per year)	£348,250	£345,290
Total Cost	**£1,077,650**	**£1,540,943**
Score	**100.00**	**57.01**

The overall results of the evaluation were as follows: -

Criteria	Maximum Score	EMIS Health	JAC/ Wellsky
Mandatory	Pass/Fail	Pass	Pass
System	125.00	109.38	112.50
Usability	150.00	137.50	112.50
Integration	125.00	50.00	50.00
Commercial	100.00	100.00	57.01
Total	**500.00**	**396.88**	**332.01**

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4.4 Preferred Way Forward

Given the results detailed within section 4.3, Section 5 Commercial Case and the Options Appraisal document in Appendix A. The recommendation is to award the contract to **EMIS Health**, having their bid evaluated as the Most Advantageous Tender.

It is recognised that NHS Fife is currently the only board in Scotland who have opted for an alternative supplier for HEPMA provision. The process followed for selection of supplier has been robust and therefore NHS Fife has selected the most appropriate supplier to meet the needs and requirements of our Board and the citizens within. Both suppliers are on the National Framework and have met the standard for HEPMA delivery in Scotland.

4.5 Benefits

Several benefits from HEPMA were identified during the development of the National OBC. These were identified by a multidisciplinary group of clinicians, pharmacists and GPs and were grouped into several categories. We have presented a summary of these below and on the following pages along with an estimate of the likely impact in quantitative terms based on variety of sources including experience from NHS Ayrshire and Arran, a pilot in NHS Lanarkshire and the NHS England e-Prescribing Toolkit, which provides case study information and guidance on business case development. Benefits as detailed within the following paragraphs will be baselined at project initiation with full benefits measurement and analysis conducted as part of overall project delivery.

4.5.1 Safer and Effective Use of Medicines

In 2014, Healthcare Improvement Scotland (HIS) developed *'Implementing an Electronic Prescribing and Medicines Administration System: A Good Practice Guide'* which provided clarity on current evidence and expert opinion on benefits realisation. It included a systematic review of the literature and reported that HEPMA systems provide an important foundation for improving the safe and effective use of medicines.

There is clear evidence that HEPMA systems reduce the incidence of medication errors.

'HEPMA systems are most likely to generate quality benefits (releasing time to care, avoiding errors, improving communication, improving decision-making), achieving the quality ambitions of person-centred, safety, efficiency and effectiveness of care.'

As HEPMA systems reduce the incidence of medication errors which are associated with significant morbidity and mortality, the resultant improvement in patient safety is likely to be significant.

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Healthcare Improvement Scotland outlined the concerns in relation to Safer Use of Medicines.
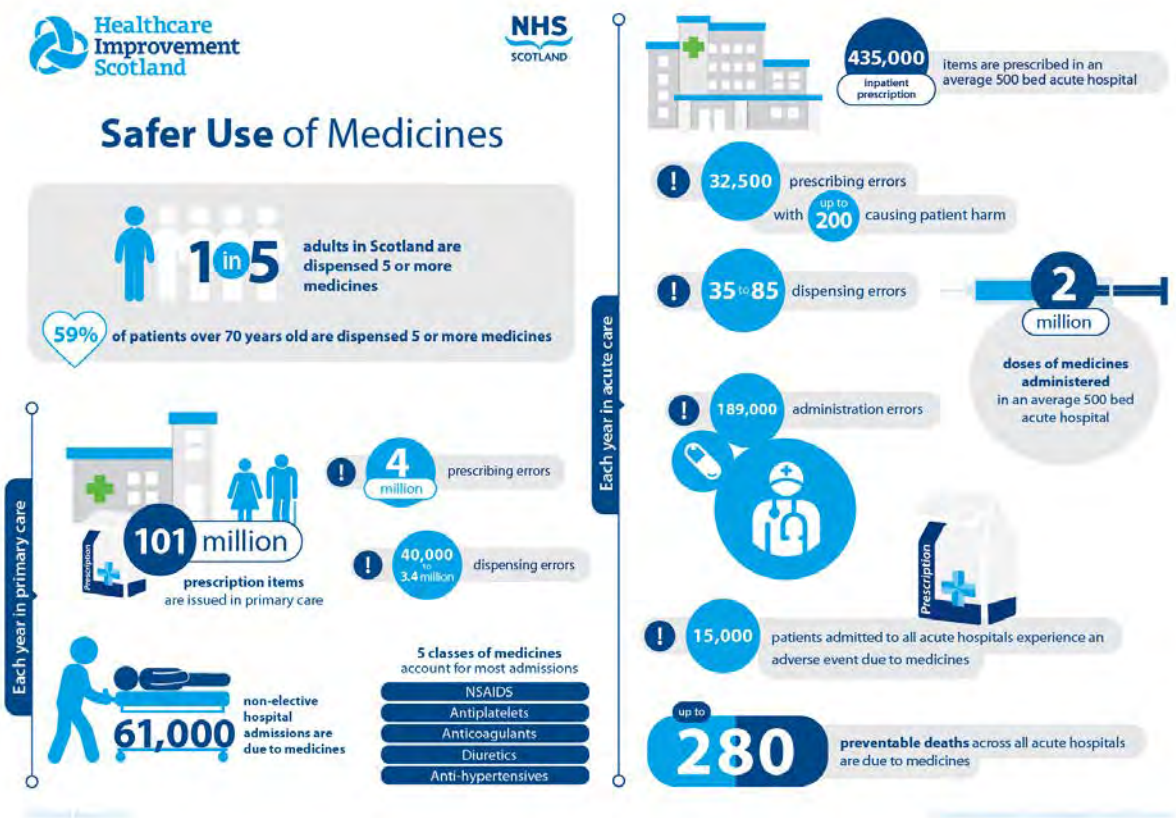
4.5.2 Reduce Incidence of Hospital Prescribing Errors

Drug related adverse events are the second largest cause of harm within the acute sector (after surgery) and account for around 15% of all adverse events (De-Vries et al., 2008). NHS Scotland is no different – for example, in 2014 a prospective observational study which analysed 50,000 prescription items across eight Scottish hospitals found an overall error rate of 7.5% (Ryan et al., 2014).

CASE STUDY - TARGETING HIGH RISK MEDICATIONS

In 2020, NHS Fife completed an Adverse Incident Review.

Current, paper prescribing procedures rely on individual practitioners identifying patients on high risk medicines, and drug interactions, and putting manual systems in place to monitor these. While clinical teams use all available resource to do this safely, complex and changing systems and increased demands on resource continue to make this more complex.

In recent times, a patient taking an immunosuppressant medicine for a transplant, was admitted to hospital with a complex infection. This required using an antibiotic which is not used often. A drug interaction between the two medicines resulted in the immunosuppressant medicine working less efficiently.

This interaction was missed by multiple clinicians, and unfortunately a series of events led to this not being noticed until the patient had come to harm, with their transplanted organ failing, and them requiring to be placed back on the transplant list.

While there are multiple learning points for all involved in this case, HEPMA would significantly reduce risk of recurrence of an event of this severity, through:

- Real-time production of reports for patients on high risk medicines, allowing clinicians and pharmacy teams to appropriately provide targeted care
- Highlighting of drug-drug interactions, with clinical decision support providing advice at the point of prescribing to allow appropriate management plans to be put in place.
- Improved communication regarding medicines between secondary and primary care, through improved sharing of information regarding medicines use in the hospital settings.

Indicative Prescribing Error Rates in Scotland and Fife (per annum)

Prevalence of Error	%	NHS Scotland	NHS Fife*
Inpatient Prescription Item Error	7.5%	1,070,000	73,295
Inpatient Chart Error	36%	377,000	25,824
Errors Reaching Patient	32-60%	-	-
Errors Causing Harm, estimated consequences	1.0 – 4.1%	3,370 – 15,500	230 – 1,061
Temporary harm and intervention required	80%	3,016-12,400	206 – 849
Prolonged Hospitalisation	15%	505 – 2,320	34 – 159
Permanent patient harm	5%	168 – 770	12 - 53

(*NHS Fife figures calculated pro rata from the national business case)

The table on the previous page from this study provides indicative prescribing error rates in Scotland and Fife based on these estimates. The study found that teaching hospitals, surgical wards and those wards with a high turnover had the highest error rates. The number and scale of errors is significant, whilst most have little, or no patient impact a number cause permanent harm to the patient. The figure below provides a breakdown of these error rates.

Types of Error and Location
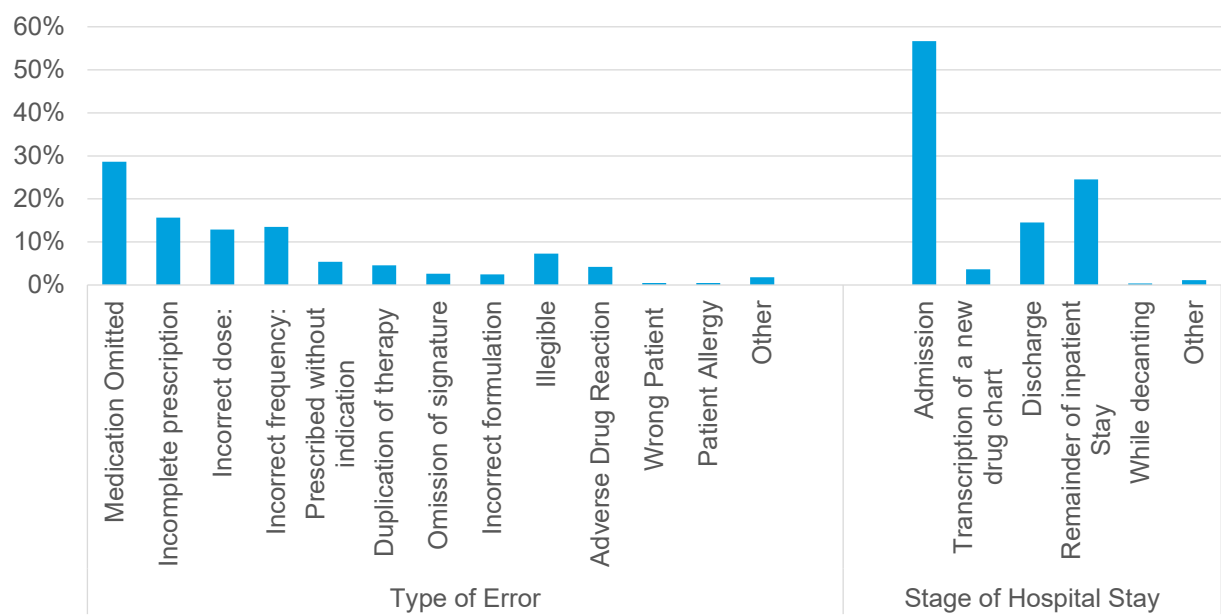
In 2015, Healthcare Improvement Scotland (HIS) released a second publication focusing on the benefits of HEPMA highlighting the results of this study. It also outlined several opportunities to drive improvement nationally, this study will be reviewed at project inception to consider additional benefits and lessons which can be learned to ensure NHS Fife's HEPMA delivers maximum benefit.

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4.6.3 Accurate prescribing and administration of medicines

HEPMA is pivotal in achieving a complete digital medication prescribing and administration record for an individual patient containing up-to-date historical and current prescribing and clinical information (including allergies and adverse drug reactions and interactions). This medication record will be instantaneously accessible to a range of healthcare professionals and is a key step to delivering person-centred, safe, effective and efficient care.

Impact and Evidence

One of the main benefits relates to a reduction in Adverse Drug Events (ADEs). A range of estimates have been stated by Trusts in NHS England, indicating that a HEPMA system would reduce ADEs by around two thirds. South Manchester University Hospitals NHS Trust estimated a 60% reduction in preventable ADEs, Guys and St Thomas estimated a 62% reduction and a Trust in the North West estimated the reduction would be 66% (HSJ 2014).

The Sheffield School of Health and Related Research (ScHARR) estimated that there would be a 31% potential cost avoidance from preventable ADEs.

Evidence from the pilot within NHS Lanarkshire has demonstrated:
- a reduction in missed doses from 14% to 8%
- a reduction in clinical interventions for high risk medicines
- 36% of interventions required on paper-based discharge letters would not be required with HEPMA

Evidence from NHS Ayrshire & Arran demonstrated a significant improvement in the administration of Parkinson's disease medication, as show below:

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4.6.4 Better communication between and within settings and improved medicines reconciliation

EMIS Health HEPMA will provide a single shared patient medication record containing current and historical medicines, this will enable (i) more accurate and efficient medicines reconciliation and (ii) better communication of information between and within settings.

On a patient's admission to hospital, their medication record on HEPMA will be populated from the Primary Care electronic care summary. Similarly, on discharge, the HEPMA system will populate the discharge communication (e.g. immediate discharge letter) and be immediately available to Primary Care and Pharmacies for medicines reconciliation post-discharge.

The medication records will be able to be accessed remotely from the ward, enabling remote prescribing which is safer than telephone prescribing. In addition, view-only access rights can be set up for other healthcare professionals who need to be aware of a patient's medication for purpose of review or supply of medicines.

Impact and Evidence

A recent DPharm thesis within Ayrshire and Arran estimated the impact HEPMA has had on discharge communications. It found that compliance with discharge prescribing documentation increased from 40 to 100%, with a corresponding reduction in prescribing errors from 99% to 23% and omitted medications from 42% to 11%. NHS Fife have realised some of these benefits through the introduction of eIDD however as this system is end of life if HEPMA is not introduced the benefits will be removed.

Evidence from the pilot within NHS Lanarkshire has demonstrated:

- improved compliance with SIGN 128, more detailed clinical information for GPs
- instantaneous delivery of discharge letter to GP (previously anything from 1 day to never delivered)
- reduction in medicine omissions on discharge prescriptions

4.6.5 Greater consistency of clinical decision-making

Prescribing decisions for individual patients will be improved through the access of a complete medication prescribing and administration record which contains up-to-date historical and current information. Clinical decision support available within the HEPMA software will produce real-time alerts at the point of patient care, including linking proposed prescribing decision to previous drug allergies or adverse drug reactions reported for the patient, drug interactions and therapeutic duplication alerts.

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In addition, fully utilising prescribing support functionality within the HEPMA system will extend the benefits further by providing greater consistency of clinical decision-making. This type of rules-based, protocol-driven prescribing support which is built in to the HEPMA system includes limiting choice to local drug formularies, preferred medicines, and to pre-determined prescribing protocols and aims to simplify, standardise and avoid inappropriate prescribing.

However, the electronic system does not replace human knowledge and clinical judgement. It is the users of the clinical system who are accountable for making clinical decisions (e.g. on the appropriate selection of medicines), not the HEPMA system itself.

Impact and Evidence

NHS Boards without HEPMA only have data on medicines purchased and ward issues, presently NHS Fife have no data as to what has been prescribed or administered to patients. At a national level only high-level hospital purchase data is available, it is crude with many caveats, HEPMA will resolve this.

NHS Lanarkshire's HEPMA Pilot demonstrated several benefits:

- Improved safety of antimicrobial prescribing
- Empirical policy antibiotics can be prescribed by indication recommended durations for oral therapy
- ALERT antibiotics are highlighted to prescribers and access is provided to NHSL form for supply
- Allergy status is mandatory, and alerts are presented when a contraindicated medicine is prescribed, 107 prescriptions for penicillin were averted in allergic patients in pilot wards.
- The system can suggest more cost-effective options for high cost antibiotics and non formulary medicines
- Ward 22 (HEPMA pilot ward) achieved 100% in respect of a pilot of a national quality indicator requiring duration of every oral antibiotic prescription. In NHS Lothian current compliance with this indicator is Surgery 47% and Medicine 75%

Within the pilot wards several treatment protocols (e.g. helicobacter eradication regimen) have been set up to aid prescribers of multiple drugs for a single indication; this helps speed up the prescribing process whilst assuring accuracy and adherence to protocols.

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4.6.6 Releasing time to care and efficiency

The HEPMA system will ensure more medicines are administered on time to benefit the patient, as well as delivering efficiencies in nurse time spent administering medicines, releasing more time for face to face care. This should improve patient flow through the hospital and facilitate earlier discharge providing additional efficiencies across the acute and community hospital systems.

Once an accurate inpatient chart has been created on HEPMA, this moves with the patient through all stages of their inpatient care negating the need for multiple transcriptions during inpatient stay and discharge. Data entry reduces the time taken to prescribe and increases both the efficiency and quality of the prescribing process, supporting a smoother discharge with improved medicines reconciliation and clearer more complete information to primary care.

Medicine prescription charts frequently need to be rewritten for longer stay patients due to lack of prescribing and administration space. A study conducted within NHS Lothian concluded, junior doctors in Medicine of the Elderly estimated between 10 – 30 minutes to rewrite a medicine prescription chart and an average of 5 per week were rewritten for each ward. This view was supported by NHS Fife.

Impact and Evidence

Estimating time releasing efficiency savings can be difficult. The literature from the business cases we have reviewed have made relatively arbitrary time saving estimates, for example, one business case estimated that up to 20 minutes per shift could be released from electronic prescribing (for pharmacists, technicians, nursing and medical staff). Based on the latest evidence from the HEPMA pilot in Lanarkshire the clinical team estimate that the system reduces by 50% the time required to undertake drug rounds (i.e. from two hours to one hour per drug round. There are four drug rounds per day). While service efficiencies are expected, it is likely quantifiable cost savings will be limited. Rather substantial reductions in administration and data entry will allow an increase in patient facing time i.e. productivity benefits. Based on the time saving provided by Lanarkshire of 1hr, 4 times a day this would equate to 1,460 hours gained for patient care per year.

Feedback from GP's within Fife support the need for improved discharge letter. Evidence from Ayrshire and Arran of automatic medicine ordering at point of prescribing demonstrates that there was an improvement on the delay of orders getting to pharmacy, no transcription errors, no duplicate requests, reducing rework for nursing and pharmacy staff, clear view for nurses of stock and non stock, reduction in out of stock medicines and nursing time freed up as no paperwork required.

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4.6.7 Better use of information to improve the use of medicines

Electronic capture of secondary care prescribing and administration data provides an opportunity to improve the safe and effective use of medicines and optimise patient care. The use of EMIS Health HEPMA strengthens information governance through a robust audit trail and improved clinical accountability.

Impact and Evidence

The availability of rich patient level data on medicines use with the possibility of linkage to diagnoses and outcome in secondary care could be utilised to better understand patient response to treatment, manage medicines effectiveness, monitor prescribing patterns, improve clinical practice and patient safety and support clinical research.

These are levers of change to drive improvements in healthcare delivery and specifically the quality and efficiency of prescribing, as demonstrated using similar data available in primary care. Given the inexorable rise in volumes and costs of hospital medicines, the accumulation of prescribing data at a Board, nationally, by specialty and condition when linked to patient records, will enable improved understanding and planning of medications use and budgeting associated to outcomes.

A key benefit from the HEPMA system relates to how better information on acute prescribing will be used. NHS Fife spends £32m on medication in the acute and H&SCP hospital sectors and yet has relatively little information on what is prescribed and by whom. This information should support hospitals to manage this expenditure more closely and identify opportunities for improvement.

4.6.8 Better use of information to support optimisation of patient care

As more patients are being treated with complex therapies ensuring patient safety and best outcomes from medicine use is a key component of safe and effective healthcare. Pharmacy is already facing increasing workload demand and is not able to provide a clinical pharmacy service to all wards/beds within current resource.

Therefore, the current clinical pharmacy resource is prioritised to high risk patients. HEPMA implementation will enable the identification of patients that are at high risk of harm form their medication across the whole hospital, allowing pharmacy to prioritise those patients for early pharmacy review. This will allow pharmacy to move to a more patient focused service rather than the current ward focused service. Pharmacist workload will be prioritised using data extracted from HEPMA based on risk stratification/categorisation of several different pharmaceutical care factors, including age, number, type and duration of treatment of medicines and allergy status.

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The "electronic medicines early warning system" will identify which patients require the clinical pharmacist's attention and regular review by the multidisciplinary clinical team.

HEPMA provides an opportunity to facilitate an improvement in patient flow by reducing the potential for length of stay to be extended by avoidable medication errors and missed doses.

4.6.9 Benefits Attributable to HEPMA

The table below provides an estimate of the number of preventable prescription errors and those that could be prevented by the implementation of HEPMA based on a synthesis of research evidence.

Estimated Reduction in Prescribing Errors and Bed Days

Reduction in ADE's (Number)	Prevalence			NHS Scotland			NHS Fife*		
	Base	Low	High	Base	Low	High	Base	Low	High
Number Errors causing patient harm	2.6%	1.0%	4.1%	9,635	3,770	15,500	660	258	1062
Preventable errors causing harm*	72%	72%	72%	6,937	2,714	11,160	475	186	764
ADEs prevented by HEPMA **	60%	60%	60%	4,162	1,629	6,696	285	111	459
Additional bed days per error*	3.0	3.0	3.0	12,487	4,886	20,088	855	335	1376

(*NHS Fife figures calculated pro rata from the National Business Case)
* Costing Statement. Implementing the NICE guideline on medicines optimisation (NICE, 2015), ** as described above

*** a base, low and high case estimate have been presented to provide an indicative range based on the figures in the table above.

Using the lowest estimate, the table illustrates that 475 prescribing errors that cause patient harm could be averted through the implementation of the EMIS Health HEPMA system, as well as averting approx. 855 unnecessary bed days per annum in NHS Fife.

4.6.10 Economic Benefits

There is clear evidence the HEPMA system will provide an important foundation for improving the safe and effective use of medicines. It is also reasonable to expect that improvements in the safe and effective use of medicines will ultimately deliver efficiency benefits. However, translating these quality benefits to cash-releasing savings is not easy.

Most of the benefits will not be realisable in cash terms but will release time or resources to improve clinical practice and create capacity to meet increased demand.

The National Safer Medicines Steering Group considered all the benefits carefully and the evidence that supports these. Their guidance is the benefits to patients in terms of improved quality of care and safety of medicines should be clearly set out as the principal drivers for this investment. The likelihood of non-cash releasing savings in time and resources can be described but are unlikely to be accurately quantifiable and the longer-term cash releasing savings after implementation are only beginning to be assessed. As a result, these benefits have not been included in the economic or financial appraisal elements of this business case.

4.7 Risks

A full risk register for the project has been developed and will be managed in line with NHS Fife's governance procedures with risks recorded in Datix. Risks will be reviewed on a regular basis.

4.7.1 Corporate Risks

There are several risks on the corporate risk register which are currently being managed which would be mitigated either fully or in part with the introduction of EMIS Health HEPMA in NHS Fife.

Risk	Description	Status	HEPMA Benefit
522	Prescribing and Medicines Management – Prescribing Budget. There is a risk that NHS Fife will be unable to control the prescribing budget.	Amber	The data available will assist with the management of the prescribing budget.
1347	Out of Date Shared Care Protocols: There is a risk that due to the shared care protocols being out of date there is a lack of clarity about whether these should be followed in General	Amber	HEPMA will provide consistency of support as part of a larger piece of work.

	Practice. There is also a risk that the evidence base that the shared care protocol was based on could have been superseded. There is also a risk that		
1458	Workload for the Pharmacy Team within Oncology and Haematology is increasing.	Green	HEPMA will assist with workforce challenge but will not remove completely.
1504	Lack of Central IT location to store guidance documents	Red	HEPMA would hold the clinical guidance information, it is recognised a separate piece of work is underway to develop a central repository. It is envisioned these systems will be closely linked.

4.7.2 Digital and Information Directorate Risks

There are also several risks held within the digital and information directorate register which relate to delivery of Electronic discharge delivery (eIDD) (1586, 1590, 1587). Introduction of EMIS Health HEPMA will bring with it the implementation of a new digital discharge which will mitigate against these risks.

The current eIDD solution has been risk assessed as stable for current use however does not meet The Security of Network & Information Systems Regulations (NIS Regulations) and is end of life. In addition, there is currently no opportunity to add either Mental Health or Women's services to the system. Alternatives to the current solution were investigated however the proposed solution (via Intersystems TrakCare) was not fit for purpose and would have resulted in a cost pressure for NHS Fife. If eIDD was to 'fall over' business continuity would be a return to paper. Delivery of the delayed discharge summary is a key component of EMIS Health HEPMA and will therefore mitigate these risks and will prevent a return to paper.

4.7.3 Programme Risks

It is important to recognise that as well as delivering additional benefits, there will also be a few risks associated with implementing HEPMA within NHS Fife.

Risk	Description	Status	Mitigation Applied
PR01	HEPMA requires robust 24/7/365 technical and clinical support. Inadequate resource will impact on organisations ability to reliably perform other safety clinical activities.	12	The full business case has identified the resource required to successfully deliver HEPMA
PR02	Affordability	9	FBC has optimum bias applied.
PR03	Dual Running of paper and electronic systems	9	Robust Standard Operating Procedures (SOP's) will be developed. Rollout will be delivered rapidly whilst ensuring clinical safety within capacity.
PR04	Inadequate leadership / change management support	6	Comprehensive Communication Plan Engagement with Staff Clear Clinical Leadership have all been established
PR05	Complexity and scope of training. Training must: - consider the needs of all staff - be delivered in a timely manner - be accessible to maintain competence - be scalable to address BAU competence	6	Training Needs Analysis (TNA) will be carried out at project inception. The plan will be developed collaboratively with staff. Dedicated training capacity during implementation identified. Ongoing support delivered as core part of induction.

Section 5: Commercial Case

The Commercial Case provides an overview of the HEPMA Multi Supplier Framework procurement process that has been undertaken and describes the next steps NHS Fife would need to undertake to select a preferred supplier.

5.1 Agreed Scope and Services

HEPMA will be rolled out across all NHS Fife acute and community beds including mental health beds in several phases taking a site-based approach. However, this will be agreed and confirmed by the Programme Board considering any future re-provisioning works across the sites and business needs. The table below illustrates the scope of the roll out across NHS Fife.

Implementation Scope

Hospital	Wards and Bed / Chairs / Trolleys / Cots	Outpatient Attendances 2017/18	Day Cases 2017/18	Inpatient Attendances 2017/18
Victoria Hospital	660	200,109	13,713	50,870
Queen Margaret	90	152,178	1,232	1,390
Community Hospitals	586	46,977	1	1,748
Total	1336	399,264	14,946	54,008

Source: - NHS Fife Information Services

5.1.1 Training

Training will be provided to: -

500 Prescribers – including all medical staff, pharmacists and nurse/AHP Prescribers
2919 Administrators – includes all band 5 and above nurses, and some AHP's.

5.1.2 Integration

The solution will be integrated with core clinical systems including: -

- TrakCare Patient Management System
- Ensemble integration engine
- Labs (this would be via Ensemble)
- Pharmacy Stock Control
- Orion Health and Social Care Portal
- GP Systems
- Emergency Care Summary
- SCI Store

5.1.3 Decision Support

To maximise the benefits from the HEPMA system the preferred solution will:

- use automatic decision alert functionality; and
- support local prescribing initiatives e.g. when additional rules are built into the system in relation to local formulary and
- deliver prescribing protocols.

Experience from other boards that have implemented HEPMA demonstrates that an appropriate resource is required to maximise the benefits described and this has been included in the resource profile for NHS Fife.

5.1.4 Disaster Recovery

The Disaster Recovery plan for HEPMA will be completed in line with the plans being developed for the Paperlite Programme. The plan will be agreed through appropriate programme governance.

5.2 Agreed Charging Mechanisms

Following agreement of the Final Business Case there will be a need for NHS Fife to enter into contractual arrangements with EMIS Health.

Negotiation of payment milestones will need to take place to reflect the staged implementation phases and to ensure that the supplier meets the timescales required for the project.

5.3 Agreed Key Contractual Arrangements

As part of the post tender negotiations, the standard framework terms and conditions will be amended to incorporate the specific Fife requirements.

KPIs will be agreed with the supplier and it is recommended that these include financial penalties for example, system downtime or engineer response rate where the agreed time frame is not met.

In addition, contractual information in relation to the exit strategy at contract end date will be negotiated and the approach to retendering which will be followed.

5.4 Agreed Personnel Implications

In order to fully support HEPMA implementation within NHS Fife. A resource profile was developed which recognised the resource profile outlined in the National Business Case and lessons learned from other boards implementation.

5.5 Agreed Implementation Timescales

Based on lessons learned and discussions with other Health Boards the Business Case advises that to fully implement EMIS Health HEPMA across NHS Fife will take 3 years.

Following contract award and signing NHS Fife will enter a 3-6-month design and build phase.

The anticipated plan for rollout subject to discussions with key stakeholders will be that pilot sites will be selected as early adopters to test the rollout procedure.

The plan would be then be implementation in Victoria Hospital starting from the front door and moving through the hospital dependent on patient journey. Queen Margaret will be next followed by community hospitals. This work is estimated at 24-30 months.

There will be also be a requirement to allow for a three month wash up period to fix any issues with the system at the end of the implementation. As such, NHS Fife will require an implementation team for approximately 3 years.

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Section 6: Financial Case

This section outlines the costs associated with implementing Full HEPMA by the preferred supplier EMIS Health across NHS Fife.

6.1 Assumptions

In order to ascertain costs for NHS Fife, Commercial costs were received from EMIS Health as part of the tender process. These will be agreed at best and final as part of the contract negotiations. In addition, resource profiles were created based on Business Cases developed by other Health Boards and lessons learned from implementation within other boards.

6.2. Economic Appraisal Principles

Key overarching assumptions in the development of the cost model included:

- Costs were constructed for NHS Fife to undertake Full HEPMA locally.
- Nonrecurring costs are assumed to be capital funded. Where non-recurring costs are treated as revenue, capital budget will be transferred to the revenue fund.
- Hardware costs include a small contingency.
- VAT assumed on all external costs at 20%. VAT advisors will be consulted during negotiations with suppliers.
- Optimum bias of 10% has been applied for years 21/22 and 22/23 after which time the risk is assumed to be removed.
- Pays have been adjusted to reflect 20/21 pay scales with no built-in increments.

6.2 Capital Cost

Capital costs for design, procurement and implementation of the preferred supplier EMIS Health are summarised in the table below.

Capital	20/21 £'000	21/22 £'000	22/23 £'000	23/24 £'000	Total Cost £'000
HEPMA System		50			50
Hardware – NHS Fife Infrastructure		110			110
Hardware – Workstations / PC's		208	104		312
Hardware – Pharmacy Mobile Devices		18			18
External Integration Costs		15	15		30
Implementation Resource		808	511	349	1,667
Legal Fees	25				25
Optimism Bias (10%)		116	63		179
VAT		80	24		104
TOTAL CAPITAL	25	1,405	716	349	2,495
SG HEPMA FUNDING	25	1,100	572	0	1,697
NHS FIFE CAPITAL FUNDING	0	305	144	349	798

The Scottish Government have confirmed that central funds will be made available to NHS Boards to fund non recurrent revenue and capital costs (but not local hardware costs). This funding equates to £1.697m for NHS Fife – the profile has been agreed in principle with Scottish Government however will be confirmed following formal agreement of the Full Business Case.

The OBC presented to the Board in November 2019, indicated an estimated capital spend of £3.856m for Fife. The reduction in capital costs within the FBC are associated with the preferred suppliers charging model for HEPMA provision and a review of implementation resources. Optimism Bias of 10% has been included for 21/22 and 22/23 to account for any variance in hardware or resource costs, this was not present in the OBC.

HEPMA System Costs

The preferred supplier EMIS Health operate a license-based model with an initial one-off license payment of £50k, followed by recurring support costs which are detailed within the recurring revenue section 6.3.

Hardware Costs

The cost of hardware has been provided as worst-case scenario for NHS Fife. NHS Fife is intending to implement a hosted delivery of HEPMA. However, depending on contract negotiations, there may be a requirement for NHS Fife to also host a live instance of HEPMA for the purposes of disaster recovery. The Business Case has been calculated on this basis.

Implementation Resources

Just over half the costs associated with the deployment of HEPMA relate to implementation resource. The resource profile for NHS Fife has been reviewed and agreed as the minimum requirement to ensure safe delivery of HEPMA within NHS Fife. Implementation costs include: -

- **EMIS Health Project Team -**The preferred supplier has advised on the costs which will be required to be met to allow them to implement full HEPMA for NHS Fife.

- **HEPMA Project Team -** A Project Team will be established to govern and manage the roll out. This includes a range of clinical and Digital and Information representatives. This team will be responsible for the preparatory work, ward go live and immediate support in the week following go live. This team will also include senior nursing and medical resource to provide clinical leadership to the programme. It is anticipated that wider leadership support will be provided by the senior team in NHS Fife

The time periods associated with each stage of implementation are considered reasonable based on experience of other Boards and NHS Fife's expertise in project roll out. The intention is that NHS Fife will progress to rollout as soon as possible with the preferred supplier. It is anticipated that this timetable will represent a 'worst case' scenario and some contingency may be released from the capital requirement.

6.2.1 Statement of Capital Affordability

The Scottish Government national FBC agreed a contribution towards non-recurring design, procurement and implementation of £1.697m. Additional capital support will be required from NHS Fife and will be included within the Property and Asset Management Investment Programme from 21/22 onwards. The total capital cost for NHS Fife will be £798k over 3 years.

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6.3 Recurring Costs

Recurring Revenue costs per annum are summarised in the table below. They are based on the preferred supplier EMIS Health being awarded a 7-year contract as per tender. There is an assumption the contract negotiations will be undertaken in 20/21 with contract award and project inception from 21/22 onwards.

Recurring Revenue	21/22 £'000	22/23 £'000	23/24 £'000	24/25 £'000	25/26 £'000	26/27 £'000	27/28 £'000	Total £'000
D&I Infrastructure and Support	66	66	66	66	66	66	66	462
Ongoing BAU Support	381	381	381	381	381	381	381	2,668
Training	209	209	209	0	0	0	0	626
Supplier Recurring Support	65	115	115	115	115	115	115	754
Hosting	110	110	110	110	110	110	110	770
Total New Recurring	831	881	881	672	672	672	672	5,280
Available Budgets								
Medicines Prescription Chart Procurement Savings	5	10	12	19	19	19	19	101
Digital and Information (recurring salary)	151	151	151	0	0	0	0	452
Digital and Information Strategic Funds	84	84	56	0	0	0	0	224
Total Available Budgets	240	245	219	19	19	19	19	777
NHS Fife Recurring Revenue Requirement	591	636	662	653	653	653	653	4,502

The OBC presented to the Board in November 2019, indicated an estimated revenue spend of £2.357m for Fife. It should be noted the OBC detailed a 5-year plan for HEPMA, following mini tender the framework agreement with the supplier would be for a 7-year contract for HEPMA. Therefore, costs have been amended accordingly.

The cost model for provision of EMIS Health HEPMA is based on a minimal upfront capital cost with a larger ongoing recurring cost this model was not the model detailed within the OBC, which followed the National Business Case funding model. There is also the potential for EMIS Health to deliver a hosted service, which was not included in the OBC and if implemented could potentially reduce the D&I Infrastructure and support costs, however this

will not be known until hosting discussions have been held with the supplier. NHS Fife Director of Finance recognised the prudence of the revised charging model for EMIS based on the current economic climate within NHS Scotland.

Following a review of available finances, digital and information have also agreed a financial contribution as detailed above.

D&I Infrastructure and Support

As above this figure is worst case scenario based on NHS Fife requiring a full disaster recovery backup whilst operating on a hosted environment. If this is not required, this figure could potentially reduce.

Resource Justification

Ongoing Business As Usual (BAU) costs have been agreed as starting at project inception to allow staff to be employed on a permanent basis this will ensure consistency of practice and allow staff to build up a working knowledge of the system from design.

The training for HEPMA cannot be capital funded and therefore this has been included as revenue.

- **Training Team.** Comprising pharmacy and Digital and Information project staff to undertake the preparation of training materials.

The ongoing support team will comprise both Pharmacy and Digital and Information resource. The Digital and Information team will provide ongoing technical support with pharmacy providing ongoing clinical support. They will: -

- Support the review and re-design of work practices to ensure the efficiencies available by using a HEPMA solution are realised, driving out the efficiency benefits available from having a HEPMA solution, e.g. analysis of information on drug prescribing, monitor and improve prescribing practice, identify and address inexplicable variation, reviewing medicines and usage and monitoring of medicine waste;

- Manage and maintain all drug files and clinical protocols on the system. To ensure safe prescribing and medicine administration always. Each new drug needs to be added to the system, populated for prescribing and validated for accuracy in a timely manner.

- The system requires to be updated on rapidly changing medicines information, for example the safety recalls and MHRA drug safety updates.

- Manage the decision support tools available on the system to support best practice in prescribing by all health care professionals.

- Ensure compliance with legal frameworks governing medicines use and the ability to mandate it at the point of prescribing.

- Provide advice and assistance to HEPMA users on an ongoing basis.

- Undertake acceptance testing and implementation of the HEPMA software as new upgrades become available in conjunction with Digital and Information.

- Integration of HEPMA with the pharmacy stock control system to ensure accurate levels of both ward-held and pharmacy-held drugs to reduce overstocks;

- Review of information available at transfer of care across multiple patient pathways;

- Assist with the provision of a 24/7 system support model

- Assist with clinical support for all clinical HEPMA enquires raised by system users.

- The additional pharmacy recurring resource is required to embed safe practices within the use of the system; however, it is also essential to analyse additional data available and understand potential cash releasing benefits.

6.4 Statement of Affordability

Estimated capital costs exceed available Scottish Government funding by £798k. If approved, provision for £798k will be made within the NHS Fife Property and Asset Management Investment Programme split over 3 years beginning in 2021/22.

Cash releasing revenue benefits are anticipated but have not been assumed, given the lack of an evidence base nationally. Digital and Information have committed to 452k from recurring salary costs and 224k from strategic funds. In addition, NHS Fife support is required for the total sum of £5.3m over 7 years.

Additional capital and revenue costs have been discussed with the Director of Finance, NHS Fife and will be prioritised as part of the medium-term financial planning process for 2021/22 – 2023/24.

6.5 Stakeholder Support

The financial business case was discussed and agreed with a group of key stakeholders including the Director and Associate Directors of Finance and Pharmacy, Medical Director, General Manager for Digital and Information, Digital and Information Head of Strategy and Programmes and the Capital Accountant for NHS Fife.

Following agreement of the Full Business Case a review of stakeholders will be undertaken to ensure appropriate representation from all key groups.   There is an expectation the programme will require close partnership working and therefore appropriate representation will be added to both Programme Board and team moving forward.

Section 7: Management Case

7.1 Procurement Strategy

Following agreement of the Final Business Case, the procurement journey will continue with contract negotiations being undertaken with the preferred supplier. Following agreement and contract award, NHS Fife will be able to begin design, build and implementation within NHS Fife.

7.2 Agreed Arrangements for Project Management

As with all projects/programmes undertaken by NHS Fife, the Programme will be managed and governed in line with the principles of Managing Successful Programmes (MSP) good practice as well as Prince 2 project management guidance.

The HEPMA Programme Board has been established to provide overall governance to the project, chaired by Dr Chris McKenna, Executive Medical Director for NHS Fife.

The composition and group membership of the current HEPMA Programme Board is set out in Appendix 2.   It is expected that following agreement of the Full Business Case a review of membership will be undertaken to ensure relevance for the next stage of the programme.

The project governance structure detailed overleaf recognises reporting will be through Digital and Information Board to NHS Fife Board via the Clinical Governance Committee, with regular highlight reports to Area Drugs and Therapeutics Committee and Acute and Community Senior Leadership Teams.

Project Governance Structure
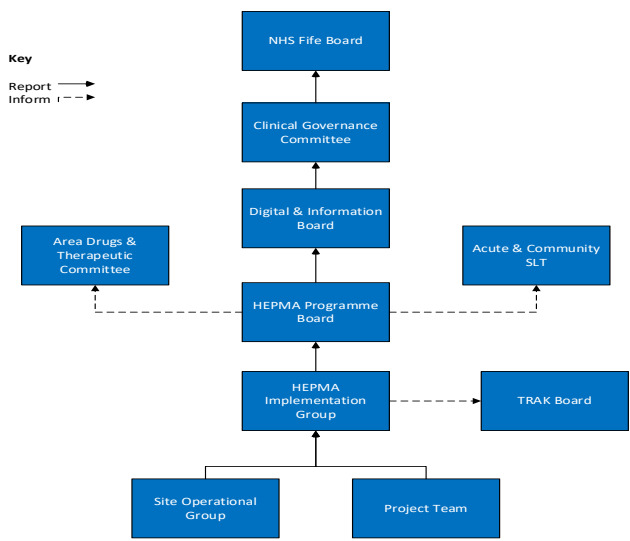
7.3 Agreed Arrangements for Change Management

Changes to the HEPMA system will be undertaken in line with Information Technology Infrastructure Library (ITIL). Changes will be agreed, according to a schedule which will be clearly defined by the supplier and agreed by the HEPMA Programme team.

As part of the project changes to Standard Operating Procedures (SOP's) will be captured and progressed through relevant governance. In addition, an Operational Support Guide for D&I will be completed to ensure adequate ongoing support of the system.

7.4 Agreed Arrangements for Benefits Realisation

7.4.1 Benefits Register

The programme manager will ensure benefits are captured in line with governance procedures. Benefits will be captured utilising DOAM (describable, observable, attributable and measurable) and set timescales for review will be implemented. Baseline information will be captured at project inception with regular review and updates to ensure the programme realises the qualitative benefits which are expected. In addition, baseline information will be captured to recognise whether any financial benefits are realised through implementation.

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7.4.2 Benefits Realisation Plan

The pharmacy lead will have responsibility for ensuring the benefits realisation plan is undertaken following completion of the project.

7.5. Agreed Arrangements for Risk Management

NHS Fife manages risks on the Datix system, this system has been created to ensure solid governance around management of risks within NHS Fife. Risks will be managed on a Monthly basis, with risks being discussed initially at project level, then at board level and all high-level risks will be reported to Digital and Information Board.

7.6 Project Evaluation

Project Evaluation will be undertaken by Digital and Information Head of Strategy and Programmes at regular intervals to ensure best practice is maintained.

Section 8 Conclusion and Recommendation

The process to select a supplier for NHS Fife has been arduous, with the initial Outline Business Case commencing in 2018, agreed in November 2019 and the Final Business Case now being presented to the Board for consideration and agreement.

However, the time taken reflects the care to ensure due process has been followed. The process was robust, and NHS Fife can confidently assert that all options for implementation were considered. The aim of the process has been to ensure the HEPMA solution which NHS Fife selects is the one which best suits the needs of our citizens and our services.

Delivery of HEPMA will ensure that NHS Fife meets the targets which have been set by strategies at both a Local and National level. The benefits outlined within the case are mainly qualitative in nature and this is recognised, however, there can be no greater benefit for an organisation than delivery of a digital solution which brings substantial benefit to both our workforce and our citizens.

The recommendation which the board is asked to accept is implementation of Full HEPMA, supplied by EMIS Health, across NHS Fife

Appendix 1 – Options Appraisal

NHS Fife

Hospital Electronic Prescribing and Medicine Administration
HEPMA

Options Appraisal

Version Number	1.1
Date	2020/10/27

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FIF19025 Hospital and Electronic Prescribing Administration Contract Award Recommendation Report	Y:\Strategy and Programmes\Projects\HEPMA\Initiation\Governance\Business Case\Options Appraisal\supporting info\EMIS FBC Info.zip

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Section 1: Introduction and Purpose

1.2 Introduction

NHS Fife were considering implementation of a HEPMA solution for NHS Fife.

This document sets out the Options Appraisal which was carried out in order to agree the recommendation for the Full Business Case. The paper notes the initial options analysis which was carried out as part of the Outline Business Case which identified that Full HEPMA was the best options for Fife. The paper then describes the mini tender which was carried out with 3 suppliers from the National Framework to recommend to the Fife Board the preferred option of EMIS HEPMA Full Implementation for NHS Fife.

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.

HEPMA will combine three functions to provide all clinical staff with an integrated view of a patient's medication history, through: electronic communication of a prescription or medicine order aiding the choice, administration and supply of a medicine through knowledge and decision support providing a robust audit trail for the entire medicines use process. Medicines represent the most frequent healthcare intervention

1.3 National Outline Business Case Options

The National OBC identified three categories or 'pillars' which were selected to characterise the range of alternative scenarios that a Board could face when implementing HEPMA. These pillars were:

- **Reach**: how widely HEPMA is rolled out within a Board;
- **Functionality**: which HEPMA functions (Electronic prescribing and medicines administration, Decision Support and / or Prescribing Support) are implemented and used;
- **Integration**: the level of integration with other clinical systems such as the PAS system, Admissions/Discharges/Transfers (ADT), Immediate Discharge Letter, Clinical Portal/Electronic Patient Record (EPR) and/ or Lab systems.

The National Business Case presented two options for HEPMA delivery, a Foundation HEPMA option which describes a 'basic' level of implementation; whilst at the other end of the spectrum there was an option for full HEPMA solution would look like. The variation between these options reflects the maturity of the current systems and the investment

required to achieve full HEPMA. The options to a large extent represent an incremental approach to adopting HEPMA, rather than a list of mutually exclusive options.

The figure below illustrates the different levels between Foundation and Full HEPMA.

Figure 1   Schematic Illustration of HEPMA options
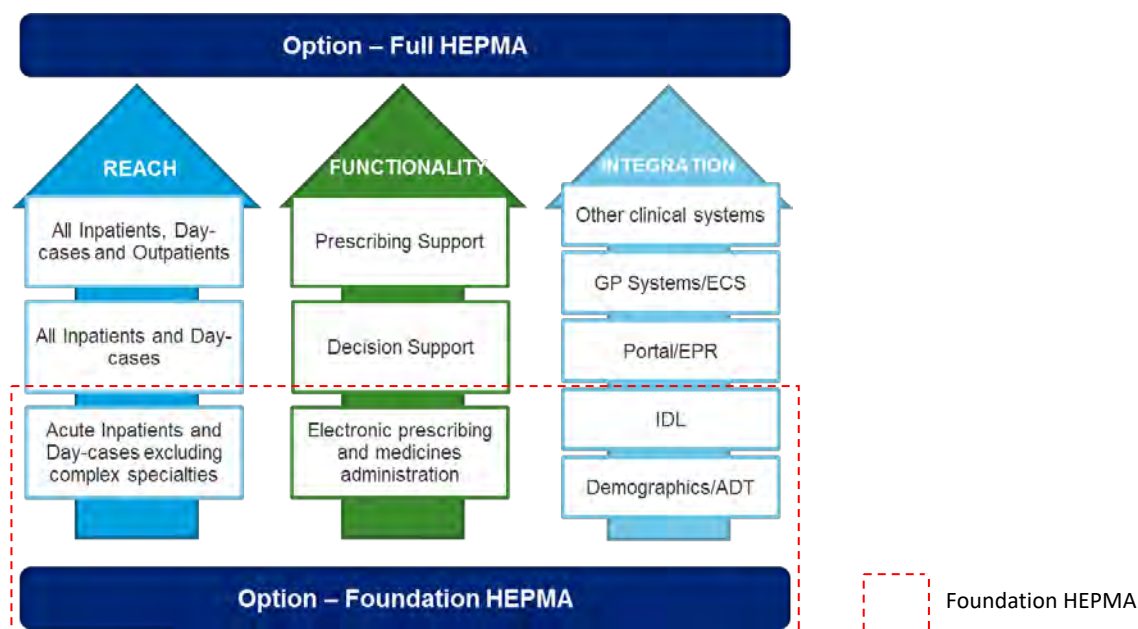
1.2.1 Foundation HEPMA

Foundation HEPMA was specified as a solution that includes the basic scope required to result in the successful implementation of HEPMA. In terms of system 'reach', this would include rollout to inpatient and day-case beds across each acute hospital, though not including outpatients. A number of specialties that may provide greater implementation challenges (due to differences in type and nature of the prescribing model in 'non-ward' based specialties) including Theatres, Maternity, A&E, Mental Health, ICU, and Renal Dialysis outpatients, though not included in Foundation HEPMA, could be implemented at a later date.

In terms of 'functionality', it would provide electronic prescribing and administration, as well as electronic medicines reconciliation functionality, whilst in terms of 'integration', it would be required to populate the Immediate Discharge Letter and be integrated into the Patient Management System to provide patient demographics and patient movements information

1.2.2 Full HEPMA

The Full HEPMA option includes all the components of Foundation HEPMA but with extended reach, greater functionality and integration. Extended reach would imply the system covers all inpatient and day-case beds including outpatients departments. The full functionality of the system would be exploited, including decision support; and additional prescribing support (e.g. local formulary, prescribing protocols). In terms of integration, this option would include further integration with the Clinical Portal/EPR (real-time and/or

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summary information), the population of HEPMA with medication information from GP systems/Emergency Care Summary and integration with other clinical systems e.g. diagnostics to provide additional clinical information to inform decision support and other HEPMA functions.

Section 2: Options

2.1   Long List Options

NHS Fife currently operates an EMIS Pharmacy Stock Control system. As part of the Long List of options, it was felt there was a need to consider whether NHS Fife should remain with this supplier, or whether, there is benefit in migrating across to a supplier that links directly with proposed HEPMA suppliers. The HEPMA Programme Board therefore agreed based on the National Outline Business Case the long list of options for HEPMA within NHS Fife were as follows: -   .

	Option	Stock Control	HEPMA Provider	Outcome
1	**Do Not Implement**	EMIS	NONE	Not Viable
2	**Foundation HEPMA**	EMIS	EMIS	Not Viable
3		EMIS	JAC	Not Viable
4		EMIS	Dedalus	Not Viable
5		JAC	EMIS	Not Viable
6		JAC	JAC	Not Viable
7		JAC	Dedalus	Not Viable
8	**Full HEPMA**	EMIS	EMIS	Shortlist
9		EMIS	JAC	Shortlist
10		EMIS	Dedalus	Shortlist
11		JAC	EMIS	Shortlist
12		JAC	JAC	Shortlist
13		JAC	Dedalus	Shortlist

Initially the Board considered HEPMA when moving from Long list to Short List.

Option 1 Do Not Implement (Do Nothing) – Not Viable

The 'do nothing' option would involve NHS Fife continuing with a paper-based prescribing and medicines management process across the acute sector. NHS Boards would gradually move towards electronic approaches in line with local priorities. Given the current financial climate and severe constraints on investment expenditure, this may be a realistic short-term option, although in the long run it is unlikely that a paper-based system would be sustainable given the move towards electronic health records.

The 'do nothing' option would offer no improvement to the current situation and none of the associated benefits would be realised. Whilst some systems are in place to manage the risks associated with adverse drug events, evidence suggests that medication incidents will persist and some of these would have been avoidable through investment in HEPMA. Staff

would in turn continue to operate an inefficient paper-based process, which uses valuable time that could be spent on other aspects of patient care. There may also be an impact on staff satisfaction and morale given the level of clinical support for the HEPMA system.

HEPMA is also a key missing component of an electronic health record and if not adopted NHS Fife will fall behind other health systems in relation to digital maturity, public health intelligence and medicine related research.

In addition, HEPMA has been successfully implemented in a number of other Health Boards in Scotland and non implementation within NHS Fife would result in an inequality of service delivery for service users within the Health Board area.

Options 2-7 Foundation HEPMA – Not Viable

The Foundation HEPMA would be a viable 1st step on the implementation journey for HEPMA, however when considering reach, functionality and clinical systems it was felt there were key benefits in delivery of Full HEMPA which would not be realised if Foundation HEPMA was the preferred option as detailed below.

Reach – Extending the reach of HEPMA to include all inpatients, Day Cases and Outpatients was seen as valuable for NHS Fife. A number of services who provide day cases and outpatient prescribing have highlighted to eHealth the need for an electronic solution these services prescribe and administer complex specialist medicines that need to be delivered in context with the other aspects of patient care. NHS Fife is also committed to an integrated patient journey, with clarity of reporting in all areas of care.

Functionality - currently Prescribing and Decision Support have been identified as 'gaps' within NHS Fife and there would be a real benefit both in terms of patient safety and the consistency of clinical decision making if this was implemented within NHS Fife.

Integration – NHS Fife are committed to ensuring a complete patient record is visible for those within its care, therefore integration with GP Systems, Portal and Other Clinical Systems would be fundamental to ensuring a complete record which increases clinical safety and patient care.

Options 8-13 Full HEPMA – To be shortlisted and investigated further.

This includes all components of HEPMA identified as realistically implementable in the medium term.   It was considered that at this point in time, given current technology, and the reasons provided above, Full HEPMA represents an advanced HEPMA model and this should be aspired to within NHS Fife. This still leaves a gap in prescribing and administration for e.g. Community Nurses; special schools and any non-Trak users, which do not fall into the category of IP or OP

Therefore, Full HEPMA was agreed as the preferred solution and Options 8 – 13 were taken forward into the shortlist.

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2.2   Short List Options

Initial discussions noted the primary objective was to ensure the HEPMA Solution delivered for NHS Fife was fit for purpose. NSS Procurement identified there were 3 potential suppliers for HEPMA in Scotland all of which are within the national contract: - JAC, EMIS Health and Dedalus.

Discussions with National Procurement into the best method to engage with suppliers and the options for NHS Fife highlighted the need to ensure a fair and transparent procurement. Advice from National Procurement noted the key objective was the most appropriate Full HEPMA solution, therefore procurement should initially consider only this area.

If the preferred solution for HEPMA then required a change to the stock control system this should be undertaken after decision on an agreed supplier for Full HEPMA.

Following this advice, the shortlisted options were agreed as Full HEPMA without stock control system as a factor. The shortlisted options for the Full Business Case were therefore agreed as: -

Option 1 – Full HEPMA supplied by EMIS
Option 2 – Full HEPMA supplied by JAC
Option 3 – Full HEPMA supplied by Dedalus

The Fife Board approved the HEPMA Outline Business Case, and agreed the shortlisted options should be subject to considered with the three suppliers on the National Framework

Section 3: Contract Award Recommendation Report

3.1 Purpose

This section of the report summarises the commercial exercise undertaken for the procurement of HEPMA and recommends that the tender and subsequent contract is awarded to **EMIS Health** at an anticipated cost of **£1,077,650** over the duration of a seven-year contract.

The contract, with implementation anticipated to commence in Spring 2021, is for a Hospital Electronic Prescribing and Medicines Administration (HEPMA) System to replace the paper-based arrangements that are currently in place. It requires the system to be able to allow the transfer of patient information across the primary/secondary care interface and then for a single patient medication record to follow the patient on their journey through secondary care including an integrated discharge document. The system will also connect patients in secondary care to those in Community Hospitals allowing for a seamless transfer of patients.

The contract requires a staged implementation process; as part of the contract award, payment milestones will be agreed with the successful tenderer to reflect this.

Implementation Phase	Area	Hospitals
1	Acute	Victoria Hospital
2	Acute	Queen Margaret Hospital
3	Community	Cameron Hospital Glenrothes Hospital Lynebank Hospital Stratheden Hospital St Andrews Community Hospital Randolph Wemyss Hospital Whytemans Brae Hospital

This is a new procurement and the full implementation process as outlined above shall be agreed with the successful tenderer.

In accordance with regulation 86 of The Public Contracts (Scotland) Regulations 2015, a ten-day standstill period shall be taken at the point of issuing the contract award decision to all bidders to address any challenges and debrief the suppliers.

3.2 Requirements

A request was made to the NHS Fife Board, through an outline business case in November 2019, for the procurement of a HEPMA system to be delivered at across NHS Fife. A strategy was implemented for this procurement with the goal of achieving a solution that best reflected the requirements of NHS Fife while ensuring compliance with procurement legislation and in accordance with the principles of procurement (treating all economic operators equally and without discrimination while acting in a transparent and proportionate manner throughout the process).

The procurement exercise was supported by the involvement of the NHS Fife HEPMA Project Board from the onset, with key stakeholders from Digital and Information (known as eHealth at the time), Pharmacy and clinical services represented.

3.3 Invitation To Tender

A mini competition was conducted utilising the National Procurement Framework Agreement for the provision of Hospital Electronic Prescribing and Medicine Administration software and associated services, utilising the Public Contracts Scotland Quick Quote Portal to conduct the tender.

The key conditions for participation in the tender process were set out in the mandatory requirements of the framework agreement. Bidders were also are asked to confirm their ability to deliver the functional requirements in addition to the National Framework specification.

The three framework suppliers – Dedalus Healthcare, EMIS Health and JAC Computer Services – were invited to tender on 11 February 2020. Dedalus Healthcare declined to bid as they did not "*believe that there was an opportunity to win the tender*". Responses from the other two framework providers were received by the deadline of 17 March 2020.

However, due to the outbreak of COVID-19 the procurement was paused until late June 2020. On 29 June 2020 both suppliers received communication that the tender process was recommencing on 06 July 2020 and bidders would be allowed a two-week period to review, refresh and resubmit their bids.

Bids were received from both suppliers – EMIS Health and JAC Computer Services – by the deadline of 17 July 2020.

3.4 Tender Evaluation

An evaluation panel of key stakeholders across key services was established to review the submissions. The panel consisted of eleven members, although two were unavailable to score.

Name	Title	Evaluating
Lynn Barker	Associate Director of Nursing (HSCP)	Technical
Lynn Campbell	Associate Director of Nursing (HSCP)	Technical
John Chalmers	Digital Clinical Lead	Technical
Malcolm Fowles	Technical Services Manager	Technical
Scott Garden	Director of Pharmacy and Medicines	Technical
Benjamin Hannan	Chief Pharmacist	Technical
Helen Hellewell	Associate Medical Director (HSCP)	Technical
Sally McCormack	Clinical Director (Emergency Care)	Technical
Ross Simmons	Clinical Lead (Anaesthetics)	Technical
Kevin Finnegan	Procurement Compliance Manager	Commercial
Kirsty Francis	Procurement Manager	Commercial

In accordance with regulation 76(10) of The Public Contracts (Scotland) Regulations 2015, the contract was awarded based on both quality and price (through identifying the Most Economically Advantageous Tender). The price-quality ratio was weighted in favour of the technical elements of the submission given the few sources of supply, the technically complex specification and the potential impact on the organisation should the solution fail.

Criteria	Weighting	Available Marks
Technical	80%	400
Commercial	20%	100
TOTAL	100%	500

3.5 Mandatory Evaluation

Five criteria were established as being mandatory to meeting NHS Fife's minimum requirements for a HEPMA system. Both submissions were reviewed by the evaluation panel and both bidders were deemed to meet the criteria:

1. The HEPMA system must record on the Discharge Document any changes to medicines and information to validate the decision making.

2. The HEPMA system must prompt for two sources of validation for medicines reconciliation.

3. The HEPMA system must allow for the provision of supplying medicines to take away.

4. The security questionnaire attached as part of the Invitation to Tender (ITT) must be completed.

5. A copy of their Cyber Security Policy or detail of how it is managed within their organisation must be provided.

In lieu of completing the security questionnaire and providing their cyber security policy, copies of ISO 27001 and cyber security certificates were accepted from both bidders.

3.6 Technical Evaluation

The technical evaluation was worth 80% of the total available score (400 marks) and was divided into three sections – System, Usability and Integration.

Criteria	%	Marks
Please advise and detail whether the HEPMA System administrator can do the following: • Define changes to standing data require an authorised electronic witness; • Define individual user access on a fixed term basis; • Mandate the recording of a discontinue reason for all prescriptions, including those identified as having been taken by the patient prior to their admission.	5.00	25.00
Please detail where allergies are recorded using free text entry that users should be warned of any prescriptions not covered by the decision support functionality.	5.00	25.00
Please confirm when allergy details as described in Allergies.1.C that they will be displayed on all fallback paper documentation as outlined elsewhere in the OR.	2.50	12.50
Please advise and detail if the HEPMA system can do the following: • More than one user to simultaneously view the same patient record; • If two users are simultaneously viewing or attempting to view a single patient record, the HEPMA system advises	5.00	25.00

the users of details as to where and by whom the record is also being accessed; • Patients with similar names highlighted to the user as such. • Search engine allows for errors in spelling of the search term (i.e. using a "sounds like" functionality to identify closest matches); • The HEPMA system automatically deletes / cancels preadmission assessments where the patient's procedure is cancelled or they do not attend; • Extract Patient/Medical indication information in order to share with individual homecare providers.		
Please advise and detail if the HEPMA system can do the following: • Where a HEPMA system-defined note has been assigned to an individual medicine and has been set to show to the user administering the medicine, this presents as part of the medicine administration process; • Prescribing protocols identifiable as being a protocol and not an individual medication; • Users warned of any identified conflict with any active (previously prescribed) medicines when entering new allergy information or new allergy information is received from third party systems.	7.50	37.50
Please advise and detail if the HEPMA system can do the following as part of Medicines reconciliation: • Record on admission if a patient uses a compliance aid; • Can the user record reasons why medicines on the reconciliation list are changed on admission; • Can the discharge document identify patients own medication.	7.50	37.50
Please advise and detail if the HEPMA system can do the following as part of the prescribing process: • Request users to state if the intention to treat has been discussed with patients/carers; • Allow the user to stipulate Mental Health status from a drop down menu; • Allow the routes of each individual medicine in a regimen; • Allow a microbiology code to be input for restricted antibiotics prescribed for a non-approved indication; • Allow medicines prescribed in the Emergency Department to be administered and recorded as such; • Make a full allergy history available to prescribers; • Request users to specify a discontinuation reason from a pre-defined list; • Allow users to review prescribed medicines from previous day case attendance;	10.00	50.00

• Allow users to authorise reactivation of patient's inpatient prescriptions prior to day case attendance.		
Please advise and detail if the HEPMA system can do the following as part of the medicines administration process: • Make visible an allergy override warning as part of the administration process; • Schedule dose administrations from the date and time of the patient's actual admission; • Provide the ability to record product/ingredient batch numbers as part of the administration process; • Make visible details of the witness when viewing the administration chart; • Request users to record a reason for suspending medicines.	7.50	37.50
Please advise and detail if the HEPMA system decision support can do the following: • Ensure that doses for alternative routes are equivalent; • Make available to all users when allergy decision support has been overridden.	2.50	12.50
Please advise and detail if the HEPMA system allows the following data analysis: • Provide a history of all suspend/resume transactions; • Provide a history of recorded suspension(s) and removal(s) of these suspensions for individual prescriptions.	2.50	12.50
Please advise and detail whether the HEPMA system can integrate with the following: • NHS Fife has a variety of systems as detailed in the SOR that need to be integrated with; • Is the HEPMA system fully integrated with a robust and reliable HL7 interface to allow transfer of patient demographics; • Can the system link with the pharmacy system for repeatable outpatient prescriptions; • Can the system link to the lab system to allow antimicrobial sensitivity to generate alerts to users as part of the prescribing process; • On discharge can the HEPMA system push all paperwork associated with the admission in a PDF format to SCI store; • Allow cancellation of discharge to be informed by the PMS.	15.00	75.00
Please advise and detail whether the HEPMA system can integrate with the Primary Care systems to accept all prescribing information as following: • Start date	10.00	50.00

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• Route of Admission • Dose • Frequency • Course Length • Prescription Type; Acute or Repeat		

All panel members were asked to score and submit their responses to Procurement. A number of panel members had queries on the responses provided. Procurement collated the clarification requests and issued to the bidders. The responses were shared with the panel, to provide the opportunity to review and amend their scores if required. Two panel members consequently adjusted their scores.

Scores were awarded on a scale of zero to four, with each score awarding a percentage of the marks available for each question:

Score	% Marks	Justification
0	0	**Unacceptable** – Nil or inadequate response. Fails to demonstrate an ability to meet the requirement.
1	25	**Poor** – Response is partially relevant but generally poor. The response addresses some elements of the requirement but contains insufficient/limited detail or explanation to demonstrate how the requirement will be fulfilled.
2	50	**Acceptable** – Response is relevant and acceptable. The response addresses a broad understanding of the requirement but may lack details on how the requirement will be fulfilled in certain areas.
3	75	**Good** – Response is relevant and good. The response is sufficiently detailed to demonstrate a good understanding and provides details on how the requirements will be fulfilled.
4	100	**Excellent** – Response is completely relevant and excellent overall. The response is comprehensive, unambiguous and demonstrates a thorough understanding of the requirement and provides details of how the requirement will be met in full.

3.7 Commercial Evaluation

The commercial evaluation was worth 20% of the total available score (100 marks). Bidders were asked to complete a seven-year pricing schedule across four categories:

1. **Software License**

   a. One-off/Set-Up Costs
   b. Annual Recurring Cost

2. **Implementation**

    a. Project Management
    b. Implementation Support
    c. Training
    d. Software (Third Party)
    e. Integration to Other Systems
    f. Data Migration
    g. Development
    h. Other

3. **Support**

    a. Recurring Support/Helpdesk Costs

4. **Additional Services**

    a. Training (Day Rate)
    b. Project Management (Day Rate)
    c. Consultancy (Day Rate)
    d. Development (Day Rate)
    e. Tester (Day Rate)
    f. Other (Day Rate)

The scoring was based on the principle that the lowest priced tender shall be allocated the maximum available score (i.e. 100 marks). All other submissions were then awarded a score proportionate to their deviation from the lowest price.

Procurement sought further commercial clarifications from both bidders. EMIS Health advised that a major upgrade would be required on average every two to three years which was not accounted for in their pricing submission. The cost of each upgrade is approximately £30,000 in professional services fees. Their commercial submission was adjusted by £90,000 over the seven-year contract period to ensure fair comparison across all bidders.

3.8 Evaluation Scores

Prior to the Evaluation Consensus Meeting on 26 August 2020, the scores submitted by individual panel members were collated and an indicative scoring for the panel was issued. During the meeting, the panel had the opportunity to discuss each score and to either agree or propose an alternative score. The final scores, determining EMIS Health as the Most Economically Advantageous Tenderer were:

Criteria	Maximum Score	EMIS Health	JAC/ Wellsky
Mandatory	Pass/Fail	Pass	Pass

System	125.00	109.38	112.50
Usability	150.00	137.50	112.50
Integration	125.00	50.00	50.00
Commercial	100.00	100.00	57.01
Total	**500.00**	**396.88**	**332.01**

The breakdown of the final evaluation panel scores for the Technical:

Question	EMIS Health		JAC / Wellsky	
	Score	**Marks**	**Score**	**Marks**
2.2.1	4	25.00	3	18.75
2.2.2	4	25.00	4	25.00
2.2.3	4	12.50	4	12.50
2.2.4	3	18.75	3	18.75
2.2.5	3	28.13	4	37.50
2.3.1	4	37.50	4	37.50
2.3.2	3	37.50	2	25.00
2.3.3	4	37.50	3	28.13
2.3.4	4	12.50	3	9.38
2.3.5	4	12.50	4	12.50
2.4.1	2	37.50	2	37.50
2.4.2	1	12.50	1	12.50

The breakdown of the evaluation of the Commercial:

Criteria	EMIS Health	JAC /Wellsky
Software License	£50,000	£355,280
Implementation	£224,400	£176,434
Support	£455,000	£663,939
Additional Services (50 days per year)	£348,250	£345,290
Total Cost	**£1,077,650**	**£1,540,943**
Score	**100.00**	**57.01**

3.9 Risks

Other Health Boards in Scotland implementing a HEPMA solution have opted to make a direct call-off of the national framework with JAC Computer Services. NHS Fife will be the only board to appoint EMIS Health as its HEPMA solution provider. This follows this competitive procurement exercise which was undertaken to determine the best provider that meets NHS Fife's requirements while delivering the best value for money. Risk has been mitigated by ensuring that the majority weighting of the tender evaluation was in favour of the technical elements of bidders' submissions and by receiving confirmation that there is not a *Once For Scotland* approach to HEPMA.

Neither bidder were able to provide pricing for full integration with the full range of systems set out in the tender specification as this would require further scoping and work on the Contractors behalf. Specifications were supplied for meeting interface requirements and indicative costing was provided for future integrations. The tender pricing schedule took into account the requirement for an additional 50 days of professional services from the Contractor.

3.10 Sustainability Considerations

In addition to reducing errors associated with handwritten prescriptions, it is anticipated that time spent on ward drug rounds can be halved through implementation of HEPMA. This will ultimately release more staff time for patient care and improved the quality and level of care received by the Fife community.

As a paper-light light system, there will be reduced environmental impact on the requirement for stationary and print consumables.

3.11 Cyber Security Considerations

As a mandatory requirement, bidders were asked to provide a copy of their cyber security policy or detail how they managed their cyber security. Alternatively, copies of ISO 27001 and cyber security certificates were accepted. Post-submission of their bids, tenderers were also instructed to complete the New System Assessment Questionnaire providing system information for review by the eHealth team ahead of implementation.

3.12 Delivery of Requirements

The implementation of HEPMA will be a phased process to be negotiated with the successful bidder and agreed with eHealth. In order to ensure that requirements are met, it is anticipated that contract delivery will be subject to payment milestones and KPI reporting.

Section 4: Recommendation

Given the results of the evaluation process and the combined technical and commercial evaluation results, the recommendation is to award the contract to **EMIS Health**, having their bid evaluated as the Most Economically Advantageous Tender.

As part of the post tender negotiations, the standard framework terms and conditions will be amended to incorporate the specific Fife requirements.

KPIs will be agreed with the supplier and it is recommended that these include financial penalties for example, system downtime or engineer response rate where the agreed time frame is not met.

Negotiation of payment milestones will need to take place to reflect the staged implementation phases and to ensure that the supplier meets the timescales required for the project.

Appendix 2 - Membership of HEPMA Programme Board

Name	Role
Chris McKenna	Chair, Medical Director
Lynn Campbell	Associate Nurse Director, Acute Services
Lynne Garvey	Divisional General Manager
Scott Garden	Director of Pharmacy
Rose Robertson	Deputy Director of Finance
Ben Hannan	Chief Pharmacist
John Chalmers	Digital Clinical Lead
Miriam Watts	General Manager, Emergency Care
Lesly Donovan	General Manager, Digital and Information
Fraser Notman	Pharmacy Lead
Craig Hamilton	Communications

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Marie Richmond	Digital and Information Head of Strategy and Programmes
IN ATTENDANCE	
Debbie Black	Senior Project Manager
Carol-Anne Rougvie	Programme Support Officer

Appendix 3 – Resource Profile

Team	Post	Band	WTE	Implementation			Ongoing BAU			
				2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
Programme Team	Programme Manager	8a		✓	✓	✓				
	Senior Project Manager	7		✓	✓	✓				
	Clinical Co-ordinator	6		✓	✓	✓				
	Senior Doctor – Digital Safety Officer	4 sessions		✓	✓	✓				
	Senior Nurse – Change	7	0.5	✓	✓	✓				
	Project Support	4	0.5	✓	✓	✓				
Digital and Information	Application Manager	6	1	✓	✓	✓	✓	✓	✓	✓
	Application Support	5	1	✓	✓	✓				
	Application Asst / Account Prov	4	2 then 1	✓ (2)	✓ (2)	✓ (2)	✓	✓	✓	✓
	Analyst/Reporting	6	1	✓	✓	✓	✓	✓	✓	✓
	Desktop Support	5	1	✓	✓	✓	✓	✓	✓	✓
	Hardware Install	4	1	✓	✓	✓				
	Interface Config and Testing	5	1	✓	✓	✓				
	Network Engineer	6	1	✓	✓	✓				
	Service Desk	3	1	✓	✓	✓				
	Testing Support	5	2	✓	✓	✓				

Pharmacy Team	Pharmacy Clinical Lead	8a	1	✓	✓	✓	✓	✓	✓	✓
	Pharmacy Manager	7	1	✓	✓	✓	✓	✓	✓	✓
	Pharmacist - Decision Support	7	1	✓	✓	✓	✓	✓	✓	✓
	Senior Pharmacy Technician	5	1	✓	✓	✓	✓	✓	✓	✓

NHS Fife Board Assurance Framework (BAF)

Quality & Safety

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
1416	Person Centred, Clinically Excellent	02.11.2020	14.01.2021	There is a risk that due to failure of clinical governance, performance and management systems (including information & information systems), NHS Fife may be unable to provide safe, effective, person centred care.	4 - Likely – Strong possibility this could occur	5 - Extreme	20	High	3 - Possible	5 - Extreme	15	High	Failure in this area could have a direct impact on patients' health, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme harm can occur daily, the proportion of these in relation to overall patient activity is very small.	Medical Director	Clinical Governance Chair: Dr Les Bisset	Ongoing actions designed to mitigate the risk including: Implementation of: 1. Strategic Framework 2. Clinical Strategy 3. Clinical Governance Structures and operational governance arrangements 4. Clinical & Care Governance Strategy 5. Participation & Engagement Strategy 6. Risk Management Framework 7. Governance arrangements established to support delivery of the UK Coronavirus (COVID-19) action plan 8.Processes established for reporting and escalation of COVID-19 related incidents & risks 9. Remobilisation plan for clinical services These are supported by the following: 10. Risk Registers 11. Integrated Performance and Quality Report (IPQR), Performance reports dashboard data 12. Performance Reviews 13. Adverse Events Policy 14. Scottish Patient Safety Programme 15. Implementation of SIGN and other evidence based guidance 16. Staff Learning & Development 17.System of governance arrangements for all clinical policies and procedures 18. Participation in relevant national and local audit 19.Complaints handling process 20.Using data to enhance quality control 21.HIS Quality of Care Approach & Framework,Sept 2018 22. Implementing Organisational Duty of Candour legislation 23.Adverse event management process 24.Sharing of learning summaries from adverse event reviews 25.Implementing Excellence in Care 26. Using Patient Opinion feedback 27.Acting on recommendations from internal & external agencies	1.Reviewing together of patient experience, complaints, adverse events and risk information to provide an overview of good practice, themes, trends,and exceptions to the norm. 2.Weaknesses in the process for recording completion of actions from adverse event reviews incl evidence of steps taken to implement and share learning from actions . 3.Weaknesses in related oversight and monitoring processes. 4.Risk Management Framework requires update.	1. Give due consideration to how to balance the remobilisation of clinical services and manage staff and public expectations, while dealing with the ongoing COVID-19 pandemic. 2.Continually review the Integrated Performance and Quality (IPQR) to ensure they provide an accurate, current picture of clinical quality / performance in priority areas . 3. Refresh the extant Clinical Governance structures and arrangements to ensure these are current and fit for purpose. 4..Review the coverage of mortality & morbidity meetings in line with national developments and HIS workshop on 09/12/19. 5.Review and refresh the current content and delivery models for key areas of training and development e.g. corporate induction, in house core, quality improvement, leadership development, clinical skills, interspecialty programmes. 6.Review annually, all technology & IT systems that support clinical governance e.g. Datix, Formic Fusion Pro, Clinical Effectiveness Register. 7. Establish a short life working group to begin to assess our position against the Quality of Care Framework and understand our state of readiness. 8.Further develop the culture of person centred approach to care. 9. Only Executive commissioning of reviews as appropriate e.g.	Medical Director	31.12.2020	1. Assurance statements from clinical & clinical & care governance groups and committees. 2. Assurances obtained from all groups and committees that: i. they have a workplan ii.all elements of the work plan are addressed in year 3. Annual Assurance Statement 4. Annual NHS Fife CGC Self assessment 5. Reporting bi annually on adequacy of systems & processes to Audit & Risk Committee 6. Accreditation systems e.g.. Unicef - Accredited Baby Friendly Gold. UKAS Inspection for Labs. 7.External agency reports e.g. GMC 8..Quality of Care review	1. Internal Audit reviews and reports 2. External Audit reviews 3. HIS visits and reviews 4. Healthcare Environment Inspectorate (HEI) visits and reports 5. Health Protection Scotland (HPS) support 6. Health & Safety Executive 7. Scottish Patient Safety Programme (SPSP) visits and reviews 8. Scottish Govt DoC Annual Report 9.Scottish Public Service Ombudsman (SPSO) 10. Patient Opinion 11. Specific National reporting	1.Key performance indicators relating to corporate objectives e.g. person centred, clinically excellent, exemplar employer & sustainable. 2.We require additional assurances that there is a system in place for oversight of actions from a variety of sources e.g. audit, adverse events, SPSO. 3.We require additional assurances that there are systems in place for oversight of operational risks.	Overall, NHS Fife has in place sound systems of clinical governance and risk management as evidenced by Internal Audit and External Audit reports and the Statement of Annual Assurance to the Board.	2 - Unlikely	5 - Extreme	10	Moderate	The organisation can identify the actions required to strengthen the systems and processes to reduce the risk level.

Linked Operational Risk(s)

Risk ID	Risk Title	Current Risk Rating	Risk Owner
1667	Infusion pumps, volumisers and Syringe Divers in Paediatrics and Neonatal Units	High 25	Lynne Holloway
1652	Lack of Medical Capacity in Community Paediatric Service	High 25	Gemma Couser
1296	Emergency Evacuation - VHK- Phase 2 Tower Block	High 20	Andrew Fairgrieve
1514	Impact of the UK's withdrawal from the EU on the availability and cost of medicines and medical devices	High 20	Scott Garden
43	Vascular access for haematology/Oncology	High 20	Shirley-Anne Savage
521	Capacity Planning	High 16	Miriam Watts
529	Information Security	High 16	Margo McGurk
1287	Overcapacity in AU1 Assessment Unit	High 16	Angie Shepherd
1365	Cancer Waiting Times Access Standards	High 15	Gemma Couser
1515	Impact of the UK's withdrawal from the EU on Nuclear Medicine and the ability to provide diagnostic and treatment service(s)	High 15	Jane Anderson
1670	Temperature within fluid storage room within critical care	High 15	Miriam Watts

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk Owner
356	Clinical Pharmacy Input	Closed Risk		
528	Pandemic Flu Planning	No longer a high risk	Moderate 12	Dona Milne
637	SABHEAT Target	No longer a high risk	Moderate 9	Julia Cook
1297	Obsolete Equipment In Use – No Replacement Plan In Place (Graseby 3000 Series)	Closed Risk		
1366	T34 syringe drivers in the Acute Division	Closed Risk		
1502	3D Temperature Monitoring System (South Lab)	Closed Risk		
1524	Oxygen Driven Suction	Closed Risk		

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
1667	Acute Services - WOMEN CHILDREN AND CLINICAL SERVICES DIRECTORATE RISK REGISTER	05.12.2019	Infusion pumps, volumisers and Syringe Divers in Paediatric and Neonatal Units	Current syringe drivers, infusion pumps and volumisers in the Paediatric and Neonatal Units (P&N U) are over 10 years old, breaking and no longer supported by the company for repairs. A site wide funded replacement programme for Volumetrics omitted P&NU 2 years ago as their products were not at the point at the end of their lifespan. During periods of high patient activity or acuity the departments may run out of pumps. Site wide adult services syringe drivers were all replaced as the Grazeby 3000 were obsolete. NNU and Paediatrics were not included as they had Asinas. However, the Asinas have now reached the end of their life and require replacement.	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Extreme	High Risk	25	03/06/2020 LH: Paediatrics and Neonates have access to equipment on loan from across the site as a result of COVID. Required equipment has been identified for purchase, exact amount is being reviewed as part of COVID recovery plan and reallocation of site wide pumps and syringe drivers.	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Extreme	High Risk	25	2 - Unlikely - Not expected to happen - potential exists	5 - Extreme	Moderate Risk	10	Holloway, Lynne	Holloway, Lynne	07.07.2020	06.11.2020
1652	Acute Services - Women Children and Clinical Services - Obstetrics, Gynae and Paeds Risk Register	12.11.2019	Lack of Medical Capacity in Community Paediatric Service	The Community Paediatric Service staffing has reduced from 14wte in 2014 to 4.25 wte substantive general community paediatricians now in 2020. This is due to the service being unable to fill vacancies following retirals. Permanence and Child Protection specialist posts are delivered by 1.7 wte. The service is unable to meet demand both in terms of new patient and review patient caseloads. There is a risk that care will be compromised and patient safety impacted. Complaints are significant in number and many have been received from MSP's and local councillors.	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Extreme	High Risk	25	Conversations regarding ADHD Service taking place with Divisional Manager Fife wide HSCP regarding governance and improvement actions required across HSCP and Community Paediatrics Interviews were held on 7/9/2020 for Consultant and Specialty Doctor - both posts appointed to and likely to start in the new year. Caseload review continues across the different areas.	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Extreme	High Risk	25	3 - Possible - May occur occasionally - reasonable chance	4 - Major	Moderate Risk	12	Couser, Gemma	Harkins, Nicola	10.09.2020	21.12.2020
1296	CORPORATE RISK REGISTER, Corporate Directorate – Estates Risk Register	22.08.2016	Emergency Evacuation, VHK Phase 2 Tower Block	There is a risk that a second stage fire evacuation, or complete emergency evacuation, of the upper floors of Phase 2 VHK, may cause further injury to frail and elderly patients, and/or to staff members from both clinical and non-clinical floors.	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	JR/AF - 17/12/2019 - Situation is still the same, however adjustments have been made to the fire alarm system which gives a clear definition now between a full fire alarm tone for evacuation, and an intermittent tone for prepare to evacuate. Previously this fire tone was unrecognizable between the two as the gap was 250ms and is now 1.6 seconds. Feedback from ward staff is positive. This will assist clinical teams in confirming clarity on the need to evacuate or not. Also with ward 13 only being used now as winter pressure ward. Extra pagers have been purchased by Estates and now all clinical coordinators hold their own.	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	1 - Remote - Can't believe this event would happen	5 - Extreme	Low Risk	5	Fairgrieve, Andrew	Ramsay, Jimmy	23.04.2020	31.03.2021

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
1514	NHSFBD – Brexit Risk Register	19.11.2018	Impact of the UK's withdrawal from the EU on the availability and cost of medicines and medical devices	If there is no deal, the UK's participation in the European medicines regulatory framework will cease and the MHRA will need to take on the regulation of all medicines for use in the UK. This would require changes in the law and a process to adopt existing medicines licensed in the EU to be licensed for use in the UK. A new process needs to be developed by the MHRA for authorisation of all new medicines after March 2019. There is the potential for shortages and increased cost of medicines until these changes are in place. Changes to the batch testing requirements for Human medicines before they can be used are required and will be different depending if they are manufactured in the UK or in an EU country. The UK will recognise medical devices approved for the EU market and CE marked for a time-limited time only.	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	29/10/20 - Actions being taken to mitigate shortages in the supply of medicines when the EU transition period ends are similar to the multi-layered approach taken for previous 'no deal' planning rounds, which the Department of Health and Social Care (DHSC) is proactively managing on a UK wide basis. This plan includes asking companies to increase their stock-holdings of medicines. On 3 August 2020, the DHSC, wrote to suppliers outlining steps undertaken to put in place Government Secured Freight Capacity; plans to reroute supplies from the short straits; and asking pharmaceutical companies to increase their stock-holding of medicines to a target of six weeks total stock on UK soil. The DHSC is also working closely with individual pharmaceutical companies to identify any medicines where there may be concerns about availability in order to establish mitigation options. www.gov.uk/government/publications/letter-to-medicines-and-medical-products-suppliers-3-august-2020/letter-to-medicine-suppliers-3-august-2020 The UK Government has put in place restrictions on "parallel exporting" of specified medicines (parallel exporting is where wholesalers buy and then sell medicines out of the UK, to take advantage of currency fluctuations). A list of medicines that may not be exported has been published and will be maintained by the DHSC. Wholesale licensees exporting these medicines risk having their licence suspended and also risk criminal proceedings. UK and Scottish legislation is now in place to allow for the issue of "Serious Shortages Protocols" that will allow pharmacists to dispense according to a protocol in a serious shortage situation, rather than have to refer back to the prescriber, such as the GP. In addition to this multi-layered approach, NHS National Procurement (NP) is leading on purchasing a core stock of primary and secondary care COVID-19 critical and supportive care medicines via established NHS Scotland procurement frameworks where possible (about 75% of the medicines concerned) and the additional stock (25% of medicines) is being sourced to meet NHS Scotland's requirements via UK-led sourcing work streams. One of the advantages of this approach is that the medicines being procured will be familiar to healthcare professionals prescribing, dispensing and administering the medicines (e.g. packaging, formulations, strength and other presenting characteristics). In the event that a different presentation has to be sourced then additional advice will be provided. NP is being guided by a DHSC product list and associated target volumes. However there are some exceptions, for example there are some antibiotics and palliative care medicines where NP is exercising discretion in terms of which presentations to purchase or to purchase at all. For any products which may be supplementary to the DHSC list, NP is working to a target volume of three months of established demand, subject to confirmation with clinical experts. NP is also taking responsibility for the subsequent management, storage and distribution of all the stockpiled medicines for both primary and secondary care, including where feasible, the rotation of stock to minimise waste. The DHSC is also considering a range of other options for improving the resilience of the medicine supply chain. This includes, incentivising/requiring companies to increase their own resilience through, for example, holding larger buffer stocks and sourcing active pharmaceutical ingredients (APIs) from more than one country. There are also other longer term options being considered, such as increasing domestic manufacturing capacity, redesigning the Emergency Medicines Buffer Scheme, and adding to the Pandemic Influenza Preparedness (PIPP) stock. A business as usual approach to managing medicine shortages continues as per the Policy and Datix Risk 1621.	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	2 - Unlikely - Not expected to happen - potential exists	5 - Extreme	Moderate Risk	10	Garden, Scott	Reid, Euan	29.10.2020	31.12.2020
43	Acute Services - EMERGENCY CARE & MEDICINE DIRECTORATE RISK REGISTER, Acute Services - Emergency Care & Medicine - Haematology/Oncology Risk Register	24.03.2012	Vascular access for haematology/Oncology	A lack of a vascular access service and access to timely Hickman line insertion poses a risk to the timely initiation of chemotherapy to Haematology/Oncology patients.	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	29/07/20:
Continue to work closely with Ninewells hospital vascular team but due to inability to recruit the same.

Risk review 18/09/2017:
There is a vascular access group now convened and chaired by Associate medical director to review this risk along with other procedures that have traditionally been reliant on interventional radiology. | 5 - Almost Certain - Expected to occur frequently - more likely than not | 4 - Major | High Risk | 20 | 3 - Possible - May occur occasionally - reasonable chance | 4 - Major | Moderate Risk | 12 | Savage, Shirley-Anne | Davidson, Dr Kerri | 29.07.2020 | 01.01.2021 |

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
521	Acute Services - EMERGENCY CARE & MEDICINE DIRECTORATE RISK REGISTER	02.10.2012	Capacity Planning	Capacity Planning: There is a risk of a mismatch between capacity and demand for elective and emergency activity which will lead to delays to admit emergency patients high levels of boarding, failure to meet 4 hour A&E target and failure to meet waiting time standards including the 12 week legally binding guarantee	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	10/09/20: We continue to manage the beds differently due to COVID and the requirement for Red and green capacity there are weekly reviews of this at present. 23/12/2019 Capacity remains difficult due to increased numbers of admissions and patients who are medically fit for discharge to other care providers but there is no capacity within there services . his increases the numbers of patients boarding within planned care wards. Ongoing work to reduce this and improve capacity including daily discharge planning improvement work.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	4 - Major	Moderate Risk	8	Watts, Miriam	Watts, Miriam	10.09.2020	01.12.2020
529	CORPORATE RISK REGISTER, NHSFBD - Digital and Information 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 GT - 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 slowly 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	GAT	05.08.2020	05.02.2021
1287	Acute Services - EMERGENCY CARE & MEDICINE DIRECTORATE RISK REGISTER	18.08.2016	Overcapacity in AU1 Assessment Unit	There is a risk to clinical care and patient/staff safety when there is overcrowding within AU1 assessment area.	4 - Likely - Strong possibility this could occur	2 - Minor	Moderate Risk	8	29/07/20 Service has not resumed back to normal at present due to COVID 17/03/20: At present to support the Covid19, the front door services have been adapted to ensure patient safety, this includes AU1 assessment. An update will be provided when the assessment returns to normal practice. 23/12/19: New process of assessment in place following a test of change. Visitors' waiting area converted into a patient observation area. 8 additional seats with a triage room releases the current waiting room into a treatment area. While process is working well, the main concern is the volume of patient flow and availability of downstream beds. Risk reviewed 18/09/2017: Lead nurse for Acute Medicine trial complete and written review submitted for consideration by senior directorate team.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	3 - Possible - May occur occasionally - reasonable chance	2 - Minor	Low Risk	6	Shepherd, Angie	Hutchison, Wendy	29.07.2020	01.01.2021
1365	Acute Services - ACUTE SERVICES DIVISION RISK REGISTER, NHSFBD - Cancer Services Risk Register	15.06.2017	Cancer Waiting Times Access Standards	There is a risk that NHS Fife will be unable to deliver and sustain Cancer Waiting Times Access Standards which will result in delays to patient treatment.	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	18/08/2020 NHS Fife continues to be challenged in meeting the 62 day standard due to the increasing complexity of pathways as new and innovative treatment come on line. Particular areas of challenge remain within the prostate pathway and the lung pathway. The pathways continue to be reviewed. COVID impacted on the pathways where services were paused however the backlog has been eliminated. Reduction in referral has been an issue and a spike in referrals is expected - data shows slow recovery but sight of this will help anticipate capacity requirements. Cancer patients continue to be prioritised	3 - Moderate	3 - Possible - May occur occasionally - reasonable chance	High Risk	15	3 - Moderate	Moderate Risk		9	Couser, Gemma	Nicoll, Kathleen	18.08.2020	01.01.2021

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
1515	NHSFBD - Brexit Risk Register	04.10.2018	Impact of the UK's withdrawal from the EU on Nuclear Medicine and the ability to provide diagnostic and treatment service(s)	Brexit could limit our access to nuclear medicine supplies. Subject to the final withdrawal agreement, resources used within diagnostic and treatment service(s) could be impacted by supply chain difficulties, thereby impacting on our ability to maintain these services.	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	28/09/2020 MPE unaware of any problems. All seems to be running smoothly. Advice from MPE Lothian - Given that the negotiations don't seem to be going well, I think we should keep Brexit as a risk to radiopharmaceutical supply at the turn of 2020/21. At end Jan 2020 (UK entering transition phase) we had some delays to radiopharmaceutical deliveries. Things got back to normal within a few weeks, and most Nuclear Medicine departments prepared by reducing workloads over that period. What happens at the end of the transition phase is unclear but depends on whether we get a trade deal. If not there could be an immediate impact on supplies, but it's pointless to speculate at the moment so please retain this risk over the Jan 2021 period. The cutover to a Netherlands supply took place with no adverse effects. Fife will be informed of any future changes. 01/07/2019 We have as yet not been notified of any anticipated problems 04/02/2020.	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	2 - Unlikely - Not expected to happen - potential exists	5 - Extreme	Moderate Risk	10	Anderson, Jane	Anderson, Jane	28.09.2020	31.01.2021
1670	Acute Services - EMERGENCY CARE & MEDICINE DIRECTORATE RISK REGISTER	11.12.2019	Temperature within fluid storage room within critical care.	The temperature within the fluids storage room must be kept at 25degrees to maintain safe storage of IV fluids and Hemofiltration fluids. The temperature within this area continues to be at a level of 28 degrees which is not acceptable to reduce the temperature the clinical area is requiring to wedge open the door which allows the temperature to reduce to 26degrees. This presents a further risk that a fire door remains open.	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	19/10/20: External contractor been on site to assess the requirement and provide costs. Estates are awaiting costs from the contractor to enable further discussions/planning. 30/07/20: Meeting held 29th July with Paul Bishop, Alan Timmins to address the ongoing issue and action required. Paul is contacting Engie to request a verbal quote for the works required. Further update to follow.	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	2 - Unlikely - Not expected to happen - potential exists	3 - Moderate	Low Risk	6	Watts, Miriam	Shepherd, Angie	19.10.2020	31.12.2020

NHS Fife

Meeting:	**NHS Fife Clinical Governance Committee**
Meeting date:	**4th November 2020**

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

Responsible Executive:	**Dr Chris McKenna/Helen Buchanan**
Report Author:	**Helen Woodburn**

1   Purpose

This is presented to EDG for:

- Discussion

This report relates to a:

- Local policy

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 assurances to this Committee and ultimately to the Board, that the organisation is delivering on its strategic objectives as contained in the following:

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

The Committee has a vital role in scrutinising the risk and where 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 the Quality & Safety BAF since the last report on 8th July 2020.

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

2.3 Assessment
The committee can be assured there are systems and processes in place to monitor quality and safety and work relating to managing the risks continues.
Following review, there have been no changes to linked operational risks, and there are no new risks to be added.

The linked risks reflect the current detail within the system.

2.3.1 Quality/ Patient Care
Highlighting any high risks to the committee ensures there is appropriate scrutiny and monitoring of the highest level of risks in the organisation which impact or potentially impact on the quality of services and patient care delivered.

2.3.2 Workforce
No change

2.3.3 Financial
No change

2.3.4 Risk Assessment/Management
The risks associated with this BAF are assessed and managed at an operational level.

2.3.5 Equality and Diversity, including health inequalities
Equality and diversity would be considered and managed operationally, and there are no assessments associated with this BAF.

2.3.6 Other impact
N/A

2.3.7 Communication, involvement, engagement and consultation
N/A

2.3.8 Route to the Meeting
This paper has been previously considered by the Medical and Nurse Directors as part of its development.

2.4   Recommendation

- **Discussion** – the content and current position of the Quality and Safety BAF

Report Contact
Helen Woodburn
Head of Quality and Clinical Governance
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NHS Fife Board Assurance Framework (BAF)

Strategic Planning

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
1417	Person Centred, Clinically Excellent, Exemplar Employer, Sustainable	29.10.2020	01.01.2021	There is a risk that NHS Fife will not deliver the recommendations made by the Clinical Strategy within a timeframe that supports the service transformation and redesign required to ensure service sustainability, quality and safety at lower cost. **Key Risks** 1. Community/Mental Health redesign is the responsibility of the H&SCP/IJB which hold	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	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. New programme management approach	Chief Executive	Clinical Governance	*Ongoing actions designed to mitigate the risk including:* 1. Establishment of Integrated Transformation Board (ITB) in 2019 to oversee transformation programmes across NHS Fife, Fife IJB and Fife Council to drive the delivery of the H&SC Strategic Plan and the Clinical Strategy. 2. Establishment of programme management framework with a stage and gate approach. 3. 3 of the 4 key strategic priorities are being taken forward by the H&SCP/IJB. The remaining priority is being taken forward by Acute services and progress shared through regular highlight reports. Programme Boards provide oversight and	JSTG not performing role adequately and replaced by the newly formed Integrated Transformation Board. but transformation programmes being progressed.	Leadership to strategic planning coming from the Executive Directors Group. Clinical Strategy workstream update has been produced to reflect progress against recommendations. Establishment of ITB should provide assurance to the committees and Board that the transformation programme has strategic oversight and delivery. Senior Leadership for Transformation is being reviewed and revised .	Chief Executive	31.03.2021	1. Minutes of meetings record attendance, agenda and outcomes. 2. New governance in place with newly formed Integrated Transformation Group meeting every 6 weeks. 3. Performance and Accountability Reviews now underway which will provide assurance to committees on performance of all	1. Internal Audit Report on Strategic Planning (no. B10/17) 2. SEAT Annual Report 2016 3.Governance committee oversight of performance assurance framework	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 cha	4 - Major	12	Moderate	Once governance and monitoring is in place and transformation programmes are being realised, the risk level should reduce. WILL BE REVIEWED AFTER COVID19 PERIOD

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

Meeting:	**Clinical Governance Committee**
Meeting date:	**4 November 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 4.11.20.

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 provided strategic oversight of all of the health transformation programmes by NHS Fife, Fife IJB and Fife Council.

A full review of the Transformation programme and Strategic Planning has been undertaken currently in line with the Clinical Strategy and Remobilisation Plan.

However, due to the COVID-19 Emergency Planning Measures in place until 31 March 2021, the transformation work has been paused but will be recommenced when appropriate to do so.

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, 29 October 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
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NHS Fife Board Assurance Framework (BAF)

eHealth - Delivering Digital and Information Governance & Security

Column	Content
Strategic Framework Objective	Person Centred, Clinically Excellent, An Exemplar Employee, Sustainable
Date last reviewed	16.10.2020
Date of next review	16.02.2021
Description of Risk	There is a risk that due to failure of Technical Infrastructure, Internal & External Security, Organisational Digital Readiness, ability to reduce Skills Dilution within eHealth and ability to derive Maximum Benefit from Digital Provision, NHS Fife may be unable to provide safe, effective, person centred care.
Likelihood (Initial)	4 - Likely – Strong possibility this could occur
Consequence (Initial)	5 - Extreme
Rating (Initial)	20
Level (Initial)	High
Likelihood (Current)	3 - Possible
Consequence (Current)	5 -Extreme
Rating (Current)	15
Level (Current)	High
Rationale for Current Score	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.
Owner (Executive Director)	Medical Director & SIRO
Assurance Group Standing Committee and Chairperson	Clinical Governance - Chair: Dr Les Bisset FP&R - Chair: Rona Laing
Current Controls (What are we currently doing about the risk?)	Ongoing actions designed to mitigate the risk including: 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: 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 This is supported by the following: 7. eHealth Risk Register (incl Programme/project risks)
Gaps in Control	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.
Mitigating actions - what more should we do?	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 on an ongoing basis. 3. Work to become fully compliant with GDPR, DPA 2018, NIS Directive, Information Security Policy Framework and thereafter maintain compliance.
Responsible Person	Head of eHealth - Lesly Donovan
Timescale	31.03.2021
Assurances (How do we know controls are in place and functioning as expected?)	Second Line of Defence 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
Sources of Positive Assurance on the Effectiveness of Controls	Third line of Defence: 1. Internal Audit reviews and reports on controls and process; including annual governance review / departmental reviews. 2. External Audit reviews. 3. Formal resilience testing / DR testing using an approved scope and measured success and mechanism for lessons learned and action plans. 4. Cyber Essentials/Plus Assessments. 5. NISD Audit Commissioned by the Competent Authority for Health.
Gaps in Assurance (What additional assurances should we seek?)	1. Well developed reporting, which can highlight potential vulnerabilities and provide assurances (including assurances that confirm compliance with GDPR, DPA 2018, NIS Directive, the Information Security Policy Framework is being maintained). 2. Implementation of improvements as recommended in Internal and external Audit Reports and an internal follow-up mechanism to confirm that these have addressed the recommendations made 3. Improvements to SLA's (in line with 'affordable performance') 4. Output from national Digital maturity due late 2019
Current Performance	Overall, NHS Fife ehealth has in place a sound systems of 1. Governance 2. Reasonable security defences and risk management as evidenced by Internal Audit and External Audit reports 3. Attainment of the ISO27001 standard in the recent past and the Statement of Annual Assurance to the Board. 4. Investment has been made to support NIS, GDPR and Cyber resilience and some tools which will improve visibility of the Network.
Likelihood (Target)	2 - Unlikely
Consequence (Target)	5 - Extreme
Rating (Target)	10
Level (Target)	Moderate
Rationale for Target Score	1. Difficulty in securing investment in people, tools and maintaining systems that are resilient and always within support cycles. 2. Fully implementing resistance to attack through 'resilience by design', well practised response plans and recovery procedures. 3. Reduce the 'human factor' through ongoing 'user base education' and improving organisational digital readiness. 4. Enhanced controls and continuing improvements to systems and processes for improved usage, monitoring, reporting and learning are continually being put in place. Aim for Moderate Risk as target rather than Low Risk is due to the fact that likelihood whilst unlikely may still happen and consequence will be extreme due to level of fines that may be imposed, reputational damage and patient harm.

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	M McGurk
1424	End of support for MS Server 2003	High 16	A Young
1746	Introduction of O365 will cause disruptive levels of Network traffic overhead	High 16	A Young
537	Failure of local Area Network causing loss of access to IT systems	High 15	A Young
1504	Lack of a central IT location to store guidance documents	High 20	Dr C McKenna
1576	Risk of not meeting SaMD full compliance	High 16	Dr C McKenna
1927	Deliberate unauthorised access or misuse to email by insiders (staff, contractors etc.)	High 16	M Richmond
1928	Deliberate unauthorised access or misuse of email accounts by outsiders (e.g. hackers)	High 16	A Young
1929	Inability to audit nhs.scot mail accounts	High 20	A Young
1932	User error (including those supporting system) resulting in data breach	High 16	M Fowles
1934	Network connection failures	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 attach 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
1393	NHSFBD - e-Health - Information Technology Risk Register	30.10.2017	Patch Management Risk	There is a risk that software, hardware and firmware patches are not applied correctly because of: • 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

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226	NHSFBD - e-Health Directorate Risk Register	28.11.2007	Security of data being transferred off/on site	There is a risk that confidential or Personal Data may be lost or accidentally disclosed when in transit or if removable media is not handled securely e.g. data being transferred off/on site in paper or un-encrypted media, like laptops, USB, DC, DVD, PDA etc etc.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	07/09/2020 [GT]: The status of this risk has been changed to High. The mitigations in place are: a) Encryption and device control of laptops, tablets, mobile phones and memory sticks as per GP/D6 Data Encryption Policy. 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. 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. 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. 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. f) The introduction of the SWAN Secure File Transfer (SFT), reduces the need to create DVD & CD due to the size and amount of data that can be transferred in a secure manner i.e. encrypted. This service allows none NHS email addresses to be used.	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	07.09.2020	08.03.2021
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 GT - 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 slowly 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
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

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	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. Problems could manifest instantly when O365 is applied at any given site (which can be managed through testing) or through gradual degradation over time.	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
537	NHSFBD - e-Health Directorate 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
1504	NHSFBD - Prescribing & Medicines Management Risk Register	14.12.2018	Lack of a central IT location to store guidance documents	Currently there is a lack of a central IT repository for NHS Fife guidance documents. Particularly in the acute setting leading to potential risk to the patients in delay of treatment or use of guidance documents from other areas which have not been through our medicines governance process. - Currently documents that go through MSDTC and are approved have no official place to be positioned where they can be easily accessed. - As we have no central repository the risk of old versions of documents still being in circulation is high	3 - Possible - May occur occasionally - reasonable chance	4 - Major	Moderate Risk	12	25/08/2020 - eHealth has agreed to pay for Microguide for the next 3 years. Implementation and communication plans awaited.	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	1 - Remote - Can't believe this event would happen	4 - Major	Low Risk	4	McKenna, Christopher	Reid, Euan	25.08.2020	28.02.2021

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
1576	NHSFBD - e-Health - Information Services Risk Register, NHSFBD - e-Health Directorate Risk Register	03.07.2019	Risk of not meeting SaMD full compliance	There is a risk that NHS Fife will not be able to comply with Software as Medical Device (SaMD) regulations before the Medical Device Regulations (MDR) come into full effect on 26th May 2020.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	July 2019 - Acknowledgement that there is currently no programme or resources allocated to carrying out the identification and assessment of software to determine whether it is a Medical Device; then to determine classification based on the MDR criterion.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	3 - Possible - May occur occasionally - reasonable chance	4 - Major	Moderate Risk	12	McKenna, Christopher	Donovan, Lesly		06.01.2020
1927	NHSFBD - e-Health - Information Technology Risk Register	08.09.2020	T1 - Deliberate unauthorised access or misuse by insiders (staff, contractors etc.)	Personal and special data will be processed via emails sent using the O365 Email service. There is a risk disgruntled staff, contractors, volunteers etc. may attempt to access other users email accounts to access information they are not entitled to read.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	Use of secret authentication information (ISO 27002: A.9.3.1) This control is managed by the GP/P2 Password Policy and GP/I5 Information Security Policy. These policies will need to be reviewed to ensure that they are in sync with the O365 Email service and training reviewed to ensure that staff understand them. This control would be implemented by Microsoft as part of its ISO 27001 certification as well as implementing the 14 NCSC cloud security principals which includes identity and authentication for O365 Email software. Access control policy (ISO: A.9.1.1) (CAF: B2.d) The GP/D3-2 Access Controls for Information Systems and the GP/I5 Information Security Policy address this control. Access to networks and network services (ISO 27002: A.9.1.2) (CAF: B2.d) IT access to networks and network services requires an IT login account, which is covered by the following policies: GP/D3-13 System Access Provisioning Procedure; GP/D3 Data Protection and Confidentiality Policy - Appendix 2 NHS Fife IG structure, roles and responsibilities; GP/I5 Information Security Policy; FairWarning monitors inappropriate access. Termination or change of employment responsibilities (ISO: A.7.3.1) The NHS Fife Confidentiality Statement for Employees & Contractors needs to be updated to cover non-disclosure of information security measures and vulnerabilities after leaving its employment. Leavers and Movers form Outstanding Mitigations: Staff require protected training time around the safe use of email. Also the implementation of MFA or agreed conditional access to reduce the dependency on staff awareness to prevent information security incidents. There is the concern that enterprise management security (EMS) has not been procured as a risk mitigation for mobile devices.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	Richmond, Marie	Taylor, Garry		15.10.2020

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
1928	NHSFBD - e-Health - Information Technology Risk Register	08.09.2020	T2 - Deliberate unauthorised access or misuse by outsiders (e.g. hackers)	There is a risk hackers will attempted to gain access to Email accounts to use its functionality and the information contained on them.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	Information security awareness, education and training (ISO 27002: A.7.2.2) (CAF: B1.b, B6.b) Staff receive training to recognise spoofing emails that attempt to get staff to disclose their email credentials. GP/S8 eHealth Incident Management Policy has an Incident Identification Guide (Appendix 1) A training team is being proposed, one of the tasks will be to ensure that staff receive help understanding this threat. Unauthorised access (CAF B2.d) Attempts by unauthorised users to connect to systems are alerted, promptly assessed and investigated where relevant. Not yet implemented, required for NIS regulations. This control would also be implemented by Microsoft as part of its ISO 27001 certification as well as implementing the 14 NCSC cloud security principals, which includes secure user management for. O365 Email software. Termination or change of employment responsibilities (ISO: A.7.3.1) The NHS Fife Confidentiality Statement for Employees & Contractors needs to be updated to cover non-disclosure of information security measures and vulnerabilities after leaving its employment - Leavers and Movers form. Outstanding mitigations: A training team is being proposed, one of the tasks will be to ensure that staff receive help understanding this threat.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	Young, Allan	Davies, John		15.10.2020
1929	NHSFBD - e-Health - Information Technology Risk Register	08.09.2020	T7 - Inadequate or absent audit trail	There is a risk the email service is used inappropriately due to a lack of electronic monitoring, resulting in non-repudiation of emails sent from O365 accounts.	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Extreme	High Risk	25	Information and communications technology supplier chain (ISO 27002: A.15.1.3) (CAF: A4.a) GP/D3-11 Supplier Relationship Procedure. Project Management Guidance Framework v1.0 :- At the proposal stage identifies information security policies that apply; At the start up stage there will be an impact assessment to determine if a DPIA is needed. At this point Information Governance (Security) will participate in the project. This control would be implemented by Microsoft as part of its ISO 27001 certification as well as implementing the 14 NCSC cloud security principals, which includes audit information for users, for the O365 Email software. Auditing is not enabled by default, it will need to be turned on.	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Extreme	High Risk	25	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Extreme	High Risk	25	Young, Allan	Davies, John		15.10.2020

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
1932	NHSFBD - e-Health - Information Technology Risk Register	08.09.2020	T4 - User error (including those supporting system)	There is a risk that users may send emails with personal data to incorrect email addresses, because of out of date demographics or human error, resulting in a data breach.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	Classification of information (ISO 27002: A.8.2.1) (CAF: B3.a) : NHS Fife has adopted the Scottish Government Mobile Data Standard (CEL 25, 2012), which is reference in GP/E6 Email Policy, Appendix 1. Information transfer policies and procedures (ISO 27002: A.13.2.1) (CAF: B3.b) GP/M4 Media Handling Policy; GP/M5 Mobile Device Management Policy GP/E6 Email Policy; SWAN SFT service;	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	Fowles, Malcolm	Taylor, Garry		15.10.2020
1934	NHSFBD - e-Health - Information Technology Risk Register	08.09.2020	T9 - Network connection failures	There is a risk NHS Fife services could be prevented from using email due to a loss of connectivity, resulting in a negative impact to services.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	Verify, review and evaluate information security continuity (ISO: A.17.1.3) (CAF: B5.a, B5.b, D1.c) : NHS Fife eHealth Business Continuity and Disaster Recovery Framework Plan NHS Fife eHealth BC and DR Plans Operational Procedures GP/I6 IT Change Management Policy, to ensure that scrutiny of the change request i.e. business continuity measures are in place	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	Young, Allan	Fowles, Malcolm		15.10.2020

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**04 November 2020**
Title:	**Update on NHS Fife Board Assurance Framework (BAF) - Digital and Information (D&I)**
Responsible Executive:	**Dr Chris McKenna – Medical Director**
Report Author:	**Lesly Donovan – General Manager**

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
- NHS Fife Digital & Information Strategy 2019 - 24

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 D&I as at 16th October 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 :

- o Does the risk score feel right?
- o Do the current controls match the stated risk?
- o Will the mitigating actions bring the risk down to its target level?
- o If the mitigating actions are fully implemented would the outcome be achieved?
- o Does the assurance provided describe how the controls are performing?
- o Do the assurances come from more than one source including independent sources?
- o Are limited resources being allocated appropriately i.e. on uncontrolled high risks or in otherwise well controlled areas of risk?
- o 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 D&I 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 D&I and the organisations sustainability and strategic planning.

Three new high risks have been linked to the BAF:

- 1504 -Lack of a central IT location to store guidance documents
- 1576 - Risk of not meeting Software as a Medical Device (SaMD) full compliance
- 1927 - Deliberate unauthorised access or misuse to email by insiders (staff, contractors etc.)
- 1928 - Deliberate unauthorised access or misuse to email by outsiders (Hackers etc.)
- 1929 – Inability to audit nhs.scot mail accounts
- 1932 - User error (including those supporting system) resulting in data breach
- 1934 - Network connection failures

Internal Audit are planning on undertaking an assurance mapping exercise and the BAF chosen as a pilot is the D&I 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
D&I 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 Digital & Information
- BAF Digital & Information linked operational risks

Report Contact
Author Lesly Donovan
Author's Title General Manager
Email Lesly.donovan@nhs.scot

NHS Fife

NHS SCOTLAND

Meeting:	**Clinical Governance Committee**
Meeting date:	**4 November 2020**
Title:	**Research and Development Annual Report 2019-2020**
Responsible Executive:	**Dr Chris Mckenna**
Report Author:	**Dr Amanda Wood, Assistant R&D Director (now retired). Note: Professor Frances Quirk is Amanda Wood's replacement.**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Annual Operational Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Research and Development Annual Report 2019-2020 is being brought to the Clinical Governance Committee for their Awareness to provide an update on activities in increasing culture to include research as part of role and to build research capacity and delivery against 2019/2020 strategic priorities.

2.2 Background

This report details the activities within Research & Development (R&D) across NHS Fife from April 2019 to March 2020. It details progress made over the last 12

months in relation to ongoing work, previously identified challenges and identifies the key challenges currently facing R&D.

Continued significant developments within R&D include our relationships with the Universities of St Andrews and Dundee in relation to research activities. The joint clinical academic appointments with the Universities of Dundee and St Andrews have produced benefits in terms of major research grants and contribution to an expanding NHS Fife research culture. Work has advanced particularly well with the University of St Andrews, building on the experience of developing the teaching agenda, and creating further joint posts, with other universities and colleges.

2.3 Assessment

During 2019-20 the research culture within NHS Fife has maintained recent advances, delivering: consistent levels of research activity, increased numbers of clinical academics; compliance with research governance framework, monitoring 100% of Fife Sponsored studies; and the delivery of a comprehensive R&D Education Programme.

The following challenges have been amalgamated from unmet objectives from the 2019-20 R&D Strategy Key Performance Indicators (KPIs), and the NRS objectives & associated performance metrics to be delivered during 2019-20:

Unmet KPIs (R&D Strategy2019-20):

- Increase the number of staff actively involved in research
- Increase the number of publications
  .

R&D Strategy priorities (2019-20):

All activities detailed in prioritised plan of in the R&D Strategy for 2019-20 are ongoing or have been achieved.

Fife was subject to its first Routine Inspection by the Medicines and Healthcare products Regulatory Agency (MHRA) in October 2019. Whilst this first inspection was hugely challenging in terms of the amount of preparatory work required and was a significant learning experience, it was very successful. There were no 'MAJOR' of 'CRITICAL' Findings. Only 5 'OTHER' findings were identified during the inspection relating to Medical Oversight, CRF/Source Data, IMP Management/Pharmacy, Training, Facilities and Equipment. These were all addressed.

2.3.1 Quality/ Patient Care

-

2.3.2 Workforce

The suspension of non-COVID studies in March, along with requirements to work from home, and the commencement of new COVID related studies led to some resourcing implications and challenges for staff in R&D.

2.3.3 Financial

Research is categorised as *'commercial'* (funded by the pharmaceutical or medical device industry) or *'non-commercial'*. Non-commercial research is further divided into "eligible" (funded by charitable organisations, research councils or Government bodies), or "non-eligible" (NEF - funded by a non-eligible organisation or is unfunded).

R&D funding is provided via NHS Research Scotland (NRS) by the Chief Scientist Office (CSO) in respect of research considered 'eligible' for funding, in recognition of the unfunded costs incurred by the NHS for undertaking and participating in such projects.

CSO funding remains the main source of income to support all non-commercial R&D activities across NHS Fife. It is used to provide and support the R&D infrastructure (Appendix 2), to maximise its activity and to ensure the required management, governance and support of research.

CSO Funding Allocation Income 2019-2020 -£848,000
Commercial Income 2019-2020- £99,850

2.3.4 Risk Assessment/Management

Research Governance Committee has noted a reduction in the number of staff involved in research and the number of publications produced over the reporting period. These unmet KPI's will be a focus of monitoring and the development of strategies to address them in 2020-2021.

2.3.5 Equality and Diversity, including health inequalities
-

2.3.6 Other impact

Within Fife, research is undertaken by and with staff for the benefit of patients. It is essential to work with staff to promote the benefits of research activity for individual staff members as part of their commitment to personal and professional development.

Research activity depends on staff having appropriate skills. Local access to regular research education and workshops provided by R&D is available to all NHS Fife staff and open to staff outside NHS Fife.

2.3.7 Communication, involvement, engagement and consultation

Two-way communication of Research information across NHS Fife has presented challenges due to the dispersed nature of the organisation. To help facilitate communication, key research information is available via a dedicated NHS Fife R&D webpage.

Internal Communications

Updates on the research training programme, R&D support and details of the research conferences are circulated regularly. Monthly electronic research 'bulletins' are sent to all research active staff (past and present), providing up to date information about advice clinics, seminars, workshops and recently issued commissioned bids / grants - within and out with NHS Fife.

Details of events and training opportunities have been regularly included in the electronic organisation-wide 'Dispatches'. To reach staff that do not have access to email, details of the R&D Department, its staff and the support offered have been placed on notice boards across the organisation.

External Communications

Work has been completed on a fully functioning R&D website www.nhsfife.org/research with a dedicated Clinical Research Facility page. Further development of R&D communications is being progressed via a regular R&D newsletter which will be circulated widely and made available via the R&D website.

A generic R&D email address has been created to maximise the efficiency of responses to queries to the department: fife-uhb.randd@nhs.net .

Our Public Involvement representative with a special interest in research is a member of the joint University of St Andrews and NHS Fife Community Research Advisory Group. They have been an active member of the NHS Fife Research Governance Group in their role as Lay Advisor.

The Research Community Advisory Group assist in providing lay view /input into the development of research proposals and ongoing research, and help raise awareness and understanding of research being undertaken locally.

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.

- Research Governance Committee- papers approved out of meeting cycle by required minimum of 6 core members (due to 3 Sept meeting delayed to 29 October)

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:
- Appendix No 1 Research and Development Report 2019-2020

Report Contact

Professor Frances Quirk (replacement for Dr Amanda Wood)
Assistant Research and Development Director
Email frances.quirk@nhs.scot

Research & Development Annual Report

2019 - 2020

Greater knowledge,
Better services ...

Executive Summary

The NHS Fife Research and Development (R&D) Department has seen 19 years of significant sustainable progress and is increasingly able to support high quality and more complex research related activities in Fife, working with partners in NHS Tayside, NHS Lothian and elswhere. Throughout these years NHS Fife R&D Department has utilised a multitude of innovative models to help sustain the increasing research activities in Fife. One such example is the R&D research nurse model with research nurses located within the R&D Department, which has had acclaim due to its effective results in recruiting, establishing and communicating the research activities within various fields. This model was instrumental in Fife becoming a major recruitement site for several COVID19 related national studies following a rapid 10 day turnaround during the lockdown stage to make Fife's very busy clinical environments research friendly and active. Another example is the Clinical Research Facility at the Victoria Hospital in Kirkcaldy enabling complex clinical trials to occur locally, again for the benefit of Fife patients. These and other examples are only possible due to the R&D department's ability to work with colleagues spanning the clinical and academic divide. The delivery business model around innovation and diversity in investment and activities allow this department to move forward with confidence. Last but not least this is also a testament to the effective and responsive leadership qualities that our outgoing NHS Fife R&D Assistant Director, Dr Amanda Wood developed throughout these formative years.

R&D in Fife has utilised the principles of added value and critical mass to good effect. We look forward to next year, keen to work even more closely with neighbouring Health Boards, Universities and other agencies either under the auspices of the East of Scotland Research Node, Academic Health Science Partnership or other similar national collaborations in a landscape that has changed dramatically. We will use new opportunities, arising especially around technological advances and usage in the NHS, to communicate with staff and patients to good effect. We also look forward to continuing to synergise our research strategic priorites with those of our local university and medical school at the University of St Andrews. Our ambitious strategic portofolio will also allow us to work more closely with industry and other private companies to allow NHS Fife R&D to maximise its unique position and diversify on its potential to maximise income generation to NHS Fife, as the quality of research activities improves. This, we also aim to fulfill, as we are tasked by NHS Fife Health Board to set up the a new Research Innovation team over the next 12 months emulating the successful model of the R&D Department.

NHS Fife R&D has also come of age with its first ever MHRA inspection. This was humbling and learning experience for all staff with a favourable report acheived.
Thank you to all.

Many thanks are also due to the whole R&D team for their consistent hard work and commitment towards the implementation of the R&D strategy. We also thank Dr Frances Elliot who has supported R&D, initially as Interim R&D Director and subsequently as R&D Assistant Director. Finally a fond farewell to Dr Amanda Wood who will be retiring as from August 2020. We will all miss her.

We are all looking forward to another exciting and productive year.

Prof Alex Baldacchino
Research, Development and Innovation Director, NHS Fife
July 2020

CONTENTS   **PAGE**

1.0   INTRODUCTION

This report details the activities within Research & Development (R&D) across NHS Fife from April 2019 to March 2020. It details progress made over the last 12 months in relation to ongoing work, previously identified challenges and identifies the key challenges currently facing R&D.

Continued significant developments within R&D include our relationships with the Universities of St Andrews and Dundee in relation to research activities. The joint clinical academic appointments with the Universities of Dundee and St Andrews have produced benefits in terms of major research grants and contribution to an expanding NHS Fife research culture. Work has advanced particularly well with the University of St Andrews, building on the experience of developing the teaching agenda, and creating further joint posts, with other universities and colleges.

2.0   RESEARCH ACTIVITY & INCOME

	2019-20	2018-19	2017-18	2016-17	2015-16
R&D Approval – local reviews:	**62**	**73**	**88**	**83**	**91**
average no. of days to approve:	**5**	**4**	**5**	**5**	**6**
R&D Approval – amendments:	**220**	**209**	**242**	**215**	**166**
average no. of days to approve:	**3**	**2**	**3**	**6**	**6**
Total research studies:	**259**	**237**	**267**	**290**	**256**
Non commercially funded	**235**	**207**	**242**	**268**	**237**
- Unfunded/Non eligibly funded	68	77	74	104	81
- eligibly funded/adopted	167	130	168	164	156
Commercially funded	**24**	**30**	**25**	**22**	**19**
Total active researchers: Fife PIs	**167**	**243**	**261**	**268**	**232**
eligibly funded/adopted studies	**120**	**130**	**110**	**116**	**52**
Total active researchers: Fife CIs	**24**	**11**	**20**	**96**	**36**
eligibly funded/adopted studies	**5**	**2**	**6**	**5**	**7**
New Honorary research contracts	**0**	**0**	**0**	**11**	**11**
New Letters of Access	**50**	**74**	**65**	**54**	**48**
Recruitment in all studies	**1438**	**2070**	**1773**	**2087**	**2093**
Recruitment eligibly funded/ adopted studies	776	1127	1355	1549	1587
non eligibly funded/ adopted studies	171	854	142	316	476
Commercial studies	491	89	276	222	30
Income – CSO Funding Allocation	**£848,000**	**£881,000**	**£808,000**	**£673,000**	**£676,000**
Income - Commercial	**£99,850**	**£111,412**	**£117,641**	**£56,277**	**£54,158**

PI - Principal Investigators   **CI - Chief Investigators**

Studies were notably in the categories of: Cancer; Cardiovascular & Stroke. Renal, Musculoskeletal and Neuroprogressive Disease. .

Research is categorised as *'commercial'* (funded by the pharmaceutical or medical device industry) or *'non-commercial'*. Non commercial research is further divided into "eligible" (funded by charitable organisations, research councils or Government bodies), or "non-eligible" (NEF - funded by a non-eligible organisation or is unfunded).

R&D funding is provided via NHS Research Scotland (NRS) by the Chief Scientist Office (CSO) in respect of research considered 'eligible' for funding, in recognition of the unfunded costs incurred by the NHS for undertaking and participating in such projects.

CSO funding remains the main source of income to support all non commercial R&D activities across NHS Fife. It is used to provide and support the R&D infrastructure (Appendix 2), to maximise its activity and to ensure the required management, governance and support of research.

3.0   NHS FIFE RESEARCH STRATEGY & PRIORITIES

Approved by the Board, revised and reported against annually, the ambitious NHS Fife R&D strategy supports NHS Fife's overarching strategic aims to provide the highest quality care to, and improve the health of, the population of Fife in partnership with its staff, Community Health Partners and its citizens. It sets out how the development of R&D will support NHS Fife's overall strategic aims by:

- promoting a **culture** that supports and encourages research as part of routine practice;
- building on opportunities to work closely with **partners** to increase the volume and quality of research;
- promoting research within an appropriate **governance** framework;
- developing the research knowledge and skills of **staff**;
- working in **partnership** with the citizens of Fife;
- ensuring that appropriate financial support and resources are available.

A 14th comprehensive list of annual 'priorities' to be addressed during 2019-20 was produced from the updated R&D Strategy in May 2019. Priorities previously set for 2018-19 were reviewed and progress towards their achievement documented.   Progress this year on each of the R&D Strategy's 'themes' is outlined below:

3.1   PROMOTING A CULTURE THAT SUPPORTS AND ENCOURAGES RESEARCH

CSO R&D support funding has ensured continued progress in supporting research activities, and enabling the establishment / strengthening of links with local academic institutions. Within these finite resources work has continued in a progressive and proactive manner, ensuring research is increasingly accessible and meaningful, and is integrated into everyday practice and policy development.

The facilitation and support of research, driving the delivery of effective systems of research management and governance are key aims of the R&D Department. The NHS Fife Executive Lead for Research and Development and the Research

2

Director have enabled the organisation and the R&D team to continue to support the development and implementation of the R&D strategy and significantly raise the profile of R&D within and out with NHS Fife.

3.1.1 R&D Leads

Executive Lead for Research and Development

Identified in 2005, the NHS Fife Executive Lead for R&D has continued to represent the Department within the context of the NHS Fife Board and other Executive/Board Level Fife Partnerships.

Research & Development Director

The Research & Development Director is responsible for the strategic leadership, direction and implementation of the Fife R&D strategy with close liaison between the R&D team and the Fife NHS Executive / Board. Their core role is to ensure the research agenda is successful and sustainable. They deliver opportunities that involve universities, council and departments within the NHS, raising the profile of Fife R&D and position it as a leader in its field.

They have established several work streams with partners, currently working as part of the Tayside Academic Health Science Partnership, the East of Scotland Research Node and with St Andrews University Medical School.

Assistant R&D Director

Promoting and facilitating the delivery of high quality R&D activity, they lead R&D support and activities, playing into Scottish Government's aim for Scotland to become a world class location for clinical research. They work with the R&D Director, to lead and promote 'research' and 'development' activities, coordinating ongoing development and implementation of NHS Fife's R&D Strategy, managing the budget, R&D Office and R&D team.

The role encompasses all aspects of commercial and non-commercial research and the exploitation of Intellectual Property within NHS Fife, for the benefits of improved patient care and income generation.

3.1.2 Researcher Support

NHS Fife R&D team provides support and consultancy advice on trial design, ethics applications, R&D approval, study feasibility, pharmacy, protocol design, participant recruitment strategies and use of health related data to identify and screen for potential participants. Individual posts within this team are described in Section 4.0.

3.1.3 Research & Development Department

R&D continues to provide well-used services for the development and education of Fife staff from its base at the Research and Development Department, opposite the Education Centre within Queen Margaret Hospital.

3.1.4   R&D Clinical Research Facilities (CRFs)

NHS Fife has further enhanced its reputation as a centre of excellence for clinical research via its facility at the Victoria Hospital, Kirkcaldy, enabling an R&D presence at both main hospital sites. The CRF has 4 consulting rooms, a meeting / monitoring room, a small laboratory and hot desks for researchers. This dedicated 104m^2 facility offers a unique research environment for a range of healthcare and life science related research activities with access to an under researched population and high quality R&D support infrastructure. Its close vicinity and working relationship with Victoria Hospital ensure access to all specialist departments and facilities.

The CRF provides a wide range of clinical research and health related services to commercial organisations and contract research firms seeking participation in multicentre and single site trial activities.

A fully equipped clinical room and sample preparation area is also available to researchers at Queen Margaret Hospital, providing an additional area where research participants can be seen and the rapid preparation of samples undertaken.

3.1.5   Clinical Academic Positions

There are currently 20 clinical academic positions supported by NHS Fife and designed to encourage research locally.

 (i)   Professor of Molecular Psychiatry (St Andrews)
(ii)   Professor of Health Psychology (St Andrews)
(iii) Co-Director of Population Health Sciences Division, and Professor of Primary Care (Dundee)
(iv) Professor of Primary Care Medicine (St Andrews)
(v)   Sir James Black Professor of Medicine (St Andrews)
(vi) John Reid Chair of Pathology (St Andrews)
(vii) Dean of Medicine (St Andrews)
(viii) Professor of Medicine (St Andrews)
(ix)   Professor of Medicine, Psychiatry and Addiction (St Andrews)
(x)   Professor of Neuroimaging (Dundee)

Senior Lecturers in:

(xi) Senior Lecturer in Ophthalmology (St Andrews)
(xii) Senior Lecturer in Infectious Diseases (St Andrews)
(xiii) Honorary Senior Lecturer in Chronic Pain (Dundee)
(xiv) Senior Lecturer in Respiratory Medicine (St Andrews) / NRS Research
 Fellow
(xv) Senior Lecturer in Public Health (St Andrews)

NRS Research Fellows in:

(xvi) Primary Care
(xvii) Cardiology
(xiii) Palliative Care

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Clinical Fellow in:
(xix) Primary Care

Visiting Scholar in:
(xx) Epidemiology

(i) <u>Professor of Molecular Psychiatry (St Andrews)</u>
– *appointed 2009*

   Current research focus: The biological underpinnings of child psychiatric
   disorders, predominantly Attention Deficit Hyperactivity Disorder (ADHD).

(ii) <u>Professor of Health Psychology (St Andrews)</u>
– *appointed 2002*

   Current research focus: *psychological aspects of cancer*

**(iii) <u>Co-Director of Population Health Sciences Division, and Professor of
     Primary Care Medicine (Dundee)</u>**
- *appointed September 2007*

   Current research focus: Mixed quantitative and qualitative methods to
   understand and improve quality and safety of healthcare

(iv) <u>Professor of Primary Care Medicine (St Andrews)</u>
– *appointed 2017*

   Current research focus: The main focus of my research is the application of health
   informatics to clinical decisions in primary care. I am the professor of Primary Care
   Medicine, the Director of Research and the acting director of the Sir James Mackenzie
   Institute for Early Diagnosis in the University of St Andrews.

Research grants obtained in 2019-20

   Identifying community Covid-19 cases and exploring differences with
   healthcare diagnosed patients, McCowan C, Bowles J, Cevik M, Hernandez-
   Santiago V, Gillespie S, Agrawal U, Azcoaga-Lorenzo A, Sullivan F, Rahman
   F, Portela D, Webber T, Dobsson S. **Amount** £68,872

   How should Scotland respond to the challenge of lung cancer screening? A
   mixed-methods Feasibility study.Weller D,Sullivan F, Campbell C, van Veek
   E, Mackean M, Robb K, Akram A, van Beusekom M, Steele R, **Amount** £299,882

   Using co-design to mitigate the 'Inverse care law' in rolling out an early detection of
   lung cancer service. van Beusekom M, Selby C. Treweek S, Haddow A, Steele R,
   Sullivan F. **Amount** £28,297

   Detecting high-risk smokers in Primary Care Electronic Health Records: An
   automatic classification, dataextraction and predictive modelling approach. Sullivan
   F, Kelsey T. **Amount** £83 ,875

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Autoantibodies in the early detection of Cancer, Sullivan F, **Amount** £232, 061

(v) <u>Sir James Black Professor of Medicine (St Andrews)</u>
– appointed August 2010

> **Current research focus:** *aspects of tuberculosis drug development including evaluation of new antituberculosis agents*.

> **Research grants obtained in 2019-20**

> Triage Test for All Oral DR TB Regimen: T2RiAD study. EDCTP €2.75m

> **National NHS-related appointments:**
> Specialty Group Clinical Lead for Infectious Diseases and Clinical Microbiology

(vi) <u>John Reid Chair of Pathology (St Andrews)</u>
– appointed 2012

> **Current research focus:** *understanding how cells and tissue respond to injury.*

(vii) <u>Dean of Medicine (St Andrews)</u>
– appointed July 2014

> **Current research focus:** *Interventional cardiology and heart disease in pregnancy.*

> **National NHS-related appointments:**
> Chair of the MRC/NIHR joint Efficacy Mechanism and Evaluation Board

> **Chief Scientist for Health**

(viii) <u>Professor of Medicine (St Andrews)</u>
– appointed 2015

> **Current research focus:** Neurodegenerative diseases

(ix) <u>Professor of Medicine, Psychiatry and Addiction (St Andrews)</u>
- appointed May 2015

> **Current research focus:** The main focus of my research is the application of health informatics, neurocognitive, neuroimaging, clinical and other linked information to aid in clinical decisions in addiction medicine using a precision and personalised medicine methodology. I am Professor of Medicine, Psychiatry and Addictions, President Elect for the International Society of Addiction Medicine (ISAM) and WHO/UN/EMCDDA consultant in drug and alcohol policies I am also clinical lead in addictions with NHS Fife and Research, Development and Innovation Director with NHS Fife.

> **National NHS-related appointments:**
> President Elect of International Society of Addiction Medicine (ISAM)
> Chair of ISAM Education and Training Committee.

Founding member of European Network for Training, Education and Research (ENTER) - Mental Health
Scottish Government Drug Death Research Champion
NHS Fife Research, Development & Innovation (RD&I) Director

(x) <u>Professor of Neuroimaging (Dundee)</u>
- appointed May 2009

(xi) <u>Senior Lecturer in Ophthalmology (St Andrews)</u>
 - appointed August 2016

Current research focus: leading a multidisciplinary team that develops, implements and evaluates low cost diagnostic and teaching tools tailored to the needs of users in low and middle-income countries

Development, evaluation and implementation of diagnostic tools for users in low & middle income countries.

National NHS-related appointments:
Lead Ophthalmologist - National Managed Clinical Network for Children with Visual Impairment.

(xii) <u>Senior Lecturer in Infectious Diseases (St Andrews)</u>
- appointed January 2016

Current research focus: Clinical Infectious Diseases – especially therapeutics for tuberculosis and the management of communicable disease outbreaks worldwide.

National NHS-related appointments:
Consultant Physician in Infectious Diseases and General (Internal) Medicine, NHS Fife

(xiii) <u>Honorary Senior Lecturer in Chronic pain (Dundee</u>)

Current research focus: the investigation of barriers to improved pain management, pain neuroscience, prescribing trends in pain treatment, and the stratification of pain and its various forms.

Chronic Pain, Development of Quality Performance Indicators, Investigation of Non-medical prescribing impact, Opioid prescribing

(xiv) <u>Senior Lecturer in Respiratory Medicine (St Andrews) / NRS Research Fellow</u>

Current research focus: *burden of Idiopathic Pulmonary Fibrosis (IPF) – multi-modal study of the prevalence of IPF.*

(xv) <u>Senior Lecturer in Public Health (St Andrews)</u>

(xvi) <u>NRS Fellow in Primary Care</u>

(xvii) <u>NRS Fellow in Cardiology (Fife)</u>

Current research focus: *Optimising care pathways for patients with suspected acute coronary syndromes.*

National NHS-related appointments:
Trustee of Scottish Heart and Arterial Risk Prevention
Member of the SIGN development group for writing the national guidelines for stable angina.

(xviii) <u>NRS Fellow in Palliative Care</u>

Current research focus: Interests are centred around improving experiences and outcomes for people living with advanced illness and those close to them. She is currently investigating biomarker response to lung cancer treatment and the extent to which this is associated with improved outcomes. Co-leading a new Health Foundation funded study of pathways, outcomes and experiences for people diagnosed with poor prognosis cancers in South East Scotland.

(xix) <u>Clinical Fellow in Primary Care</u>

(xix) <u>Visiting Scholar in Epidemiology (St Andrews)</u>

Current research focus: *Bacterial infections and intervention measures in illicit substance injectors. Antimicrobial resistance and capacity building in developing countries.*

Research grants applied for by Clinical Academics in collaboration with NHS Fife staff are detailed in **<u>Appendix 3</u>**.

Research grants obtained by Clinical Academics in collaboration with NHS Fife staff are listed in **<u>Appendix 4</u>**.

3.2   WORKING WITH PARTNERS

The establishment and consolidation of links with research active partner organisations are key to increasing both the quality and quantity of the research undertaken. Such activities also promote and increase opportunities for Fife-based clinicians and other staff to become Chief and Principal Investigators. Key partners with whom NHS Fife has been working to develop research across the region are detailed below:

3.2.1 Disease Specific Research Networks

The R&D Director and Assistant R&D Director have continued to work with the Scottish Research Networks, and Specialty Groups. These have been ably assisted by the national and international recruitment successes of Fife R&D research nurses, supporting clinicians to participate in large, multi-centre clinical

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trials. Due to ongoing notable successes in numbers of trials opened and patient recruitment, the *Scottish Cancer Research Network, South East Scotland Stroke Research Network, Scottish Diabetes Research Network and the Neuroprogressive and Dementia Network* have continued to fund R&D based research nurse positions.

3.2.2   Specialty Group Leads

During 2019-20 two Fife staff continued as appointed leads for the NRS Clinical Research Specialty Groups for Ophthalmology and for Infectious Diseases, supported by members of the R&D Team.   Study progress within each of the portfolios for studies led from Scotland and England have been regularly reviewed with the respective Leads, identifying barriers to recruitment, and providing strategies to help overcome them.   Assistance has also been provided to help design and deliver national specialty study days and the establishment of a bursary scheme for junior doctors.

3.2.3   NHS Research Scotland Fellowships

Ongoing support has been provided to 3 NHS Fife early stage researchers who have been awarded these prestigious 3 year CSO Fellowships. These NHS Fife clinicians have backgrounds in Infectious Diseases/Respiratory, Cardiology medicine and Palliative Care.

Support was also provided to 2 applicants for the 2020 round of Fellowships.

3.2.4   Research Thematic Groups

Research 'Thematic' groups, based on current areas of research strength within NHS Fife, represent identified priority areas towards which R&D support is targeted. This identification of thematic priorities enables traditional 'boundaries' (Acute/Primary Care/Public Health) to be overcome, enabling and encouraging the involvement of Fife academic partners.

From thematic priority areas identified in November 2005 the following 6 Thematic Research Groups (Learning Disabilities; Children & Young People's Wellbeing; Women and Children's Health; Arthritis and Rheumatology; Occupational Therapy; and the Children and Adolescent Mental Health Services Research Groups), established between 2006 and 2019 have been supported by R&D.

3.2.5   Academic Links

The R&D Executive Lead, Director of Nursing and the R&D Director have continued to establish contacts at a senior level with both St Andrews and Dundee Medical Schools around the development of clinical academic posts.

The formal agreement established between the Medical School in St Andrews University and NHS Fife to create a joint research strategy is consolidated via a Memorandum of Understanding to further strengthen the organisations' commitment to deliver research excellence in Fife.

3.2.6   Targets identified in the NHS Fife R&D Strategy (18-19)

WORKING WITH PARTNERS	Outcomes
Increase the number of staff actively involved in Research and Development activity by 10% per year	247 (12 - 13) 256 (13 - 14) 238 (14 - 15) 232 (15 - 16) 268 (16 - 17) 261 (17 - 18) 254 (18 - 19) 191 in 2019-20 = - 33%
Increase the number of projects, including eligibly funded projects as defined by the CSO, within NHS Fife by 10% per year	234 (12 – 13) 261 (13 – 14) 278 (14 – 15) 256 (15 – 16) 290 (16 – 17) 267 (17 - 18) 237 (18 - 19) 259 in 2019-20 = +9.3%

Increase the number of publications by NHS Fife Staff in peer reviewed journals by 10% per year
 	
(to date publication numbers have included those of NHS staff and clinical academics. Clinical academic publications are indicated by * in Appendix 5)
	80 publications (12 – 13)
	49 publications (13 – 14)
	130 publications (14 – 15)
	NHS Fife staff = 34
	     *Clinical academics = 96
	
	79 publications (15 – 16)
	         NHS Fife staff = 38
	     *Clinical academics = 41
	
	92 publications (16 – 17)
	         NHS Fife staff = 20
	     *Clinical academics = 72
	
	109 publications (17 – 18)
	         NHS Fife staff = 26
	     *Clinical academics = 83
	
	103 publications (18 – 19)
	         NHS Fife staff = 31
	     *Clinical academics = 72
	
	to total of 62 in (19 – 20)
	         NHS Fife staff = 28
	     *Clinical academics = 34

3.3   PROMOTING RESEARCH WITHIN AN APPROPRIATE GOVERNANCE FRAMEWORK

To ensure the quality of research is maintained and continuously improved and high standards of patient care are achieved, research undertaken in NHS Fife

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must be carried out according to the standards set out in the UK Policy Framework for Health and Social Care Research (2017).

Already robust Research Governance procedures continue to be reviewed and developed to ensure that the R&D governance systems and processes remain fit for purpose.

3.3.1 Research Governance

Research involves an element of risk in both financial and human terms and as such proper governance arrangements must be in place to ensure that the public can have confidence in, and benefit from, quality research. The public has a right to expect high scientific, ethical, and financial standards, transparent decision-making processes, clear allocation of responsibilities and robust monitoring arrangements. The RGF sets out the underlying principles applicable to all research concerned with the protection and promotion of public health.

The NHS Fife Research Governance group established in 2003, continues to provide advice, support and governance to the R&D Department. It provides regular review and monitoring of the R&D Strategy, ensuring it is delivered within an appropriate governance framework, supporting the delivery of NHS Fife's objectives.

The group's Terms of Reference were again reviewed during 19-20 to ensure its membership and activities remained relevant and responsive to the organisation's developing R&D needs. Chaired by the Executive Lead for R&D, the Research Governance Group meets quarterly, and has a membership drawn from Directors and Heads of key Departments across the organisation, R&D staff, the Public, Research Ethics and neighbouring academic and NHS institutions.

Oversight of the group's minutes, Summary Report, Annual Report, R&D Strategy and achievement against strategic priorities by the NHS Fife Clinical Governance Committee provides assurance to the Board that all research conducted within Fife is of the highest standard and fully compliant with all relevant guidance and legislation.

3.3.2 Research Study Approval

The Research Coordinator provides a robust single point entry system to ensure the appropriate receipt and consistency of requests for management approvals and that all required documentation is in place prior to Medical Director Approval. Research must have a favourable ethical opinion (where appropriate) and NHS Fife Management Approval before commencing. Once approved, studies are recorded on the national R&D database (SReDA). Research lacking appropriate approval and not on the Research Register is not subject to the legal cover afforded by the NHS Fife Indemnity scheme. Annual monitoring of staff, targeted at grades most likely to engage in research, assist in the identification of any unapproved studies.

3.3.3 Monitoring

Projects Sponsored by NHS Fife are subject to monitoring of both the study and research team by the R&D Quality & Performance Lead in order to identify any

areas of concern with their ongoing research. The main issue highlighted was the requirement for improved document control. As a result the R&D Quality & Performance Lead is now meeting all CIs at study set up to discuss required documentation and the required processes and SOPs relating to this.

3.3.4 Financial Probity

The R&D Business Accountant has continued to provide support, providing appropriate financial management and guidance on the accurate costing of research and cost recovery. Regular reports are received and figures for completion of the Annual report and quarterly reports on expenditure to the CSO are provided.   They monitor, invoice and disseminate funds received into research trial accounts in payment for researcher participation in pharmaceutical sponsored trials. Costings are also checked for all hosted, PI studies and for 10 Fife-led CI grant applications

3.3.5 Intellectual Property (IP)

An Intellectual Property policy allows for the protection and exploitation of activities generating IP by staff across the organisation.   Increased commercialisation activity resulting from the exploitation of IP increases the financial and healthcare benefits for NHS Fife.

The emergency caesarean simulator, invented by a Fife Consultant in Obstetrics and Gynaecology, was jointly developed with experts from Guy's and St Thomas' NHS Foundation Trust. 'Desperate Deborah' allows doctors to experience and practice dealing with life threatening scenarios that can arise during emergency caesareans which affect around 20,000 births per year in the UK. The simulator continues to be marketed and has sold worldwide generating income to NHS Fife of £706 this year.

Eight new IP disclosures were made this year. An ongoing awareness raising programme during 2019-20 with Scottish Health Innovations Limited (SHIL) and a regular presence of the SHIL Innovation Manager have helped ensure staff remain aware of the importance of protecting and exploiting IP for the NHS.

3.3.6 Review of R&D policies/documents

The R&D Research Strategy was updated in August 2010 to include annual 'priorities' designed to ensure achievement of Strategy targets. These priorities are reviewed annually, and outcomes against them reported to the Fife Research Governance Group. Revised priorities for 2019-20 were included in the updated 2019-20 R&D Research Strategy.

3.3.7 Risk Assessment Process (previously Ethical Review – Site Specific Assessments)

Three Site Specific Assessments were undertaken during the period 2019-20.

A new Risk Assessment Process has been incorporated into the approvals process which incorporates the same processes used for Site Specific Assessments previously, but has been developed to include a range of additional

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checks. Initial Risk Assessments are undertaken by the Approvals Dept in collaboration with PI/research team and checked by the Assistant R&D Director prior to study sign off. The process which looks at suitability of local researchers, facilities, study design and safety with each area having a set of specific questions is carried out for every study which comes into the Department for approval. Responses are subject to a likelihood (low, medium & high) risk score with mitigation strategies identified and incorporated to address any identified concerns. Risk Assessment Forms are updated once any risk mitigation is completed, and are revisited throughout the life cycle of the study if any material changes are made to the study documentation, staffing or operational circumstances which may affect the study. This Risk Assessment process is used to inform the study Monitoring Plan.

3.3.8 Routine Inspection by the Medicines and Healthcare products Regulatory Agency

Fife's first MHRA inspection, whilst hugely challenging in terms of the amount of preparatory work required and a significant learning experience, was very successful. There were no 'MAJOR' of 'CRITICAL' Findings. Only 5 'OTHER' findings were identified during the inspection relating to Medical Oversight, CRF/Source Data, IMP Management/Pharmacy, Training, Facilities and Equipment. These were all addressed and approved by the MHRA within the required timescale.

3.3.9 Targets identified in the NHS Fife R&D Strategy (19-20)

PROMOTING RESEARCH WITHIN AN APPROPRIATE GOVERNANCE FRAMEWORK	Outcomes
Provide R&D support for every research project registered in NHS Fife	Continues to be achieved
Provide assurance to NHS Fife Board that all research activity meets the requirements of the UK Policy Framework for Health and Social Care Research	Continues to be achieved
Increase commercialisation activity resulting from the identification and protection of intellectual property thereby increasing the financial and healthcare benefits for NHS Fife	Projects with potential IP identified: 1 in 13 – 14 1 in 14 – 15 3 in 15 – 16 6 in 16 – 17 4 in 17 – 18 8 in 18 – 19 8 in 19 - 20
Ensure that 10% of all 'high risk' NHS Fife Sponsored projects are audited	Continues to be achieved (100% of Fife Sponsored studies audited)
Provide accurate quarterly/6monthly updates and Annual Reports on financial expenditure to the CSO	Continues to be achieved (100% delivered)
Provide financial information for the R&D Activity & Expenditure report	Continues to be achieved

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Identify the actual cost of research undertaken in NHS Fife and maximise our returns from commercial research	Continues to be achieved

3.4 WORKING IN PARTNERSHIP WITH STAFF

Within Fife, research is undertaken by and with staff for the benefit of patients. It is essential to work with staff to promote the benefits of research activity for individual staff members as part of their commitment to personal and professional development.

Research activity depends on staff having appropriate skills. Local access to regular research education and workshops is available to all NHS Fife staff and open to staff outside NHS Fife.

3.4.1 Research Education Programme

A high quality, multidisciplinary programme addressing the education requirements identified by NHS Fife staff was provided by specialist trainers and the R&D team. Education was offered/provided in 32 full or ½ day sessions including 19 workshop topics offered as part of the scheduled R&D Education programme.

R&D workshops provided / attendance:

Title:	Attendees:				Duration:
Statistics for the Terrified	6	5			½ day
Good Clinical Practice	6	10	5	6	full day
Half Day GCP Update	6	7	10	4	½ day
Systematic Reviews	6				½ day
Critical Appraisal	4				½ day
Preparing a Scientific Poster	9	16	3	3	½ day
Developing your Research Question & Proposal	9				½ day
Writing a Research Grant Application	1				½ day
Writing Up & Getting Your Work Published	3				½ day
Achieving Success with your Dissertation	2				½ day
An Introduction to Research Methods & Design	1				½ day
Using Survey Methods For Research	3				½ day
Innovation & Intellectual Property	-	2	-		½ day
Implementing Research Findings into Clinical Practice	3				½ day
Introduction to Qualitative Research	6				½ day
How to work your way through the Approval Maze	-				½ day
Making a Research Presentation	-				½ day
Data Collection, Analysis & Presentation	4				½ day
Epidemiology for the Uninitiated	-				½ day
Introduction to Qualitative Research	*				½ day

- offered but cancelled due to limited bookings
* cancelled due to COVID 19

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Free courses were open to staff from outside Fife and advertised on the Clinical Research Training for Scotland website:
http://www.crts.org.uk/national/Courses.aspx

The number of participants attending courses was 140 (128 NHS Fife staff and 12 from outside the organisation). This was significantly down on previous years when sessions on statistics had been provided to over 100 people at the Wellcome Trust Clinical Research Facility (WTCRF) in Edinburgh.

Ad hoc sessions are offered for departments at their request to tie in with pre-existing study days, minimising disruption to clinical commitments for staff that would otherwise have had to request time off to attend.

Two of the team retained their accredited GCP (Good Clinical Practice) trainer status, enabling them to deliver GCP training across NHSScotland. R&D staff also taught undergraduate medical students at the University of St Andrews.

Principal Investigator Training was introduced and has been delivered to over 20 PIs to date while R&D nursing staff have been involved in an ongoing programme of training to undergraduate and newly qualified nurses.

Evaluations of the training provided are available in Appendix 2.

3.4.2   Targets identified within NHS Fife R&D Strategy (18 - 19)

WORKING IN PARTNERSHIP WITH STAFF	Outcomes
Increasing the number of staff actively involved in research and development activity	See 3.2.6 above
Deliver a research education and development programme aimed at increasing the capability of staff to undertake research	Continues to be achieved
Increase the number of staff participating in the research training programme	Places booked: 153 (12 – 13) - 40% 256 (13 – 14) + 67% 353 (14 - 15) + 38% 296 (15 – 16) - 16% 168 (16 - 17) - 43% 154 (17-18) - 8% 123 (18 -19) - 20% 140 (19 – 20) +14%
Support staff registered for higher degrees	Continues to be achieved

3.5   PATIENT AND PUBLIC INVOLVEMENT IN RESEARCH

Ensuring the involvement of consumers in both the development and execution of research projects should be key for every NHS organisation. Findings over the decade have shown a marked increase in the success of research which has involved service users in its design and implementation.

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Our Public Involvement representative with a special interest in research is a member of the joint University of St Andrews and NHS Fife Community Research Advisory Group. They have been an active member of the NHS Fife Research Governance Group in her role as Lay Advisor.

The Research Community Advisory Group assist in providing lay view /input into the development of research proposals and ongoing research, and help raise awareness and understanding of research being undertaken locally.

The Fife and Forth Valley Research Ethics Committee also continues to have a strong lay representation.

3.5.1 Targets identified in the NHS Fife R&D Strategy (18 -19)

PATIENT AND PUBLIC INVOLVEMENT IN RESEARCH	Outcomes
Ensure that there is patient and public representation on relevant R&D groups	Achieved
Involve patients and the public in the development of patient information relating to research projects	Ongoing

3.6 COMMUNICATING RESEARCH INFORMATION ACROSS NHS FIFE

Two-way communication of Research information across NHS Fife has presented challenges due to the dispersed nature of the organisation. To help facilitate communication, key research information is available via a dedicated NHS Fife R&D webpage.

3.6.1 Internal Communications

Updates on the research training programme, R&D support and details of the research conferences are circulated regularly. Monthly electronic research 'bulletins' are sent to all research active staff (past and present), providing up to date information about advice clinics, seminars, workshops and recently issued commissioned bids / grants - within and out with NHS Fife.

Details of events and training opportunities have been regularly included in the electronic organisation-wide 'Dispatches'. To reach staff that do not have access to email, details of the R&D Department, its staff and the support offered have been placed on notice boards across the organisation.

3.6.2 External Communications

Work has been completed on a fully functioning R&D website www.nhsfife.org/research with a dedicated Clinical Research Facility page. Further development of R&D communications is being progressed via a regular R&D newsletter which will be circulated widely and made available via the R&D website.

A generic R&D email address has been created to maximise the efficiency of responses to queries to the department: fife-uhb.randd@nhs.net

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The NHS Fife Research & Development Twitter account @NHSFifeResearch has been in operation since January 2018. Regular tweets have been well received with an increasing number of followers raising the Department's profile. R&D Facebook and LinkedIn accounts were investigated but deemed not to be helpful at present time.

3.6.2 Targets Identified in the NHS Fife R&D Strategy (18 -19)

COMMUNICATING RESEARCH INFORMATION ACROSS NHS FIFE	Outcomes
In advance of a fully operational NHS Fife intranet, research information will be provided as a monthly electronic bulletin	Continues to be achieved

4.0 RESEARCH & DEVELOPMENT SUPPORT FOR RESEARCH

R&D staff support and manage research to ensure its quality, compliance with legislation and guidance, and good governance, with the ultimate aim of improving patient care. They advise on and manage the R&D process registering, administering and monitoring all research; providing help and support to researchers; coordinating and facilitating research; identifying and addressing research training and education needs; negotiating optimal terms with study sponsors and funders to ensure full cost recovery; identifying, protecting and exploiting intellectual property.

The R&D Department also coordinates the preparation and submission of the NHS Fife Research Strategy, NHS Fife's Annual R&D report, reports on Research Activity and Research Expenditure to the Scottish Government (which determine the financial support received) and Research Governance Compliance reports.

The R&D Department accommodates the: NHS Fife R&D Director, Assistant R&D Director, R&D Commercial Manager, Senior Research Advisor, Research Coordinator, R&D Quality Assurance Lead, Lead R&D Research nurse, Generic and Network-specific R&D Research Nurses, Clinical Research Advisers, the R&D Business Accountant and R&D Support Officer.

R&D Commercial Research Manager

The Commercial Research Manager is tasked with establishing a portfolio of commercial research, maximising opportunities for NHS Fife's involvement, and also supporting utilisation of the Clinical Research Facility.

An NHS Fife-wide awareness raising program about R&D activity and the support available to staff wishing to undertake research was undertaken during 19 - 20 and is planned for the coming year. Contact with all national and local Pharmaceutical, Medical and Device companies has alerted them to NHS Fife R&D and the resources available. Commercial activity continues to be undertaken alongside non commercial research with increasing numbers of study

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feasibilities being received by R&D - often requiring a rapid response (within 12hrs to 1 week).

Senior Research Advisor

A source of expert advice, this post provides guidance and support on all aspects of NHS research including assisting protocol development, grant applications, statistical advice, data analysis, interpretation and dissemination.

The Senior Research Advisor organises and delivers a majority of the R&D Education Programme, with topics offered in *ad hoc* sessions to individual departments if requested. One-to one support is provided to staff via the monthly Research & Statistics Advice Clinics, providing practical help with data analysis and preparation of papers and dissertations.

During 2019-2020 69 advice sessions were delivered 1:1 and in groups to 80 staff (compared with 66 sessions to 47 staff in 18-19 and 100 sessions to 74 staff in 17-18). Advice sought continued to relate to study design (27%), statistics (4%), approvals – R&D, ethics, IRAS (10%), grant applications (27%), degree projects 5%), general support (27%) and writing up (5%).

Research Coordinator

Responsible for managing research approvals, liaising with the national permissions coordinating centre, projects review and registration the Research Coordinator provides a knowledgeable approvals advice service. Coordinating the approval of studies and amendments they record studies and generate reports of research activity. They assist with costing studies and grants, liaising with other NHS organisations/HR Depts/Universities for the issue of Honorary Research Contracts and Letters of Access.

Some 62 projects were approved during 2019-20, along with approval for 220 amendments to ongoing studies. Average local approval time for studies is 5 days, remaining significantly below the national target of 15 days. Ninety three percent of local reviews were completed within the nationally specified timeline which compares favourably with the other research Nodes (groupings of health boards into 4 groups for the purposes of research collaboration).

R&D Approvals Assistant

An R&D Approvals Assistant appointed in August 2019 provides administrative and facilitative support to the R&D Research Coordinator and wider R&D team to help meet national priorities and targets. They assist in all aspects of the coordination of the R&D Approvals and amendments process and the associated documentation, entering information and updating the research management databases SReDA and EDGE.

R&D Quality & Performance Lead

The R&D Quality & Performance Team attends pre-study/initiation visits, liaising with the R&D team, Sponsors and Support Departments to facilitate prompt study

set-up and commencement of recruitment. Working closely with the R&D research nurses they assist with data collection, query resolution and provision of reports relating to the research data. They collate recruitment data for review against targets, updating figures for reporting. They continue to develop and review a suite of R&D Standard Operating Procedures and Working Instructions and lead on monitoring of NHS Fife Sponsored studies and Quality Control Checking of studies hosted within NHS Fife.

R&D Quality Assurance Lead

The Trials Facilitator attends pre-study/initiation visits, liaising with the R&D team, Sponsors and Support Departments to facilitate prompt study set-up and commencement of recruitment. Working closely with the R&D research nurses they assist with data collection, query resolution and provision of reports relating to the research data. They collate recruitment data for review against targets, updating figures for reporting. They continue to review and develop a suite of R&D Standard Operating Procedures and Working Instructions and lead on monitoring 100% of NHS Fife Sponsored studies.

R&D Research Nurses

R&D continues to 'house' generic, network-specific and other study specific funded research nurses within the department. This provides a base for their development, education and support, enabling them to support and advise NHS Fife staff.

Our R&D research nurses help prepare ethics and management approval documentation, provide clinical/administration time to facilitate recruitment, consent research participants and maintain case report forms. They communicate/link with trial co-ordinators and busy clinicians who would otherwise be unable to participate. R&D research nurses continue to focus on increasing the number of 'eligibly funded' research studies undertaken within NHS Fife, this year working on 76 studies.

Our research nurses help prepare ethics and management approval documentation, provide clinical/administration time to facilitate recruitment, consent research participants and maintain case report forms. They communicate/link with trial co-ordinators and busy clinicians who would otherwise be unable to participate. Generic research nurses continue to focus on increasing the number of 'eligibly funded' research studies undertaken within NHS Fife, this year working on 42 multi-centre trials.

The Lead R&D Research Nurse provides expert professional and clinical leadership to the expanding research nurse team, responsible for their professional supervision and management. Alongside ongoing duties as a clinical research nurse supporting their own portfolio of studies, they liaise with national Topic Specific Research Networks, local service managers and academic colleagues.

R&D Support Officer

The R&D Support Officer provides a central contact point for researchers, directing them to the most appropriate source of assistance. They promote and coordinate bookings for the Research Education Programme, assisting with

management of the R&D website and compile and circulate research related information across the organisation.

They provide extensive administrative support to the Assistant R&D Director and other members of the R&D team, administering room and CRF bookings. They also coordinate arrangements for R&D events and have taken on the role of coordinating feasibilities.

R&D Business Accountant

The R&D Business Accountant maintains a strong financial management and reporting service underpinned by effective financial controls to ensure compliance with statutory, regulatory and local requirements in setting up, management and closing down of R&D projects. They manage the portfolio of research accounts, invoicing as required. This part-time post supports the Assistant R&D Director, R&D team and researchers costing research, assisting with all financial enquiries, grant applications, reporting and analyses.

5.0   RESEARCH PUBLICATIONS

A number of NHS Fife researchers had research papers published in peer reviewed and professional health-related journals during 2019-20 (Appendix 5). Research presentations and posters presented at conferences are also detailed. In total there was a significant reduction in the number or peer reviewed publications in 2019-20 from 103 to 62. 34 of these (marked *) are attributed to NHS Fife clinical academics with the remaining 28 produced by NHS Fife staff. This reduction in numbers is due to the fewer clinical academic publications (falling from an average of 79 over the last 3 years to 34, suggesting a potential under reporting on this occasion.

6.0   UPDATE ON CHALLENGES IDENTIFIED IN THE 2017-18 RESEARCH & DEVELOPMENT ANNUAL REPORT FOR 18-19

In order to ensure the successful implementation of the NHS Fife Research Strategy a series of annual 'priorities' have been selected from it, to be progressed. An update on identified priorities / challenges to be taken forward within Research & Development in 2018 -19 were as follows:

a. We have continued with the long process of encouraging discussion of research as part of Personal Development Plans within the operational division and CHPs during appraisals of health care staff and this is now part of the e job planning framework

b. R&D participation in the development of the medical and nursing clinical academic career development in Fife has been continued.

c. Preparations for an inspection by the Medicines and Healthcare products Regulatory Agency have continued and were implemented and built upon for the inspection in October 2019.

20

d. Although details of research-related academic degree programmes and bursaries, encouraging staff to apply, have been circulated there were fewer Fife applicants for NRS Research Fellowships.

e. Liaising closely with universities and other academic institutions to establish research programmes by identifying opportunities via NHS Fife endowment funds.

f. We have continued to support and participate in the NHS Research Scotland (NRS) East Node, establishing joint documentation and actively participating in membership of groups and committees.

g. We have continued to support the Health Informatics Centre (HIC), consolidating and adding to the joint Tayside and Fife HIC Database to facilitate service based evaluations/research.

h. The infrastructure and processes required for NHS Fife to act as Sponsor for increasingly complex studies is being delivered.

i. Greater activity and collaboration with academics, pharmaceutical and medical device companies are resulting in increased utilisation of the Clinical Research Facility.

7.0 CHALLENGES FOR RESEARCH & DEVELOPMENT IN 2020-21

During 2019-20 the research culture within NHS Fife has maintained recent advances, delivering: consistent levels of research activity, increased numbers of clinical academics; compliance with research governance framework, monitoring 100% of Fife Sponsored studies; and the delivery of a comprehensive R&D Education Programme.

The following challenges have been amalgamated from unmet objectives from the 2019-20 R&D Strategy Key Performance Indicators (KPIs), and the NRS objectives & associated performance metrics to be delivered during 2019-20:

Unmet KPIs (R&D Strategy2019-20):

- Increase the number of staff actively involved in research
- Increase the number of publications
  .

R&D Strategy priorities (2019-20):

All activities detailed in prioritised plan of in the R&D Strategy for 2019-20 are ongoing or have been achieved.

8.0 CONCLUSIONS

Significant progress continues to be made implementing many aspects of the Research & Development Strategy, promoting the research agenda, developing a

research culture and raising the profile of R&D, whilst continuing to build strong alliances with colleagues with the wider research communities.

Fife's first MHRA inspection was a great success and the team should be congratulated on the result.

The NHS Fife Executive Lead for R&D, R&D Director and Assistant R&D Director have ensured a significant raising of the profile of NHS Fife R&D and the promotion of Fife as an important, emerging player in the current, and future Scottish research agenda.

DR AMANDA WOOD
Assistant R&D Director

PROFESSOR ALEX BALDACCHINO
R&D Director

With grateful thanks to **ROY HALLIDAY,** R&D Support Officer for input into this report.

July 2020

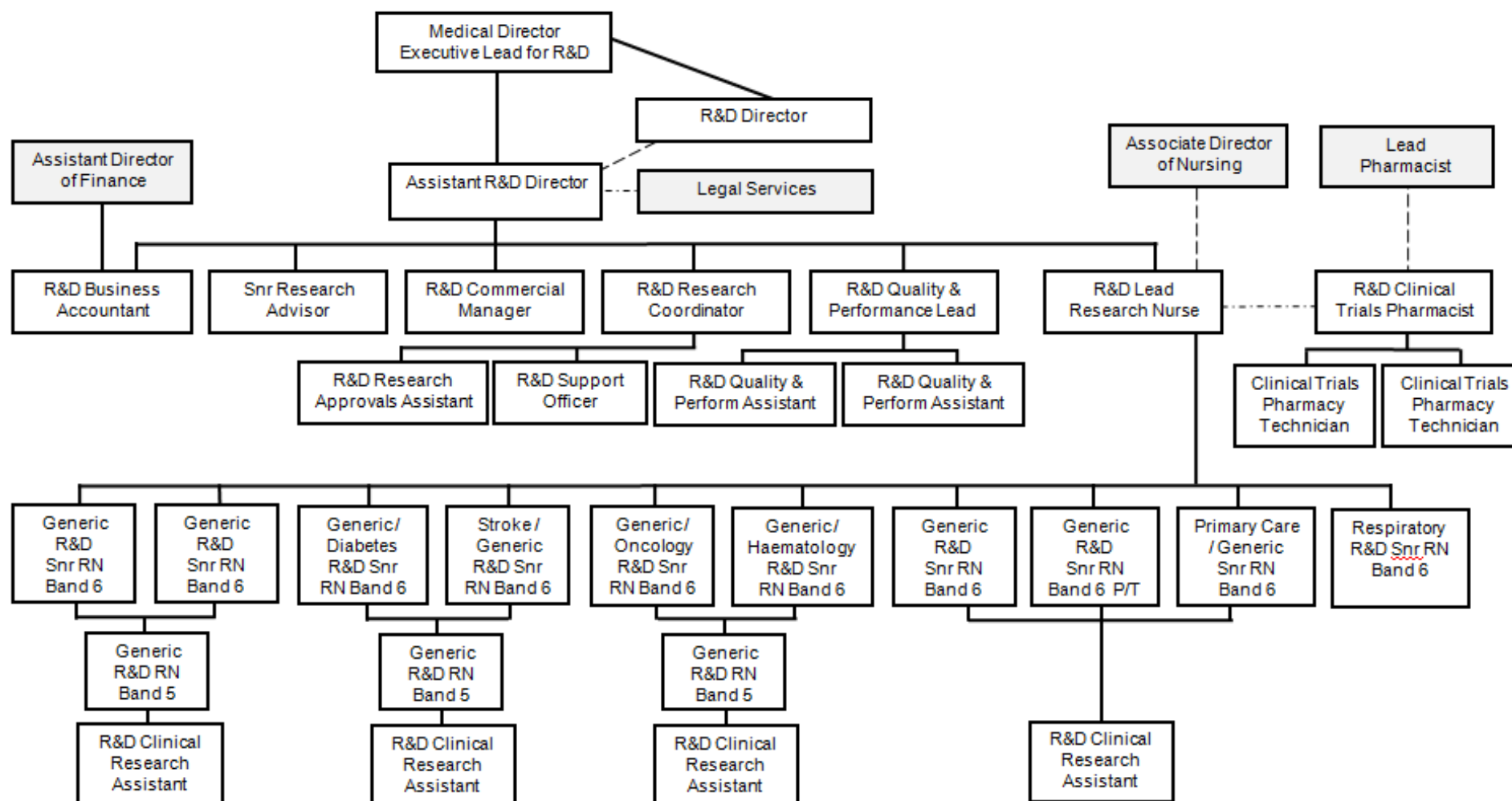### 9.0   RECOMMENDATION

The Clinical Governance Committee is asked to:

- Note the contents of this paper.

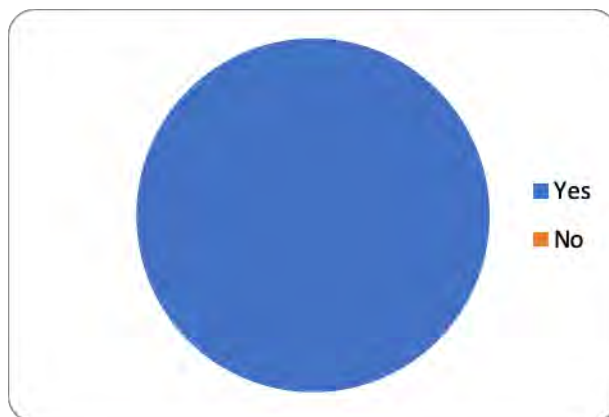## NHS FIFE RESEARCH & DEVELOPMENT SUPPORT STRUCTURE 2019-20
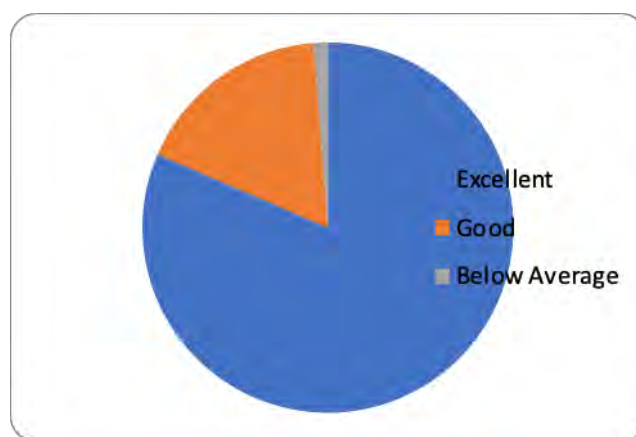

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EVALUATIONS OF R&D EDUCATION TRAINING PROGRAMME 2019-20
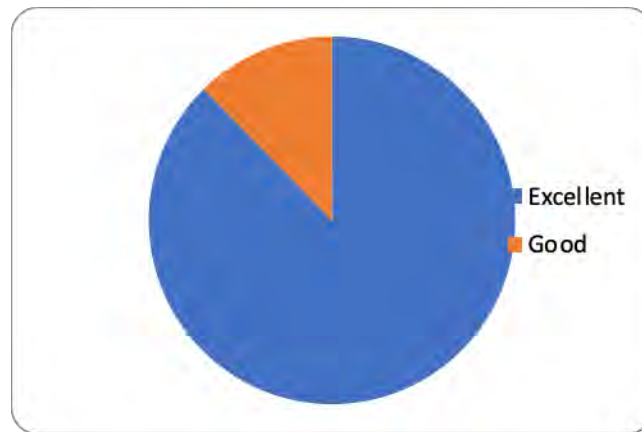

Relevance of workshop

Will use knowledge in the future

Organistion of workshop

24

Overall rating of workshop

25

APPENDIX 3

RESEARCH GRANTS APPLIED FOR BY CLINICAL ACADEMICS IN COLLABORATION WITH NHS FIFE STAFF DURING 2019 - 20

<u>Senior Lecturer in Ophthalmology (St Andrews) – Andrew Blaikie</u>

Evaluation of a low-cost handheld retinal camera for remote Retinopathy of Prematurity (ROP) screening during periods of pandemic

<u>Honorary Senior Lecturer in Chronic Pain (Dundee)</u>

Understanding barriers to increasing physical activity in chronic pain: an exploratory study to

develop the SUstainable Self Effective Exercise Development (SUSSED) intervention. Chief Scientist Office, Scotland, U.K. **£142,691.00** 1.10.19 – 30.09.20

The Global Challenge to Manage Persistent Pain. University of Dundee Global Challenges Research Fund (GCRF).**£3,650.00**, 01.05.19 – 31.07.19
    MRC Grant (submitted)
    CSO Grant (submitted)
    NHS Fife Bursary Grant (successful)
    University of Dundee Global Challenges Grant (successful)

<u>Visiting Scholar in Epidemiology (St Andrews)</u>

    Global Challenges Research Fund/Scottish Funding Council
    Fleming Fund – Commonwealth Partnerships for Antimicrobial Stewardship

<u>Professor of Medicine, Psychiatry and Addiction (St Andrews)</u>

- A systems approach to exploring syndemic health and social condition clustering among individuals who experience a drug-related death (DRD): Developmental work for co-produced intervention(s). Chief Scientists Office (CSO) (*2020-2021*). Baldacchino as PI

- ERICA-Stopping Child Maltreatment through Pan-European Multi Professional Training Programme: Early Child Protection Work with Families at Risk Project. EU Justice and Consumers. (*2020-2022*) (450,000 Euros). Baldacchino as PI

- Assessing prescription opioid overdose risk (POOR) via a quality improvement process led by NHS Fife Pharmacy and scoping the feasibility of a specific overdose prevention intervention delivered by Community Pharmacists. NHS Fife R&D Bursary (2019-2020) (£30,000). Baldacchino as PI

- Development of an algorithm to classify Primary Care Electronic Health Records of alcohol consumption in Scotland. NHS Fife R&D Bursary (2019-2020) (£8,841) Baldacchino as PI

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- ELECTRA Project. NHS Fife Endowment Fund (*2018-2019*) (£160,000) Baldacchino as co-CI

- Functional and structural neuroimaging and neuropsychological consequences of chronic suboxone use. Indivior unrestricted educational grant *2016-2019* (£275,000) Baldacchino as Chief Investigator (CI).

- Identifying and reducing Staphylococcal bacteraemia in substance misuse. NHS Fife R&D Bursary *2014-2017* (£20,000) Baldacchino as Co-Applicant (CA) and *2017-2019* (£20,000).

NRS Fellow in Palliative Care

Improving the quality and value of care for people with poor prognosis cancers – a national, mixed-methods study across Scotland. Awarded 400K from The Health Foundation (Insight Award Programme 2020) to undertake this study over 3.5 years starting autumn 2020. Co-lead with Professor Marie Fallon and Dr Peter Hall.

RESEARCH GRANTS OBTAINED BY CLINICAL ACADEMICS DURING
2019 - 20

Honorary Senior Lecturer in Chronic Pain (Dundee)

The Global Challenge to Manage Persistent Pain. University of Dundee Global Challenges Research Fund (GCRF), £3,650, 01.05.19 – 31.07.19

Development of a Validation Protocol for a Case Identification Algorithm for Chronic Pain in Primary Care. NHS Bursary Grant, £13,648, 01.08.18 – 31.07.19

Improving chronic pain services across Scotland, Scottish Government (Healthcare Quality and Strategy Directorate), £87,500, 01.09.18 – 31.08.19

Visiting Scholar in Epidemiology (St Andrews)

Global Challenges Research Fund/Scottish Funding Council

28

APPENDIX 5

NHS FIFE RESEARCH PUBLICATIONS, PRESENTATIONS AND POSTERS DURING 2019-20

Publications

Cor A. J. DeJong, , Janine G. DeJong Verhagen, Robert Pols,Cor A.G. Verbrugge,,**Alexander Baldacchino (2020).** *Psychological impact of the acute COVID-19 period on patients with substance use disorders (SUD): We are all in it together* . Basic and Clinical Neuroscience, 163-172

Conti, A., Steele, D., Tolomeo, S., **Baldacchino, A (2020)** *A quantification of mood and anxiety symptoms occurring during acute tobacco withdrawal: a systematic review and meta-analysis. Neuroscience and Biobehavioural Review, 115; 48-63*

Ali Farhoudian A , **Baldacchino A**, Clark N, Gerra G, Ekhtiari H, Dom G, Azarakhsh Mokri, Mandana Sadeghi, Nematollahi P, Demasi M, Schütz CG, Mohammadreza Hashemian S, Tabarsi P, Galea-Singer S, Carrà G, Clausen T, Kouimtsidis C, Tolomeo S, Ramin Radfar S, Mohammad Razaghi E (2020) *COVID-19 and Substance Use Disorders:Recommendations to a Comprehensive Healthcare Response. An International Society of Addiction Medicine (ISAM) Practice and Policy Interest Group Position Paper* Basic and Clinical Neuroscience, 129-145

Figueredo, P., Tolomeo, S., Steele, D.J., **Baldacchino, A (2020)** *Neurocognitive impairments as a result of chronic cannabis use: a systematic review and meta-analysis. Neuroscience and Biobehavioural Review,* DOI: 10.1016/j.neubiorev.2019.10.014, 108:358-369

Antonio Verdejo-Garcia, Hamed Ekhtiari, Valentina Lorenzetti, Victoria Manning, David Pennington, Shalini Arunogiri, Marsha Bates, Raimondo Bruno, Salvatore Campanella, Stacey Daughters, Rob Hester, Christos Kouimtsidis, Dan Lubman, Dieter Meyerhoff, Scott Moeller, Martin Paulus, Tara Rezapour, Serenella Tolomeo, **Alex Baldacchino,** Hamed Ekthiari (**2019**) *A roadmap for integrating neuroscience into addiction treatment: A Consensus of the Neuroscience Interest Group of the International Society of Addiction Medicine (ISAM). Frontiers in Psychiatry;* doi: 10.3389/fpsyt.2019.00877, Vol10 Article 877,

Tolomeo, T., Steele, D., Davey, F., **Baldacchino, A (2019)** *Effects of opioid dependence on visuospatial memory and its associations with depression and anxiety. Frontiers in Psychiatry,* doi: 10.3389/fpsyt.2019.00743 Article 743

Kakko,J., Alho, H., Auriacombe, M., **Baldacchino,A**., Molina,R., Alfonso Nava,F., Shaya,G. (2019) *Craving in opioid use disorder: from neurobiology to clinical practice. Frontiers in Psychiatry. doi: 10.3389/fpsyt.2019.00592 Article 592*

Yang Liu, Wery van den Wildenberg, Ysanne de Graaf, Susan Ames, **Alexander Baldacchino**, Ragnhild Bø, Fernando Cadaveira, Salvatore Campanella, Paul Christiansen, Eric Claus, Lorenza Colzato, Francesca Filbey, John Foxe, Hugh Garavan, Christian Hendershot, Rob Hester, Jennie Jester, Hollis Karoly, Anja Kräplin, Fanny Kreusch, Nils Inge Landrø, Marianne Littel, Sabine SteinsLoeber, Edythe London, Eduardo López Caneda, Dan Lubman, Maartje Luijten, Cecile Marczinski, Jane Metrik, Catharine Montgomery, Harilaos Papachristou, Su Mi Park, Andres Paz, Géraldine Petit, James Prisciandaro, Boris Quednow,

Lara Ray, Carl Roberts, Gloria Roberts, Michiel de Ruiter, Claudia Rupp, Vaughn Steele, Delin Sun, Michael Takagi, Susan Tapert, Ruth van Holst, Antonio Verdejo-Garcia, Matthias Vonmoos, Marcin WOJNAR, Yuan-Wei Yao, Murat Yucel, Martin Zack, Robert Zucker, Hilde Huizenga, Reinout Wiers (**2019**) *Is (poly-) substance use associated with impaired inhibitory control? A mega-analysis controlling for confounders. Neuroscience and Biobehavioral Review 105; 288-304*

Kidd, B., Renwick, C; Parrott, S., Matthews, K., **Baldacchino, A (2019)** *Buprenorphine/naloxone and methadone Opioid Replacement Therapy: a 2-year follow-up study and health economic analysis. Addiction and Addictive Disorders. DOI: 10.24966/AAD-7276/100024*

Conti, A., McLean, L., Tolomeo, S., Steele, D.J., **Baldacchino, A. (2019)** *Chronic tobacco smoking and neuropsychological impairments: A systematic review and meta-analysis. Neuroscience and Biobehavioral Review DOI: 10.1016/j.neubiorev.2018.11.017*

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Sullivan F. Enabling Learning NHS Care Systems utilising Electronic Medical Records: Innovative opportunities to support the NHS Fife Clinical Strategy, Date: 6.2.20
Name of host organization: East of Scotland NHS Innovation Board, Primary audience: Senior NHS Clinicans and Managers.

Sullivan F. Revitalising the academic GP career in Scotland, Date: 23.1.20
Name of host organization: Scottish Departments of general practice & primary care
Primary audience: Academic clinicians and scientists.

Sullivan F. The future role of lung cancer screening, Date: 29.1.20
Name of host organization: British Thoracic Oncology Group
Primary audience: Academics and clinicians.

Sullivan F. Before Imaging: Complementary EarlyCDT in a Platform Study (BICEPS).
Date: 11.12.19, Name of host organization: National Cancer Research Institute
Primary audience: Academics – Clinical, epidemiological and trials.

Sullivan F. Diagnosis of Lung Cancer in Scotland, Date: 5.12.19
Name of host organization: Roy Castle Fund for Lung Cancer
Primary audience: Clinicians and policymakers.

Sullivan F. Title: Early Diagnosis of Lung Cancer, Date: 23.11.19
Name of host organization: Sir James Mackenzie Institute, Primary audience: Academic

Sullivan F. Title: How practice based research networks enable excellent health research
Date: 18.11.19, Name of host organization: Julius Maximilian University of Würzburg
Primary audience: Academic

Sullivan F. Title: Early Diagnosis of Lung Cancer, Date: 1.11.19
Name of host organization: Scottish Lung Cancer Audit And Education Group
Primary audience: Muliprofessional and policymakers

Sullivan F. Title: Early detection of Cancer of the Lung Scotland (ECLS): provisional results from a randomised trial of lung cancer screening, Date: 7.9.19

Name of host organization: Intaernational Association for the Study of Lung Cancer
Type of presentation: Presidential podium plenary, Primary audience: Clinical academics

Sullivan F. Title: Early Cancer detection test – Lung cancer Scotland: Provisional Results from a Randomised Trial of Lung Cancer Screening, Date: 10.7.19
Name of host organization: World Prevention Alliance
Primary audience: National Cancer Institute Directors Meeting,

Sullivan F. Title: Using Primary Care Electronic Medical Records to identify study subjects in clinical trials of cancer biomarkers, Date: 5.6.19
Name of host organization: The Cancer & Primary Care Research International Network
Type of presentation: Parallel oral
Primary audience: Academic GPs

Sullivan F. Title: Ethical Use of Data, Date: 15.6.19
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Type of presentation: Invited plenary
Primary audience: Scandinavian GPs

Weir N, 'The Role of the Assistant Frailty Practitioner'. Unscheduled Care Event in Glasgow in October 2019.

Posters:

Bowden J, Williams L, Swan A, Simms A, Sedcole R, Price A, Skipworth R, Fallon M. November 2019 Cachexia-related biomarkers predict a range of adverse outcomes in people receiving palliative chemotherapy for lung cancer. National Cancer Research Institute conference.

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George R, Clive S, Gibson S, Swan A, **Bowden J.** A review of Best Supportive Care within cancer guidelines: a confused and inconsistent picture which demands a consensus approach. National Cancer Research Institute conference. November 2019.

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Pattle S, Dorward D, **Bowden J**, Fallon M. Retrospective Review of Invasive Investigations in the Diagnosis of Advanced Stage Lung Cancers in patients in SE Scotland. Scottish National Lung Cancer Forum. Scottish Lung Cancer Forum. September 2019

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McGoldrick N, Herd D, Murray A, Murray C, Liddel D, Freeman, R. Oral Health Promotion Progamme for People with Experience of Drugs and Alcohol. Faculty of Public Health Conference Autumn 2019.

Burns J, **O'Keefe E**, White V. No Health Without Oral Health- How oral health contributes to Public Health Priorities in Scotland. British Association Study of Community Dentistry Spring Scientific Meeting. May 2019.

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NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**4 November 2020**
Title:	**Research and Development Annual Report 2019-2020**
Responsible Executive:	**Dr Chris Mckenna**
Report Author:	**Dr Amanda Wood, Assistant R&D Director (now retired). Note: Professor Frances Quirk is Amanda Wood's replacement.**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Annual Operational Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Research and Development Annual Report 2019-2020 is being brought to the Clinical Governance Committee for their Awareness to provide an update on activities in increasing culture to include research as part of role and to build research capacity and delivery against 2019/2020 strategic priorities.

2.2 Background

This report details the activities within Research & Development (R&D) across NHS Fife from April 2019 to March 2020. It details progress made over the last 12

months in relation to ongoing work, previously identified challenges and identifies the key challenges currently facing R&D.

Continued significant developments within R&D include our relationships with the Universities of St Andrews and Dundee in relation to research activities. The joint clinical academic appointments with the Universities of Dundee and St Andrews have produced benefits in terms of major research grants and contribution to an expanding NHS Fife research culture. Work has advanced particularly well with the University of St Andrews, building on the experience of developing the teaching agenda, and creating further joint posts, with other universities and colleges.

2.3 Assessment

During 2019-20 the research culture within NHS Fife has maintained recent advances, delivering: consistent levels of research activity, increased numbers of clinical academics; compliance with research governance framework, monitoring 100% of Fife Sponsored studies; and the delivery of a comprehensive R&D Education Programme.

The following challenges have been amalgamated from unmet objectives from the 2019-20 R&D Strategy Key Performance Indicators (KPIs), and the NRS objectives & associated performance metrics to be delivered during 2019-20:

Unmet KPIs (R&D Strategy2019-20):

- Increase the number of staff actively involved in research
- Increase the number of publications
  .

R&D Strategy priorities (2019-20):

All activities detailed in prioritised plan of in the R&D Strategy for 2019-20 are ongoing or have been achieved.

Fife was subject to its first Routine Inspection by the Medicines and Healthcare products Regulatory Agency (MHRA) in October 2019. Whilst this first inspection was hugely challenging in terms of the amount of preparatory work required and was a significant learning experience, it was very successful. There were no 'MAJOR' of 'CRITICAL' Findings. Only 5 'OTHER' findings were identified during the inspection relating to Medical Oversight, CRF/Source Data, IMP Management/Pharmacy, Training, Facilities and Equipment. These were all addressed.

2.3.1 Quality/ Patient Care

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2.3.2 Workforce

The suspension of non-COVID studies in March, along with requirements to work from home, and the commencement of new COVID related studies led to some resourcing implications and challenges for staff in R&D.

2.3.3 Financial

Research is categorised as *'commercial'* (funded by the pharmaceutical or medical device industry) or *'non-commercial'*. Non-commercial research is further divided into "eligible" (funded by charitable organisations, research councils or Government bodies), or "non-eligible" (NEF - funded by a non-eligible organisation or is unfunded).

R&D funding is provided via NHS Research Scotland (NRS) by the Chief Scientist Office (CSO) in respect of research considered 'eligible' for funding, in recognition of the unfunded costs incurred by the NHS for undertaking and participating in such projects.

CSO funding remains the main source of income to support all non-commercial R&D activities across NHS Fife. It is used to provide and support the R&D infrastructure (Appendix 2), to maximise its activity and to ensure the required management, governance and support of research.

CSO Funding Allocation Income 2019-2020 -£848,000
Commercial Income 2019-2020- £99,850

2.3.4 Risk Assessment/Management

Research Governance Committee has noted a reduction in the number of staff involved in research and the number of publications produced over the reporting period. These unmet KPI's will be a focus of monitoring and the development of strategies to address them in 2020-2021.

2.3.5 Equality and Diversity, including health inequalities
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2.3.6 Other impact

Within Fife, research is undertaken by and with staff for the benefit of patients. It is essential to work with staff to promote the benefits of research activity for individual staff members as part of their commitment to personal and professional development.

Research activity depends on staff having appropriate skills. Local access to regular research education and workshops provided by R&D is available to all NHS Fife staff and open to staff outside NHS Fife.

2.3.7 Communication, involvement, engagement and consultation

Two-way communication of Research information across NHS Fife has presented challenges due to the dispersed nature of the organisation. To help facilitate communication, key research information is available via a dedicated NHS Fife R&D webpage.

Internal Communications

Updates on the research training programme, R&D support and details of the research conferences are circulated regularly. Monthly electronic research 'bulletins' are sent to all research active staff (past and present), providing up to date information about advice clinics, seminars, workshops and recently issued commissioned bids / grants - within and out with NHS Fife.

Details of events and training opportunities have been regularly included in the electronic organisation-wide 'Dispatches'. To reach staff that do not have access to email, details of the R&D Department, its staff and the support offered have been placed on notice boards across the organisation.

External Communications

Work has been completed on a fully functioning R&D website www.nhsfife.org/research with a dedicated Clinical Research Facility page.   Further development of R&D communications is being progressed via a regular R&D newsletter which will be circulated widely and made available via the R&D website.

A generic R&D email address has been created to maximise the efficiency of responses to queries to the department: fife-uhb.randd@nhs.net .

Our Public Involvement representative with a special interest in research is a member of the joint University of St Andrews and NHS Fife Community Research Advisory Group. They have been an active member of the NHS Fife Research Governance Group in their role as Lay Advisor.

The Research Community Advisory Group assist in providing lay view /input into the development of research proposals and ongoing research, and help raise awareness and understanding of research being undertaken locally.

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.

- Research Governance Committee- papers approved out of meeting cycle by required minimum of 6 core members (due to 3 Sept meeting delayed to 29 October)

2.4   Recommendation

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

3   List of appendices

The following appendices are included with this report:
- Appendix No 1 Research and Development Report 2019-2020

Report Contact

Professor Frances Quirk (replacement for Dr Amanda Wood)
Assistant Research and Development Director
Email frances.quirk@nhs.scot

RESEARCH & DEVELOPMENT STRATEGY 2020-21

Greater knowledge
Better services …

Last review date: **July 2020**

Next Formal Review: **May 2021**

Implementation Date: **September 2020**

Authors: **Prof A Baldacchino Research, Development and Innovation Director, NHS Fife**

Dr A Wood, Assistant R&D Director, NHS Fife

Approval Record	Date
NHS Fife Research Governance Group	3rd September 2020 (out of meeting due to deferred date)
NHS Fife Clinical Governance Committee	04th November 2020
NHS Fife Board	29th November 2005

1. INTRODUCTION

1.1 NHS Research Scotland (NRS) via the Chief Scientist Office (CSO) has highlighted the need for the NHS to be an innovative and research-active environment, to ensure that good ideas are translated into wider practice and that ideas with commercial potential are identified and promoted.

1.2 The Scottish Government Health Department (SGHD) is committed to increasing the level of high quality research conducted in Scotland for the health and financial benefits of our population, so we are recognised globally as a leader in health science (Delivering Innovation through Research – Scottish Government Health and Social Care Research Strategy, 2015). The SGHD strategy highlights what needs to be done to achieve this vision, detailing the areas where we can and should make a difference and the need to increase the scope, relevance and quality of research to meet the health and healthcare needs of the people of Scotland.

1.3 The 4 national Research Governance Frameworks (RGF) for Health and Community Care (2006), updated to create an overarching UK Policy Framework for Health and Social Care Research (2017), promotes improvements in research quality and sets the standards for good practice.

1.4 At a local level NHS Fife, as part of Fife Partnerships is working towards greater integration of research activities in order to:

'Develop and make best use of knowledge from research and information resources to help achieve Fife's Strategic Plan'.

1.5 For the purposes of this strategy 'Research' is defined as:

- All forms of clinical and population research involving patients or members of the public in Fife. This includes work that entails new data collection as well as the analysis of routinely collected data. It also includes research into care pathways that cross boundaries with other agencies.

  'Development' is defined as:

- any systematic evaluation of the application of the results of research into practice.

And 'Partners' are defined as:

- academic institutions, regional and national research networks and other agencies involved in for example Fife's Health and Social Care Partnership.

2. CURRENT RESEARCH ACTIVITY

2.1 NHS Fife's annual research budget allocation of Support Funding from CSO (Chief Scientist's Office) is £826,000 in 2020-21. These monies are provided for research considered eligible for funding, in recognition of the costs

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incurred by the NHS of undertaking and participating in such projects. This is currently the main source of funding available to support research in NHS Fife. Additional funding can be secured by increasing the number of eligibly funded projects[1] undertaken by an NHS organisation, increasing the number of NHS Fife Chief Investigators and the recruitment into such studies. Additionally, commercial research and a small number of specific grant funded projects undertaken across NHS Fife also provide funding to support key staff to be employed to enable the research to be undertaken. Commercial research does not attract support funding from CSO since all costs to the NHS of participating in such activities must be met in full by the participating companies. Income from commercial recruitment activity during 2019-20 was £99,850 (compared with £111,412 in 18-19 and £117,641 in 17-18).

2.2 Funding is used to support research and development activities in NHS Fife. It provides the responsive and collaborative infrastructure (Appendix 1) necessary to ensure the required management and governance of the research undertaken. Appendix 2 illustrates the NHS Fife committee structure in relation to R&D.

2.3 There are currently 259 research projects registered across NHS Fife (compared with 237 in 18-19, 267 in 17-18, 290 in 16-17, 256 in 15-16, 261 in 13-14, 234 in 12-13, 265 in 11-12 and 253 in 10-11). Studies were notably in the categories of: Cancer Cardiovascular & Stroke, Renal, Musculoskeletal and Neuroprogressive Disease. This research tends to be limited to a few individuals working independently or as part of large national multi-centre trials. There are currently 191 NHS Fife staff who are registered as being active in research within these areas.

2.4 Despite ongoing achievements it is recognised that there is still scope to increase the research capacity within NHS Fife. Although it has not been determined locally exactly what the main barriers to research are, drawing on surveys in other similar healthcare organisations, they are likely to include a lack of protected time and/or dedicated funds for research, a lack of peer group support, lack of training in research skills and a perceived lack of the relevance / importance of research.

2.5 Every NHS organisation requires an appropriate balance of service delivery, research and learning in order to deliver the healthcare needs of the population. NHS Fife is predominately involved with service delivery supported by lifelong learning. Taking account of future demographic, social and technological change NHS Fife requires to contribute to increase the emphasis placed on research activity in order to support the delivery of the local health plan and Clinical Strategy into the future.

3. NHS FIFE'S VISION FOR RESEARCH

3.1 Strategy Aim

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[1] projects funded by any of the non commercial charitable or government organisations detailed in the list of qualifying funders on the CSO website.

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The R&D strategy will support NHS Fife's overall strategic aim to provide the highest quality care to, and improve the health of, the population of Fife, within the resources available and in partnership with its staff, community planning partner organisations and the citizens of Fife.

The R&D Strategy will support this by:

- promoting a culture that supports and encourages research as part of routine practice;

- building on the opportunities to work closely with academic and community planning partners to increase the volume and quality of research;

- promoting research within an appropriate governance framework;

- developing research knowledge and skills of staff and appropriate independent contractors;

- working in partnership with the citizens of Fife to ensure that research is patient-centered;

4. PROMOTING A CULTURE THAT SUPPORTS AND ENCOURAGES RESEARCH

4.1 As a result of receiving R&D support funding from NRS, considerable progress has been made in NHS Fife, supporting and encouraging research activities. Work will continue to be taken forward within existing resources to make research meaningful and increasingly accessible and to ensure its integration into everyday practice and policy development.

4.2 We (NHS Fife) will continue to achieve this by:

- supporting the NHS Fife Executive Lead and Director for Research and Development

- supporting the NHS Fife Research Governance Group

- including R&D information in recruitment and induction materials, personal development plans, knowledge and skills frameworks, contracts and terms of employment

- enabling access to the evidence base to support research by providing access to a full range of library services

- promoting research and researchers' achievements in Fife as part of clinical governance activities

- producing an annual report on research activity for submission to Fife NHS Board and Clinical Governance Committee

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- ensuring R&D is a high profile item for discussion on the agenda of appropriate NHS Fife meetings e.g. Clinical Governance Committee

- including measurable objectives for research within NHS Fife's Research & Development Strategy

5 WORKING WITH PARTNERS

5.1 NHS Fife currently works with a number of partners to take forward research. By improving the co-ordination and links at a senior level we aim to increase the volume and quality of research and the opportunities for Fife-based clinicians and other staff to become Principal / Chief Investigators.

5.2 In addition to supporting an NHS Fife Executive Lead/Director for Research Development and Innovation we have achieved this by:

- enabling joint senior clinical appointments with our university partners

- seeking opportunities to improve research collaboration with NHS Fife's Health and Social Care Partnership (HSCP)

- promoting multidisciplinary and multiagency research

- identifying local research education/training needs

- working with established regional and national networks (such as the Scottish Cancer Research Network (SCRN), Scottish Primary Care Research Network (SPCRN), Scottish Diabetes Research Network (SDRN), Scottish Stroke Research Network (SSRN), Scottish Mental Health Research Network (SMHRN), Scottish Neuroprogressive and Dementia Research Network (SDCRN), and Social Dimensions of Health Institute (SDHI)) to identify resources and mentors to provide support for staff undertaking research.

- concentrating on developing and supporting current areas of research strength through thematic groups, fellowships and collaborative workshops

Thematic Research Groups:

  o Women & Children's Health
  o Learning Disabilities
  o Children and Young Peoples Wellbeing
  o Arthritis and Rheumatology
  o Children and Adolescent Mental Health Services
  o Occupational Therapy

NRS Fellowships and post fellowship support:

  o Cardiovascular
  o Infectious Diseases
  o Palliative Care

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o Primary Care

<u>Collaborative workshops:</u>

    o Digital Health Science Initiatives

    o Supporting the work of NRS Scottish Speciality Groups within Fife particularly those led by NHS Fife (Ophthalmology and Infectious Diseases) by increasing patients enrolled in trials

    o Supporting the South East Regional Innovation Programme.

Over the next 2 years we will:

- Continue to identify and prioritise joint clinical academic positions between NHS Fife and the University of St. Andrews
- Continue to improve the research culture within the clinical environment in Fife by supporting the nursing, allied health professional and supporting staff to establish their research priorities
- Support NHS Fife's vision in helping to shape /deliver the Clinical Strategy that meets the demands of future populations especially around COVID19 remobilisation programmes
- Explore further increasing use and expansion of the Clinical Research Facility at VHK

5.3   As a result of the above actions we will aim to:

- *increase the number of staff actively involved in Research and Development activity by 7.5% each year*

- *increase the number of ongoing projects, including eligibly funded /adopted projects as defined by the CSO, and commercial research within NHS Fife by 10% per year*

- *increase the number of publications by NHS Fife Staff in peer reviewed journals by 10% per year*

- *Increase the number of clinical academic positions by 10% over the next 3 years.*

6   PROMOTING RESEARCH WITHIN AN APPROPRIATE GOVERNANCE FRAMEWORK

6.1   Research Governance is the framework through which NHS Fife Board can be assured that the quality of research is maintained and continuously improved and that high standards of patient care are maintained when research is carried out.

Research Governance is used as an overarching term to describe the cohesive set of management and quality improvement systems to ensure

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NHS Fife meets its commitment to deliver high quality research, whilst protecting patients and researchers alike.

The UK Policy Framework for Health and Social Care Research (2017) highlights 'the need for organisations to be aware of the activity involved in supporting research and of what it costs'. Further, as a minimum requirement, the CSO expects that as part of sound research governance arrangements NHS organisations should ensure that expert accounting input is available for the costing and monitoring of all research (both commercial and non commercial). NHS Fife needs to be able to demonstrate to its auditors that it is covering the entire cost of undertaking research, including appropriate R&D Department costs and organisation overheads for commercial research. NHS Fife, therefore, needs to deliver rigorous and effective costing mechanisms and financial management in R&D.

This has been achieved in Fife through delivery of efficient research management and approval processes, developing research databases, providing support & training for researchers, ensuring financial probity, and monitoring ongoing research and the publications arising from it.

Our approach to Research Governance demonstrates to staff, users and carers that improving the quality of research provided by NHS Fife is viewed as an important issue across the organisation.

6.2   In order to achieve this we will:

- ensure that all externally (out with NHS Fife) and internally (within NHS Fife) commissioned research undertaken in NHS Fife is registered and accurately costed

- ensure that policies are in place to support invention and innovation in NHS Fife while exploiting the potential these activities present for the organisation

- update, improve and develop NHS Fife policy, procedures and guidelines for commercial and non-commercial research

- ensure we undertake an annual monitoring exercise to identify all ongoing research

- ensure we undertake an annual audit of all research sponsored by NHS Fife

- ensure accurate data capture systems are in place to record R&D activity for analysis and dissemination

- maintain R&D pages on the NHS Fife intranet and the R&D website

- hold regular awareness raising sessions around R&D and Intellectual Property (IP)

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- continue to employ a dedicated R&D Business Accountant from the NHS Fife Finance Directorate and have:

    o appropriate financial management and guidance on the costs of research and recovery of such costs
    o costing mechanisms for commercial and non-commercial research
    o systems to identify patient recruitment to studies, raise invoices and track payments
    o systems that comply with financial probity to facilitate appropriate transfer of monies from one organisation to another
    o systems to accept, manage, monitor and disseminate funds.

- ensure that financial systems and audit trails are in place to capture and account for support funding expenditure and NHS Fife overheads from commercial research.

6.3   As a result of the above actions we will continue to:

- *provide R&D support for every research project registered in NHS Fife*

- *provide assurance to NHS Fife Board that all research activity meets the requirements of the UK Policy Framework for Health and Social Care Research*

- *increase the identification and protection of intellectual property by 10% each year thereby increasing commercialisation activity, increasing both financial and healthcare benefits for NHS Fife through opportunities arising from the South East Scotland Innovation Programmes*

- *ensure that a minimum of 10% of all 'high risk' projects[2] sponsored by NHS Fife are audited annually.*

- *continue to provide accurate regular updates and annual reports on financial expenditure and research activity to the CSO*

- *continue to provide financial information for the NHS Fife R&D Annual Report*

- *continue to identify the actual cost of research undertaken in NHS Fife and maximise our returns from commercial research.*

- *Maximise utilisation of the Clinical Research Facilities.*

7   WORKING IN PARTNERSHIP WITH STAFF

7.1   Research is undertaken by and with staff for the benefit of patients and members of the public. It is essential that we work with staff and the Public

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[2] projects where the potential for an adverse event is deemed to be higher, such as those involving investigational medicinal products, devices or investigations. NB NHS Fife does not currently sponsor Clinical Trials of Investigational Medicinal Products.

8

Partnership Forum to promote the benefits of research activity for individual staff members as part of their commitment to personal development.

Research activity depends on staff having appropriate skills. However, a lack of research skills is frequently reported as the main barrier to undertaking research activity. The Assistant R&D Director and R&D Team will, in collaboration with other NHS organisations and within existing resources, provide access to regular research education and workshops which will be open to all staff in NHS Fife.

7.2 In order to achieve this we will continue to:

- Identify / determine research education needs within NHS Fife

- encourage staff to consider R&D education and the development of evidence based practice as part of their CPD

- work jointly with other external organisations to provide a high quality multidisciplinary/multiagency programme which addresses identified research training requirements

- encourage and support NHS Fife staff to apply for NRS Research Fellowships, details of which will be circulated throughout NHS Fife.

- identify sources of funding and work towards securing funds in partnership with new and established researchers to undertake research within the identified priorities and needs areas.

7.3 As a result of the above actions we will, in addition to increasing the percentage of staff actively involved in research and development activity:

   o *review the previous year's research education programme, plan and deliver an updated programme aimed at increasing the capability of staff to undertake research*

   o *increase the number of staff participating in the research education programme annually*

   o *support staff registered for higher degrees.*

8 PATIENT AND PUBLIC INVOLVEMENT IN RESEARCH

8.1 It is important that the organisation has systems in place to identify the involvement of consumers in research and to ensure their involvement in the development and execution of research projects.

8.2 In order to achieve this we will continue to:

- ensure that there is patient and public representation on relevant R&D groups
- encourage the involvement of patients and the public in the development of studies and patient information relating to research projects

9

9   COMMUNICATING RESEARCH INFORMATION ACROSS NHS FIFE

9.1   Two-way communication of research information across NHS Fife presents a significant challenge due to the dispersed nature of the organisation. In light of this, established communication networks are used where possible.

9.2   Health & Social Care Partnerships, the Division and Corporate Directorates use current systems such as local newsletters, briefing sheets or web sites to disseminate information about local and National research initiatives.

9.3   R&D has both NHS Fife Internet pages along with a website, in addition to using the NHS Fife intranet. Research information will also continue to be provided via a monthly electronic bulletin and the R&D Twitter account. Updates to this information will be co-ordinated by the Assistant R&D Director.

9.4   The NHS Fife Research Governance Group continues to be actively involved in promoting research awareness, the Research Strategy and communicating the benefits of research to staff, users, carers and other partner organisations in Fife, Scotland and the rest of the UK.

10   PLAN OF ACTIVITIES AND PRIORITIES FOR 2020-21

11.1   In order to ensure the continued implementation of this wide-ranging strategy, it has been agreed that a number of strategic 'priorities' will be selected annually, to be advanced throughout the year, and reported on at the year end. These priorities are included in Appendix 3.

12   REVIEW

This Strategy and Plan of Activities and Priorities will be reviewed in May 2021.

<u>References</u>

1. Delivering Innovation through Research (2015)
2. Scottish Office Department of Health Research Strategy (2009)
3. UK Policy Framework for Health and Social Care Research (2017)
4. Scottish Office Department of Health Funding Manual (2004)
5. Policy Framework for the Management of Intellectual Property within the NHS Arising from Research & Development MEL (1998)23.
6. Management of Intellectual Property in the NHS. HDL (2004) 09

13   RECOMMENDATION

The Clinical Governance Committee is asked to:

• note the contents of this paper

Appendix 1

NHS Fife Research & Development (R&D) Support Structure 2019-20
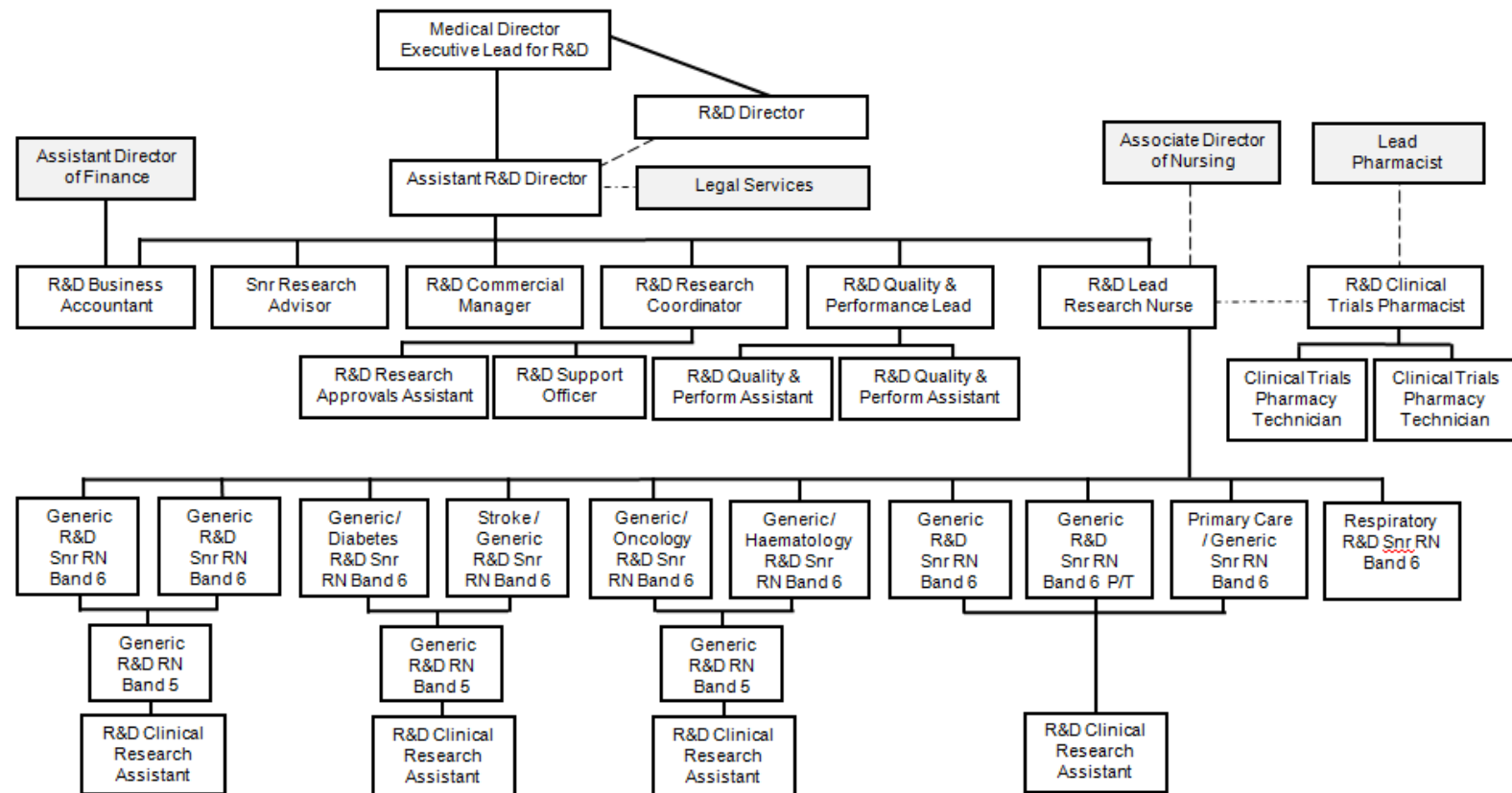
Appendix 2

COMMITTEE STRUCTURE / NHS FIFE IN RELATION TO RESEARCH

| NHS FIFE BOARD |
| NHS FIFE CLINICAL GOVERNANCE COMMITTEE |
| Tayside Academic Health Science Partnership (TAHSP) |
| NHS Fife Research Governance Group |
| Public Health Governance Committee |

Accountability ─────────

Communication ─ ─ ─ ─ ─ ─
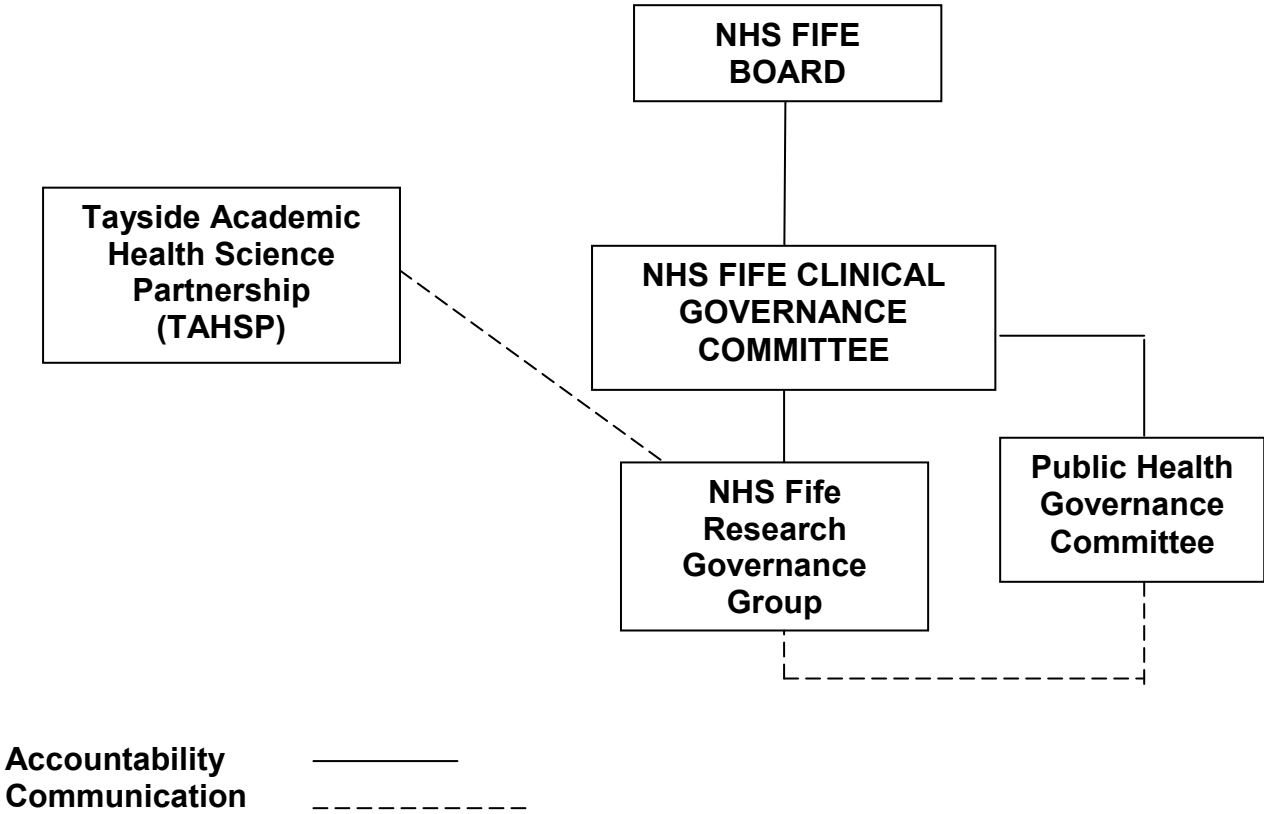
PLAN OF ACTIVITIES AND PRIORITIES FOR 2020-21

The following plan of activities has been developed from the current NHS Fife Research Strategy. To ensure delivery, activities have been prioritised and resource requirements determined. Completion of this plan will better position NHS Fife to: seriously address the research agenda; compete in the national research arena; attract new and retain existing staff; whilst improving healthcare for the citizens of Fife.

(A) PROMOTING A CULTURE THAT SUPPORTS AND ENCOURAGES RESEARCH.

Investment in new clinical posts (medical, psychology, allied health professional, nursing and supporting staff) in order to establish meaningful clinical academic positions and/or active researchers with identified and protected research time.

A1. To continue to encourage discussion of research as part of normal Personal Development Plans and appraisals of health care staff.

A2. To continue R&D participation in the development of the medical,nursing and allied health professional clinical academic career development in Fife.

A3. To continue to support and participate in NHS Research Scotland (NRS) East of Scotland research node with St Andrews and Dundee Universities, and NHS Tayside by establishing for example joint standard operating procedures, co-sponsorship agreements.

(B) WORKING WITH PARTNERS.

Establish a mutually meaningful and productive link with academic institutions

In order to establish this NHS Fife will continue to:

B1. Identify and understand corporate arrangements with institutions such as St Andrews, Dundee, Edinburgh, Napier, Queen Margaret and Abertay Universities to facilitate collaboration.

B2. Continue investment (financial or other) with academic institutions (especially St Andrews University Medical School) that will result in a critical mass of research active individuals, employed/seconded by NHS Fife and/or universities to build research capacity and governance structures.

(C) PROMOTING RESEARCH WITHIN AN APPROPRIATE GOVERNANCE FRAMEWORK AND SECURING APPROPRIATE SUPPORT TO ENSURE FINANCIAL PROBITY

In consolidating the research governance structure the current areas that need to be considered include:

C1. Continuing to identify commonalities / engagement between the clinical, research, innovation, quality improvement, information and educational governance structures within NHS Fife.

C2. Consolidate preparations for future inspection(s) from Medicines and Healthcare products Regulatory Agency.

C3. Establish a regional consortium with TASC, St Andrews and Dundee Universities to maximise facilities and available expertise, in order to increase clinical trial and other complex interventional studies in the region.

Increasing the income generated from an increased research activity, creating opportunities to further enhance and invest in research programmes in Fife by:

C4. Maximising commercial research opportunities locally and in collaboration with external partners.

(D) WORKING IN PARTNERSHIP WITH STAFF AND COMMUNICATING RESEARCH INFORMATION ACROSS NHS FIFE.

Consolidate a research communication strategy with all NHS Fife communities.

Communication is the linchpin of creating a research focused culture. During 2019-20 we will:

D1. Deliver a regular NHS Fife Research Newsletter.

D2. Produce and disseminate an NHS Fife Research Annual Report.

D3. Provide research workshops for patients, carers and other citizens of Fife

(E) PATIENT AND PUBLIC INVOLVEMENT

E1. Develop ongoing, meaningful engagement of the public in research

Profs. Alex Baldacchino　　　　　　　　　　　　　　**Dr Amanda Wood**
R,D & I Director　　　　　　　　　　　　　　　　　**Assistant R&D Director**
NHS Fife　　　　　　　　　　　　　　　　　　　　**NHS Fife**

July 2020

These priorities have been discussed and agreed by the NHS Fife R&D Operational Group and the NHS Fife Research Governance Group.

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Item 13.2

OUTCOME OF ACTIVITIES AGAINST R&D STRATEGIC PRIORITIES 2019-20

The following plan of activities has been developed from the current NHS Fife Research Strategy. To ensure delivery, activities have been prioritised and resource requirements determined. Completion of this plan will better position NHS Fife to: seriously address the research agenda; compete in the national research arena; attract new and retain existing staff; whilst improving healthcare for the citizens of Fife.

(A) PROMOTING A CULTURE THAT SUPPORTS AND ENCOURAGES RESEARCH.

Investment in new clinical posts (medical, psychology, allied health professional, nursing and supporting staff) in order to establish meaningful clinical academic positions and/or active researchers with identified and protected research time.

	OUTCOME
A1. To continue to encourage discussion of research as part of normal Personal Development Plans and appraisals of health care staff.	**ONGOING**
A2. To continue R&D participation in the development of the medical and nursing clinical academic career development in Fife.	**ONGOING**
A3. To continue to support and participate in NHS Research Scotland (NRS) East of Scotland research node with St Andrews and Dundee Universities, and NHS Tayside by establishing for example joint standard operating procedures, co-sponsorship agreements.	**ONGOING**

(B)　　WORKING WITH PARTNERS.

Establish a mutually meaningful and productive link with academic institutions

In order to establish this NHS Fife will continue to:

	OUTCOME
B1. Identify and understand corporate arrangements with institutions such as St Andrews, Edinburgh, Dundee, Napier, Queen Margaret and Abertay Universities to facilitate collaboration.	**ONGOING**
B2. Continue investment (financial or other) with academic institutions (especially St Andrews University Medical School) that will result in a critical mass of research active individuals, employed/seconded by NHS Fife and/or universities to build research capacity and governance structures.	**ONGOING**

(C) PROMOTING RESEARCH WITHIN AN APPROPRIATE GOVERNANCE FRAMEWORK AND SECURING APPROPRIATE SUPPORT TO ENSURE FINANCIAL PROBITY

In consolidating the research governance structure the current areas that need to be considered include:

	OUTCOME
C1. Continuing to identify commonalities / engagement between the clinical, research, innovation, quality improvement, information and educational governance structures within NHS Fife.	**ACHIEVED**
C2. Preparing for a potential inspection from Medicines and Healthcare products Regulatory Agency.	**ACHIEVED**
Increasing the income generated from an increased research activity, creating opportunities to further enhance and invest in research programmes in Fife by: C3. Maximising commercial research opportunities locally and in collaboration on with external partners.	**ONGOING**

(D) WORKING IN PARTNERSHIP WITH STAFF AND COMMUNICATING RESEARCH INFORMATION ACROSS NHS FIFE.

Consolidate a research communication strategy with all NHS Fife communities.

Communication is the linchpin of creating a research focused culture. During 2018-19 we will:

	OUTCOME
D1. Deliver a regular NHS Fife Research Newsletter.	**ACHIEVED**
D2. Produce and disseminate an NHS Fife Research Annual Report.	**ACHIEVED**
D3. Provide research workshops for patients, carers and other citizens of Fife	**ONGOING**

(E) PATIENT AND PUBLIC INVOLVEMENT

	OUTCOME
E1. Develop meaningful engagement of the public in research	**ONGOING**

Prof. Alex Baldacchino　　　　　　　　　　　　　　　**Dr Amanda Wood**
R,D & I Director NHS Fife　　　　　　　　　　　　　**Assistant R&D**
　　　　　　　　　　　　　　　　　　　　　　　　　　　Director, NHS Fife

July 2020

Progress against these priorities has been discussed and agreed by the NHS Fife R&D Operational Group and the NHS Fife Research Governance Group.

2

A NOTE OF THE ACUTE SERVICES DIVISION CLINICAL GOVERNANCE COMMITTEE HELD ON WEDNESDAY 16TH SEPTEMBER 2020 AT 2.00PM VIA MS TEAMS

Present	**Designation**
Dr Annette Alfonzo	Clinical Director – Emergency Care Directorate
Mrs Norma Beveridge	Head of Nursing – Emergency Care
Mrs Lynn Campbell	Associate Director of Nursing – Acute
Dr Rob Cargill	Associate Medical Director – Acute (CHAIR)
Mr Ben Hannan	Chief Pharmacist – Acute
Dr Sally McCormack	Clinical Director – Emergency Care Directorate
Mrs Elizabeth Muir	Clinical Effectiveness Co-ordinator, NHS Fife
Ms Marie Paterson	Head of Nursing - Acute
Mr Satheesh Yalamarthi	Clinical Director – Planned Care Directorate

Apologies	**Designation**
Mrs Donna Galloway	Clinical Laboratory Manager
Mrs Aileen Lawrie	Head of Midwifery
Dr Tahir Mahmood	Clinical Director – Women, Children & Clinical Services Directorate
Mrs Nicola Robertson	Head of Nursing – Planned Care Directorate
Ms Arlene Saunderson	Head of Nursing – Planned Care Directorate

In Attendance:

Mr Andy Ballantyne	Consultant Orthopaedic Surgeon
Dr Devesh Dhasmana	Consultant in Respiratory Medicine
Mrs Margaret Dodds	Senior Nurse – Quality & Risk – Emergency Care Directorate
Miss Lynn Godsell	PA to the Associate Medical Director & Associate Director of Nursing (minutes)
Ms Vicky McLaughlin	Clinical Nurse Specialist - Nutrition
Dr Jane Macnab	Clinical Lead - Gynaecology
Mrs Gill Ogden	Clinical Nurse Manager – Planned Care (rep N Robertson)
Mr Alan Timmins	Pharmacist – Acute Services Division

ACTION

1   Welcome and Introductions

Dr Cargill welcomed those present to the meeting.

Dr Cargill noted that there were still a few members to join the meeting and advised that for good housekeeping all attendees had been muted and to use the raise hand control if members wished to speak.   Dr Cargill welcomed in particular those who were attending to present an item and those attending their first meeting.

Dr Cargill said that we would go through the agenda as planned but the guests attending to present items would be taken first and would then be free to leave the meeting.

Dr Cargill then asked Mrs Campbell to say few words around roles and responsibilities within the Committee.

Mrs Campbell highlighted that we are in a new environment using MS Teams which has focused our minds and thinking about how we conduct meetings in different

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ways to get through business and get to the key points.   Please keep things as succinct as possible.   Our roles in the ASD CGC should reflect the roles of Dr Cargill and myself at the NHSF CGC, in representing the Division and providing assurance about the Acute Clinical Governance functions or, advise of the issues and what action is being taken to resolve it. This allows the NHSF CGC to provide Board level assurance that across NHS Fife everything is working fine.   Internal Clinical Governance systems and processes within Directorates should highlight any issues or provide assurance for you, as leaders of the Directorates and allow you to provide assurance at this Committee.   In summary, it should mostly be the "by exception" reporting to the Committee, we all have a responsibility to review these reports, and ask questions to ensure we are comfortable. Directorates should highlight issues that are worth noting – either for the good practice factor or if there is concern.

Dr Cargill thanked Mrs Campbell and reminded members that to function as a Committee, everyone was responsible as part of that Committee to contribute to the governance of the Directorate.   Some of us have specific roles and some of us have specific governance functions to perform but as a Committee we need everyone to contribute and everyone to scrutinise the issues so that we can provide the level of assurance required.

2   Apologies for Absence

Apologies for absence were noted from the above named members.

3   Unconfirmed Minute of ASDCGC Meeting held on 22nd January 2020

Dr Cargill referred to the notes of the meeting from January and asked members for any issues by exception as it was now more than 6 months since the Committee had met.

Dr Cargill also informed the Committee that in the interim, the Directorates all contributed to a Governance report that stated what Governance activities were ongoing and this was submitted to the NHSF CGC at their last meeting in July and accepted as the ongoing work of the division to ensure good governance during the COVID outbreak. Dr Cargill thanked everyone for their contributions to that.

4   Matters Arising

4.1 Action List

Action 244 – Cleft Palate Report – Ensure this is part of the PCD submission on an ongoing basis.   Regard as complete.

Action 294 - Testis Cancer Report 2019
Action 295 – Breast Cancer Report 2019

Dr Cargill proposed that, with the Committee's approval that we close discussion of those reports pending further annual cancer updates which will be coming in the next year and pick up any issues given that the SCAN reports cover a 3 year period. Any outstanding issues would be raised in future reports.   The Committee were content with Dr Cargill's proposal. – Regard as complete.

Action 309 – SSR/FEWS Scores -

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Action 310 – SSR/FEWS Scores -
Marie Paterson advised that she had spoken to Dr Simpson and he explained that the SSR Sticker had been built earlier on Patientrak but they had decided not to use it at that time as it is an audit tool as well as a management tool and there were concerns that Doctors going to see a patient might not necessarily look in Patientrak rather than in the notes and also about standardisation because Patientrak wasn't rolled out Fife wide at that time, now that that issue has been mitigated against, Dr Simpson has agreed that the Know The Score Group will re-visit this.

Dr Cargill said that we would be appraised by the "Know the Score" group in future relating to issues around SSR. Marie Paterson advised that all the templates and associated documentation were circulated at the time to the relevant people.

Action 311 – T&O Donation – Discussion continues, suspended by COVID but still seeking a non clinical Executive level Chair of the T&O Donation Committee.

Action 312 – Directorate Governance – SCAN Oesophago-Gastric Cancer – Dr Cargill suggested noting the 2019 report and await the Upper GI Cancer report for 2020.

Action 313 – Directorate Level Outcomes – Clinical Audit – Mr Yalamarthi has taken forward the restructuring of governance within the Directorate so this has been superceded and will capture all the information and keep it running for a period of time. Mrs Muir & Mr Yalamarthi have met to discuss processes. Regard as complete.

Action 314 – NNAP Audit Report – To be included within the WCCS Governance submission going forward. Dr Macnab advised that the department was going to improve data entry and restart from October 2020. Dr Cargill asked for confirmation of the reporting cycle.

Action 315 – **Everlight Report** – Ms Couser required to answer.

Action 316 - SBAR re TV Rates – Mrs Campbell said that we can provide an annual report in terms of the work in the Division, although Tissue Viability is reported via the Directorate reports. Regard as complete.

Action 317 – SBAR Melanoma Cancer - Dr Cargill suggested awaiting the 2020 Melanoma Cancer report and this would pick up any historical issues as well as any current ones. Regard as complete.

5   Hospital/Board or Population Level Reports

Scheduled Governance Items :

- **Integrated Performance & Quality Report**

Dr Cargill highlighted the Integrated Performance & Quality Report for the Committee's attention. Dr Cargill said he thought it was helpful for our Committee, it was a regularly updated report and contained information relating to high level governance issues across NHS Fife of which the Acute Services Division was a large part. Dr Cargill added that in particular, it includes a to report on our Hospital Mortality, Hospital and other high profile Infection issues, Patient Level Harms including Falls and Pressure Damage. Dr Cargill said that as this is produced on

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3/20   477/561

behalf of the Board it is something we could, as a Divisional Governance Team should take note of and use as part of our Governance.

Dr Cargill asked for any comments about the report presented or any thoughts on how it can work with our own Clinical Governance structures going forward?

Mrs Campbell agreed and said that we should be considering this in the raft of information we have and wanted to note that we have seen a rising trend within some of the harms reported, particularly the ones that Dr Cargill raised and is aware that the Directorate Senior Nursing Team are looking into this with a number of improvement collaboratives underway so would hope to see some positive change being reported back through the Directorate reports to future Committee meetings.

- **The LATE Audit – Line Associated Thrombolembolism Events linked to midlines and PICC Lines**

Dr Cargill invited Dr Dhasmana and Vicky McLaughlin to appraise the Committee around some issues related to Vascular Access Devices.

Due to an apparent cluster of VTE associated with midlines and PICC in Victoria Hospital, Kirkcaldy (VHK) early 2019 a live database, '*Midline and PICC VTE database April to December 2019*', devised by Dr Dhasmana of patients found to have VTE associated with these devices was introduced in April of that year.

Ms McLaughlin presented the data and the following points were noted:

- Audit carried out from 2018 – 2019 revealed 127 patients who had midline cathethers insertions during the audit period.   VMcL reviewed the documents around these including the medical notes and also included patients that she had seen herself (some of which she had been requested to review by Nursing or Medical staff) and found that 11 (9%) of patients went on to develop a DVT (Deep Vein Thrombosis) linked to their device, 64% of that which was 7 out of the 11 had Occlusive DVT and one of these patients also had multiple pulmonary emboli. 4 out of the 11 were non occlusive but caused significant patient distress.
- From these results there were various recommendations and actions put into the report and it appears that there is a lack of local, national and international recognition of this known complication that can come from these devices. 70% from research of device related thrombosis is actually asymptomatic so the only ones that we found from the 127 actually had symptoms which were documented but there may be others that were not on the database.
- A very locally generated database was set up by Emily Ridley and Vicky McLaughlin when midline insertions began in 2016.   In July 2018 the Peripheral Inserted Central Catheter (PICC) database was developed and started to look at PICCs and the complications associated with that – in particular DVT, this is still done locally and with no kind of buy in from the Health Board, it comes to this Committee as it is felt there needs to be some strategy linked to it about how audits are done.
- DD and VMcL now developing a policy relating to device related DVT.
- Surveillance now possible through Patientrak.
- DD highlighted the recommendations: Line association Thrombosis is a significant event and DD is unsure that it was appreciated as this before but

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- it is a known risk and an observed risk.
- Several risk factors associated with it and most of those are unsurmountable and most of the time in the audit, the findings showed low dose prophylaxis – the issue here is enhanced surveillance and early detection.
- The need for a prospective register, VMcL said this was a reactive audit but a prospective audit will register every device is going to be in place through Patientrak so every line insertion will be captured for every event.
- Increased awareness and plan to re-audit in 12 months to improve our understanding.
- Spoke about creating a group (pre-COVID) looking a Thrombosis, an Anti-Coagulation Working Group, either creating our own or being part of a larger group to share knowledge, expertise and pathways preferably with Haematology input.
- DD summarised and said no significant events, a number of recommendations but essentially they concentrate on increased surveillance.

Dr Cargill thanked Dr Dhasmana and Ms McLaughlin for their update and asked the Committee for any comments or questions.

Mrs Campbell asked in terms of an identified significant event, are these Recorded on Datix and if so, recorded at the correct level? Ms McLaughlin said that she had previously spoken to Dr Cargill and he suggested that they should be input to the Datix system. Ms McLaughlin thinks that the issue is lack of education because we do not have any medical or nursing education around this at the moment it's about how we capture the data and tell people that these need to be Datixed. Ms McLaughlin thinks there is only 1 out of the 11 that has been recorded on Datix.

Mrs Dodds said that she had not seen anything through Datix but if this is something that will be ongoing, it may be worth meeting up with Paul Smith and having a specific category and sub-category for these incidents. Mrs Dodds then asked about the potential grading of these and would these progress to LAER or SAERs? Dr Cargill said that we would take recommendations on that.

Mrs Campbell said that it may be worth having a conversation around the processes that are mature and embedded with similar things and it may give some pointers in terms of the sorts of things to think through, education will be part of but think there will be other things to consider.

Dr Cargill said his observations were that there was a lot of expectation and education around Datix, but Datix is just the way we record incidents and if these incidents are clinically important then we have a mechanism to record then and should use that. The next question is the grading of severity, and that could be two things – the severity of the incident itself or the severity of the harm that results from that incident. Dr Cargill said he agrees, a systematic register or surveillance programme for indwelling vascular devices that are in addition to our Peripheral Vascular Cannulas (PVC) would be attractive would struggle with what the infrastructure for that would be. Dr Cargill said that if that was one of the recommendations it would be interesting to see how we can help take that forward.

Discussion then took place between Dr Dhasmana and Mc McLaughlin around the immediate accessibility of Patientrak and registering information onto the system.

Dr Alfonzo said that in the Renal Service they put a lot of plastic into their patients as well and have a service that has been running audits for more than 10 years, and have more infection rates than thrombosis.

Dr Cargill thanked Dr Dhasmana and Ms McLaughlin for doing the snapshot audit and for presenting this to the Committee.

Dr Cargill said he was grateful for the assistance in spreading the lessons learned and the heightened awareness lessons – this may be through Clinical Governance Fora or clinical fora that you can suggest.   Lastly, what is our recommendation going forward about re-starting the Vascular Access Group using some of the tools we already have?

Ms McLaughlin has already set up sessions with various medical and nursing staff and at the moment setting up medical training for ST2 or ST1, the frequency of this has still to be confirmed.   Ms McLaughlin said it should be put into nurse education too but due to COVID there have been no sessions for over 6 months, this will hopefully be resolved soon.   Ms McLaughlin also advised that a new Learnpro has been developed by PPDU and these issues are included in the module.

Ms McLaughlin would like to do a Vascular Access Grand Round and use it as a follow up from 2019 and hopes that Dr Dhasmana will accompany her when this is arranged.

Dr Cargill asked what are the next operational steps for this? Dr Dhasmana said that he thinks that the Vascular Access Group is critical but needs a Haematologist on board.   Ms McLaughlin said that the VASG is in place but is currently nurse led and it would preferable to have medical input.

Dr Cargill agreed to seek medical representation for the group.

- **Cardiac Arrest/ECG/EBM Report – FOR INFO**   RC

Dr Cargill said the Deteriorating Patient Group report had been included for information.   Mrs Beveridge said that the group is in the process of being re-convened and the first meeting is scheduled to take place next week (23rd September) and this will incorporate an NHS Fife approach to Deteriorating Patient and Know The Score will be part of the group as well.   Mrs Beveridge said that she hoped that she would be able to update more fully at future meetings.

Dr Cargill advised that for the Committee's assurance the Deteriorating Patient Group has reformed and will continue to look at the issues around Cardiac Arrest Prevention and response.

The report was noted.

- **Volumetric Infusion Pumps**

Mr Hannan advised that he had invited Mr Timmins into the meeting as he would be best placed to appraise the Committee around this issue. Mr Hannan said that all the Baxter Volumetric Infusion Pumps in the hospital are reaching the end of their life by December 2023 and although this seems a long way off, the parts for the pumps are becoming unavailable, very expensive and the pumps are breaking down frequently.   Mr Hannan added that there has been e-mail dialogue between

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Alan Timmins, Iain Forrest and Emily Ridley around the best way to progress the replacement programme and Mrs Campbell had suggested that it come through this Committee. Mr Hannan asked Mr Timmins to speak to the Committee.

Mr Timmins said there were two aspects – longer term, there is a need overall to improve the governance around the infusion devices, these are easy to use but there are complex things like drug libraries, safety dosing programmes in them so this needs some oversight and governance with the pumps which we currently don't have. Mr Timmins said that the short term action is urgently need to replace our colleague pumps, really as soon as possible with the further spectre of COVID so Mr Timmins is seeking approval to progress with that and links in to the appropriate people in Finance and Procurement.

Mr Hannan summarised that Mr Timmins and colleagues are part of the Infusions Management Group who are approaching this Committee seeking permission to pursue this and to appraise this group of their progress with a more formal paper in the coming months. Mr Timmins said potentially to find a place within the governance structure for this group to fit in to. Mrs Campbell said it was right to be ahead on this issue so that we can start the plans well in advance of the replacement and it is concerning if we cannot source parts for the pumps now. Mrs Campbell said that work needs to progress on this as soon as possible and needs to go through Procurement and also the Equipment Management Group. Mrs Campbell referred to the governance aspect and said that she was happy to take recommendations on where it best sits but should build on what we have and try and make it as comprehensive as possible so that numerous meetings are not being created. However, if there was no obvious meeting then just need to get on and do it but this is ultimately the place where it would come for the Division in relation in assurance and governance. Mrs Campbell was unsure if this would sit under WCCS Directorate but said that the Committee were supportive of the suggestions.

Mr Hannan thanked Mrs Campbell and said that mainly they were looking for the go-ahead today and the ownership of the medical devices was still to be decided. Mr Hannan said that they were also waiting to see what Margo McGurk's Procurement Governance Board looks like and see if there is remit for Medical Devices for NHS Fife but they are yet to meet. Mr Hannan asked Mr Timmins if he had what he needs from the Committee, Mr Timmins said if he was authorised to progress with the replacement programme then yes. Mrs Campbell confirmed that he could progress with the pumps.

Dr Cargill asked Mr Timmins to differentiate between the three aspects of governance, which were rolled into one:

- Financial and Procurement
- Training and ability and use the pump
- Medicines governance and specific products for use with the pumps

Dr Cargill said to consider these three strands when considering governance.

Mr Timmins also added that there would be an estates and maintenance aspect to consider.

Dr Cargill thanked Mr Hannan and Mr Timmins.

6   Planned Care Directorate

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6.1 Directorate Governance – Specialty National Reports

There were no Specialty National Reports submitted.

6.2 Directorate Level Outcomes Data:
- **Clinical Audit**

The Directorate report included information around two audits which had been done.
1. Success of Integra Audit report – this was undertaken by OMFS to assess the success rates of Integra when used after excision of lesions from the head and neck.

2. A Falls audit was undertaken in February to look at Falls documentation.   This was carried out in Planned Care wards 33 and 54. Ward 9 was also audited – these are the wards with combined medical patients, which could be a contributing factor to the higher than normal number of falls.

- **SAER LEARN Summaries**

There were no SAER summaries included within the Directorate report.

6.3 Directorate Report

Dr Cargill asked for any high level issues from the Directorate that we want to celebrate or things of concern –

Mrs Ogden said that the only issue to raise from a Planned Care perspective is the increase in harms in terms of Falls and Tissue Viability incidents and this is reflective over the COVID period of having more medical patients in places like AU2, Ward 53 and Orthopaedics. Mrs Ogden said that work is being done with the wards to improve on both these aspects.

Dr Cargill invited Mr Yalamarthi to speak to the Committee about any Directorate issues. Mr Yalamarthi said he would not go through the report in detail but wanted to update the Committee that the Directorate team have now taken a different approach in terms of Clinical Governance.   Mr Yalamarthi said that the Directorate timetable will ensure that all services within PCD will have a consistent approach, a sense of direction and an open and transparent process with how we manage Clinical Governance.   There seems to be a bite for this process and the work has started and we are supplementing that with a Quality Assurance Group which will oversee the Clinical Governance meetings for each service to ensure that the quality is maintained and help to shape what is done well and gain some feedback.

Mr Yalamarthi added that within General Surgery they have found a local governance process which goes though all the cases coming through the service and meets every two weeks and this seems to be a robust process but is a work in progress and Mr Yalamarthi hoped to be able to update further at the next meeting.

Mrs Campbell said that she was aware of the work taking place around the Harms and referred to the table within the Directorate report at 1.5 regarding incident themes and suggested that it might be worth noting in future reports any improvements made so that the Committee has a sense of the work that is being

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done and that assurance it is moving in the correct direction. Mrs Campbell said that she did not want to add to the workload but it may worth considering in terms of highlighting the progress.

Mr Yalamarthi raised a point to note for the reporting period March 1st to July 31st , from the 22nd March Ward 53 became a non essential ward and wished that to be noted. Dr Cargill said that we may have changed the case mix but have we changed the case management to match that case mix and added that medical patients have more risk factors against those harms but commented what were we doing to mitigate and manage that risk as it is a problem that may come back to us.

Dr Cargill thanked the Planned Care team for their input.

6.4 Specialty/departmental audit & assurance data (incl guidance)

- **EIDO Vault Electronic Consent Process Trial (Mr A Ballantyne)**

Mr Ballantyne attended to speak to the Committee about Patient Consent.

Mr Ballantyne thanked Dr Cargill for the invitation to present to the Committee.

Mr Ballantyne explained that he had submitted and SBAR to the Committee looking for support from the group to proceed with a pilot using new technology involving procedure specific consent forms, it has come via the Committee as the NHS Fife guidance that for obtaining informed consent it suggests, if we introduce a new procedure specific consent form within NHS Fife it should go through the Clinical Governance Group and this is also a change in the format of the way it is taken as it is now digital format and we are currently using generic consent forms for the majority of cases. This is a process that has generality across multiple specialities or sub-specialties and there is a business case in process at the moment to obtain some procedure specific information leaflets to support the consent process through a company called EIDO who deliver generic procedure specific information – it is not site specific. They largely cover the main risks and benefits of specific procedures and the business case is for General Surgery and Orthopaedics for obtaining these leaflets.

Mr Ballantyne added the Vault is an additional component of the digital consent process and leaflets can either be emailed to patients or sent in paper format and that can be followed up with an electronic procedure specific consent form which picks up all the facts that were mentioned in information leaflet and puts them into a consent form. The consent form can be modified by the clinician and viewed by the patient as well to identify any areas of concern they have. This then forms the part of an electronic document which can be signed using a stylus on an iPad with the potential benefit of being able to upload this directly onto an Electronic Patient Record (EPR) without the use of paper. Mr Ballantyne said that during the pilot they would initially print the forms out to show that the system works but ultimately it would go to e-format. The company hope to have the technology by the end of the year to do this remotely so at the moment it requires the patient to be in a room and sign with a stylus at a face to face consultation but they are looking or pilot sites for this as well to take the consent remotely and then with a final signature on day of admission. The consent process would satisfy NHS Fife's standards for consent and is consistent with NHS Fife's digital strategy to be 85% paperless by 2022 and has the additional benefit of being delivered remotely reducing the number of hospital attendances. Mr Ballantyne asked the Committee for support to take this

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pilot forward.

Mrs Campbell said that we have learnt over the COVID period that there is a push on using new technologies. Mrs Campbell said this raised three points for her:
- Did this cover Adults with Incapacity/power of attorney and guardianship and what would be the safety checks around that?
- What was the security and IT governance ?
  What about accessibility, language and literacy aspects?

Mr Ballantyne said these were very valid points hence the pilot to show that it can work. Mr Ballantyne added that for the pilot it may be dependant on patients who can give consent thus excluding those with guardianship issues and Adults with Incapacity and that would be done through a paper process as per current process. In terms of IT and security, for the pilot the company would hold no information but the company are well aware of informed technology and at the next step at the remote consultation , information will be gathered and they have been liaising with the appropriate body relating to the IT security – they are very aware of their responsibilities. Mr Ballantyne said if this proceeds this will need out IT assurance and confidentiality is at the forefront of every conversation. Mrs Campbell said it would be helpful to contact e-Health and get their thoughts on the pilot and a process for those with POA issues so you have a clear way of identifying that capacity issue.

Dr Cargill said that in terms of satisfying governance that this is compliant with our current policy and new technology in the form of a trial for limited procedure range we are supportive. Mr Ballantyne said it would be very limited to begin with – total hip replacements and general surgical procedures to obtain some numbers for feedback prior to proceeding to the next steps. Dr Cargill said that it would require business approval for further rollout into other surgical specialities.

Dr McCormack said to work with IT from a governance point of view to ensure this can be uploaded to the portal so while you have the software can it be stored long term? Mr Ballantyne said initially this will be printed out and put in the patient notes and the next hurdle is how we get an electronic copy onto the EPR locally. Mr Ballantyne said consent forms are not routinely uploaded onto the EPR. Mr Ballantyne agreed to get in touch with e-Health to involve them at the earliest convenience.

AB

Dr Cargill thanked Mr Ballantyne.

- **Clinical Quality Indicators**

No Clinical Quality Indicators submitted.

6.5 New Interventional Procedures

There were no new Interventional Procedures.

6.6 SPSO Recommendations

There were 4 SPSO cases noted within the Directorate report.

Two of the cases the investigations were ongoing.
Two cases were concluded – one being upheld with 2 actions and one not upheld.

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7   Women, Children & Clinical Services Directorate

7.1 Directorate Governance – Specialty National Reports

There were no Specialty National reports submitted.

7.2 Directorate Level outcomes data:

- **Clinical Audit**

- **SAER LEARN Summaries**

The SAERs are noted within each specialty.

7.3 Directorate Report/s

Dr Jane Macnab introduced herself to the Committee and advised that she was deputising for Dr Mahmood.   Dr Macnab advised she would pick out the highlights from the Directorate report.

Obstetrics
There are 11 clinical audits going on and they have set up a new clinical governance structure.   Obstetrics will submit a monthly report to this Committee with the first report being submitted in November 2020.

There are 3 SAER's ongoing at the moment (2 maternal deaths and one birth injury).

Obstetrics & Gynaecology

Dr Macnab said that Obstetrics & Gynaecology have been very active with audits and there have been 10 clinical audits in the last 10 months.

The audits performed between November 2019 – September 2020 included:

- Gestational Diabetes in Pregnancy
- Postnatal Contraception Survey
- Changing Trends in Endometrial Cancer Management
- Burnout in Obstetrics & Gynaecology
- Effectiveness of Novasure Endometrial Ablation Audit
- OASIS Audit
- Termination of pregnancy outcomes in the times of COVID19
- Endometrial Hyperplasia Audit (1yr duration and review of their follow ups)
- Stillbirth Audit
- Births during COVID

It was also noted that various audits are planned for 2020 – 2021.

Dr Macnab said a particularly good one was the audit on the sensitive new service plan on Termination of pregnancy, it has radically changed how the services are run and it had been really successful and it is hope this is something we can take

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forward for future development.

Neonates

There are no current SAER's.

The National Neonatal Audit Project (NNAP) remains ongoing. This is a local initiative to improve initial data entry and will start in October.

Each Baby Counts – reporting was ongoing during COVID. Expert reviews are no re0instated and EBC trying to complete all 2018 cases.

MC-QIC activity is continuing utilising MS Teams for national meetings.

Dr Macnab highlighted an issue with CPAP drivers which are in the process of being updated by devices that would allow either CPAP or high flow but unable to proceed with switch due to lack of capital. This issue has been registered on DATIX. Dr Macnab said this is now being addressed and it appears to be progressing using Directorate funds.

Acute Paediatrics

There is one SAER ongoing in Paediatrics and a further two relating to other departments that are being supported.

There have been two complaints – one has been closed off and the other is likely to escalate to a Stage 2.

It was noted that various DATIX have been registered on the system. The themes related to:

- Delay in transfer/no clinical assessment
- Delay in ambulance transfer
- Major haemorrhage in ED
- 2 minors brought to VHK by SAS – should have gone directly to Edinburgh Trauma Centre

Risk Management issues include:
- Clinic re-mobilisation following COVID – identify and re-appoint patients on hold.
- Child Protection Service is heavily dependent on one retired practitioner.

It was noted that there are currently a couple of audits underway or recently completed.

The report highlighted Clinical Governance issues relating to:

- Medical staffing – middle and junior grade has very little scope for contingencies arising from COVID.
- Continued lack of capacity within Senior Nursing Team to undertake patient safety/service development activity.
- Challenges identified supporting COVID pathways and winter activity within children's nursing establishment.

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- Safety concerns regarding current pathway through ED for some Paediatric patients on the red pathway. Discussions ongoing.

Radiology

There has been an IRMER Board meeting held recently and all the recommendations have been implemented.

The safety data was reported as being very good.
107 Radiation Incidents in 2019 with 6 notifiable incidents – this equates to 0.004%

There was one SAER relating to a misdiagnosis on a radiology report. This is being carried out jointly with NHS Tayside.

There has been an integrated Paediatrics and Radiology Service Level Agreement (SLA) created between NHS Fife and NHS Lothian.

Cellular Pathology

There were 12 incidents within Cellular Pathology, with a number of these being minor or no harm.

No complaints have been received.

The department received a full inspection against ISO 15189 from UKAS in early March. There were four minor mandatory findings and one recommendation raised. The department submitted all the necessary evidence and therefore retained its accredited status.

There are currently eight active Cellular Pathology risks on the Laboratories risk register. These are graded moderate and are reviewed regularly.

Gynaecology

Dr Macnab reported that new weekly Clinical Governance oversight meetings have been arranged within Gynaecology team. Monthly meetings have also been set up and Consultants within the team will join in these meetings along with wider representation from relevant areas.

Gynaecology raised four SBAR's during the reporting period – these were post-operative incidents and a quick review has been done meantime while awaiting full review. Dr Macnab said that leads have been identified for two SAERs post-op deaths reviews. It was noted that there was no common denominator identified between the cases although these will be discussed further by the Surgeons at the Mortality & Morbidity meeting in October.

Dr Cargill thanked Dr Macnab for her summary of the Directorate report.

Mrs Campbell asked about the challenges in Child Protection and asked for clarification that we have assurance and something is being done as we have had quite a difficult experience in Fife's Child Protection. Dr Macnab said that she had some further information – Dr Macnab said this has become more of an issue due to long term sickness absence of the Child Protection Lead who would normally be leading on complex and difficult cases. This has led to increased rota

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commitments for senior Acute Paediatricians for child physical abuse examinations, increased commitment from retired practitioner and with goodwill support from NHS Lothian and the Regional MCN.

Dr Macnab asked if Mrs Campbell wished her to go back and find out if there was any further update around this. Mrs Campbell said it sounded like we were covered so was content with the assurance.

7.4 Specialty/departmental audit, assurance data (incl guidance)

- **Clinical Quality Indicators**
-

There were no Clinical Quality Indicators.

7.5 New Interventional Procedures

There were no new Interventional Procedures.

7.6 SPSO Recommendations

There were no SPSO recommendations.

8   Emergency Care Directorate

Dr Cargill thanked the Directorate for their submission prior to the cut off time enabling members to read the papers prior to the meeting.

8.1 Directorate Governance – Speciality National Reports

- **Scottish Intensive Care Society Audit Group (SICSAG) – June 2020**

Mrs Beveridge informed the Committee that as there was a COVID focus the team decided to do a comparison with how Fife fared compared to Scotland as a whole. The highlights showed:

The average length of stay in NHS Fife was 22.5 days which was on average, double the time in ICU compared to Scotland as a whole. In Fife, no patient was admitted to ICU who didn't require invasive ventilation whereas in Scotland as a whole 1 in 5 patients in ICU didn't require invasive ventilation. When compared to Scotland as a whole the incidence of patients who received Renal Replacement Therapy (RRT) was almost double - 56% of patients were treated for Renal Replacement Therapy (RRT) and the national average was 29% and in Fife each of the 16 patients that came into ICU were ventilated but that was not the picture across Scotland. Our crude mortality was also less than half of Scotland as a whole. Mrs Beveridge commented that there was a lot of good things done but wanted to share the highlights and that may be something to do with the different make up of ICU.

Dr Cargill thanked Mrs Beveridge for highlighting and said it was quite an important feedback on our COVID activity, most of it positive but correct to flag up where things were different – Dr Cargill queried was it because of our service configuration?, about our patient selection? or was there another explanation? Dr

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Cargill commented that most if it will be explaining good things. Our length of stay might be a question, did we use different thresholds or did we use different treatments that made patients more requiring for RRT? Dr Cargill said these were all questions he did not have the answers to.

Dr Alfonzo said that Edinburgh has the same problem as some of the English hospitals in that we are seeing lots of patients needing dialysis. Dr Alfonzo said there were two things they were speculating, the first is that we were drying people out too much and the initial guidance was don't use FEWS over hydration and the second problem was an observation that they were very thrombotic and they needed a heroic amount of anti-coagulation to maintain them on dialysis so the standard dialysis procedure in our ICU was insufficient using citrate and we have had to change that to HEPRA so there is lots of theory with micra thorombion and the complication with AKI may have something to do with thrombotic tendency associated with COVID. Dr Cargill asked about Glasgow people being less thrombotic than the East of Scotland – Dr Alfonzo responded and said it may be the fluid balance management, it might be a different threshold to start dialysis – this is less straightforward to explain but the mechanism seems to be that and thinks the threshold may explain the variation across the country.

Dr Cargill said that there are some points highlighted that could be discussed with our Critical Care colleagues.

8.2 Directorate Level Outcomes Data

- **Clinical Audit**

- **ECD Projects**

Mrs Beveridge advised that there were a number of audits/projects ongoing within the Directorate and once we are up to speed, reports will be expected from these projects. These include Dermatology, AMAU, Accident & Emergency & General Medicine.

- **SAER Learn Summaries**

Mrs Beveridge said there were a number of LEARN summaries included.

Mrs Beveridge highlighted one in particular which was around a case of Listeria Meningitis which was a rare incident. Mrs Beveridge added that it remains ongoing as SPSO picked this up, not so much from a learning aspect but because it was an unusual case so the Directorate are working with the SPSO and the family are looking for a resolution.

Mrs Beveridge said there was nothing of particular significance to note from the other LEARN summaries.

8.3 Directorate Report

Mrs Beveridge referred to the Directorate report which looks at the quality and risk.

The following points were noted from the report:

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There were 1488 incidents reported during the period 1 March – 31 August 2020.

Mrs Beveridge highlighted an increase in both the number of Falls and Tissue Viability incidents.

There have been 403 falls in total over the reporting period, with an increase during May, June & July. Mrs Beveridge said she thinks this increase is reflective of the deployment of staff into areas that they are not familiar with even although they were upskilled it took time to get staff up to speed with nursing assessments etc.

There have been 67 incidents of pressure damage which are hospital acquired, 14 of these are graded as major harm.

Mrs Beveridge advised that there was an increase of CVC and PVC SABs infections within ECD during July and August. These will all go through the SAER process. Mrs Beveridge said that there were 4 cases in Renal, resulting in a PAG and a review taking place and the conclusion is that it is a very extra-ordinary set of circumstances and not a cluster as there seems to be no connection between the cases.

The report was noted.

8.4 Specialty/departmental audit, assurance data and clinical guidance

Dr Cargill referred to the SBAR's listed and asked Mrs Beveridge if there was anything from these to be highlighted. Mrs Beveridge said that a lot of these issues were learning from COVID as patient placements could have been better and some of the pathways were not as good as they could have been. Mrs Beveridge said they were mainly for information/noting and is confident we learnt from them as the pandemic progressed.

- **SBAR Missing Patients**

The SBAR on Missing Patients detailed the following information:
Missing patients are classified as vulnerable persons who present a potential risk to themselves. Robust management processes are required to assess risk, record and monitor incidents and to ensure that all incidents are escalated through line management and reported to the Police within agreed timeframes, to ensure the safe and effective management of vulnerable patients in accord with Scottish Government direction and Health Improvement Scotland's – Scottish Patient Safety programme to reduce the level of harm exposed to service users.

The SBAR also included an assessment on current performance.
The current year to date information recorded evidences that NHS Fife has reported 50 patients missing to Police Scotland in comparison to 117 during the same period last year, a performance improvement of 57% or 67 less patients.
It must, however, be highlighted that the figures during the 1st quarter should be regarded as artificially low due to the impact on services as a consequence of the Corona virus response. Acute services VHK recorded 13 patients this quarter in comparison to 34 last year. Mental Health & LD reported 83 patients missing last year with an equivalent of 37 this year. Despite the significantly reduced numbers of Patients reported as missing, only 17 corresponding entries were created on DATIX, a completion rate of 34%, meaning only 1:3 missing patients are recorded on NHS Systems. Mental Health & Learning Disabilities Services accounted for

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74%, whilst Acute Services VHK attributed to 26%. Community Services has no recorded incidents during the quarter.

Mrs Campbell commented that we recognised that we had some work to do on this front in the past, it has changed slightly over the COVID period and the policy has been updated so it will be interesting to see the impact of that and the work that has been going on locally. Mrs Beveridge said that she had met and discussed the report and policy with Ian Bease earlier today and is confident that the team have taken this on board with regard to communication and training and reporting via Datix has also significantly improved.

- **SBAR COVID ICU in Fife**

This was discussed in conjunction with Item 8.1 – SICSAG report.

- **SBAR COVID**

The SBAR of the suspected healthcare associated infection (HCAI) of COVID-19 and death of Patient A was included for information to highlight the transfer of patients and incubation time of the virus.

The recommendations from the SBAR are:
- Isolate patients if there is any suspicion of respiratory pathogens
- Health Protection Scotland informed of incident
- Datix to be completed by clinical team

- **Critical Care KIT Competencies**

Mrs Beveridge said that the Directorate are offering Keeping In Touch (KIT) days for staff who worked so hard through the pandemic in Intensive Care mainly from Theatres & Recovery areas but some outlying specialities as well so this was assurance that should we have to increase our capacity again that we are in a better place to manage that.

The Keeping In Touch days are rostered in for staff every 4 months which enables the department to assess knowledge and skills for staff. The competencies are documented/recorded for staff to help maintain existing and valuable ICU skills and the KIT Core Competencies are broken into sections of "Essential" and "Desirable".

Dr Cargill commented that this was a good idea and could be offered to Surgeons to keep in touch with the Acute Medical Unit.

The SBAR was noted.

- **SBAR V41 HCAI**

The SBAR is to inform of 2 patients who developed healthcare associated infection (HCAI) of COVID-19 in Ward 41 at VHK. A HCW worked part of shift with a cough, which they reported as "normal" for them at this time of year, however they were advised by Occupational Health to self isolate for 7 days but they were not tested for COVID19. All exposed patients in Ward 41 were monitored for 14 days and subsequently 2 patients tested positive for the virus.

The recommendations from the SBAR are:

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- HCWs to report to inform line managers if unwell
- HCWs to contact Staff Wellbeing & Safety for advice if unwell and not to attend work if unwell
- Incident reported to Health Protection Scotland
- Incident to be datixed by Clinical Team

- **SBAR V53/V23**

The SBAR is to inform of the death of a patient who developed healthcare associated infection (HCAI) of COVID-19 in Ward 53 at VHK.

A patient was admitted to Ward 53 via AMU1. Patient's COVID screen returned as not detected. Patient was uncompliant with care on the ward and was discharged home with agreement to self isolate for 14 days.   Patient's condition deteriorated and was re-admitted to hospital to AU1 (red zone) – re-screened for COVID prior to transfer to Ward 23 (green zone). Handover record state that the patient was "COVID Negative" however, the screen obtained on re-admission gave a positive result and patient was transferred back to Ward 53 (red zone). Although the patient was receiving end of life care for a cancer diagnosis, COVID was also recorded on the death certificate.

The recommendations from the SBAR are:
- Datix required by clinical team for suspected HCAI death of COVID-19
- Ensure accurate handover of patients for transfer, particularly when COVID-19 screening results are awaited
- Ensure patients follow correct COVID-19 pathways
- Ensure admission notes are filed with medical notes in a timely manner.
- Incident reported to Health Protection Scotland

- **Ward 23 Outbreak Report**

Mrs Beveridge spoke about an outbreak in Ward 23 which was quite an unusual event.   An outbreak occurred in the Cardiology ward which confirmed an Asymptomatic spread – this was early on in the pandemic and this did cause concern within the ward resulting in the ward closing for a period of time.   There is a lot of improved Infection Prevention and Control measures in the ward now and there have been no instances since then.

Dr McCormack commented that this outbreak happened before PPE was rolled out for use in green wards as well so is doubtful that would happen now as staff were not wearing the same amount of PPE then as they are now in green areas.   Dr Cargill agreed that is a fair point as staff weren't wearing masks.

- **Clinical Quality Indicators**

Dr Cargill commented that the Directorate have also looked at their Clinical Governance Infrastructure and timings and as a team this is what will work for ECD.

- ECD Meeting Schedule
- ECD CG Oversight Workplan 2020 – 2021

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- ECD Clinical Governance Summary Template
- Emergency Care CG Framework

Dr McCormack thinks that the Directorate has finally managed to bring the structure in line much more with the other Directorates and the positive thing is that we will all be on same rough pathway for reporting to the Board.

Dr Cargill thanked the team for all the work that has gone into aligning this.

8.5 New Interventional Procedures

There were no new Interventional Procedures.

8.6 SPSO recommendations

There were no SPSO recommendations.

9	**Divisional Risk Register – Active Risks (for review)**	
	Dr Cargill informed members that there was no verbal update for the Divisional Risk Register. Dr Cargill suggested that the Risk Register is evaluated post COVID and Remobilisation to ascertain what is still relevant.	
	Dr Cargill and Mrs Campbell to keep under review and bring back to the Committee in due course.	**RC/LC**

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 for 2019/2020 was noted.

10.4 ASD CGC DRAFT Workplan 2020/2021

The draft workplan for 2020/2021 was noted.

10.5 Infection Control Committee Minutes of 9th June 2020

The Infection Control Committee minutes were noted.

10.6 HAIRT Report – July 2020

The HAIRT report was noted.

10.7 NHS Fife CP&PAG Minute of 17th February 2020 & 22nd June 2020

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The NHS Fife CP&PAG minutes were noted.

10.8 Resuscitation Committee Minutes of 15th January 2020, 2nd June 2020 & 4th August 2020 – 1st September 2020 – cancelled

The Resuscitation Committee minutes were noted.

10.9 AMT Minute of 26th February 2020 & 17th June 2020

The AMT minutes were noted.

10.10 SRTC Minute of 12th March 2020

The SRTC Minutes were noted.

10.11 Hospital Transfusion Committee Minutes of 13th March 2020

The February meeting date had been cancelled.   There were no minutes to report to the Committee.

10.12 Patientrak Meeting

There have been no further Patientrak meetings.

11   Attendance Matrix 2019 - 2020

Dr Cargill referred to the register of attendance for the ASD CGC meetings and advised that this was a live document which was shared annually.   Dr Cargill added this was not to highlight members non-attendance but rather to track that the Committee has the correct representation and does require members in that to have a role for the Board Clinical Governance Committee.

12   AOCB
   •   **Inter Specialty Clinical Governance Event 28th October 2020**

Dr Cargill advised the Committee that a decision had been taken about the forthcoming Inter-Specialty Clinical Governance Event scheduled for 28th October 2020 and said that it would not be an event in it's usual format where people gather in a conference type event.   Dr Cargill did not think that this event would work well in Teams broadcast format either.   Dr Cargill asked the Directorates to populate some information for the event which shared one good thing, one bad thing and a couple of lessons learnt from recent months and do an Inter- Specialty bulletin. This information would be shared electronically via the Directorates to staff.

There were no other mattes raised under AOCB.

13   Date of Next Meeting/s:

The next meeting is scheduled for Wednesday 11th November 2020 at 2.00pm via MS Teams.

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ITEM 14.2

CONFIRMED

MINUTES OF THE MEETING OF THE FIFE DRUGS AND THERAPEUTICS COMMITTEE HELD AT 12.30PM ON TUESDAY 25 AUGUST 2020 VIA MICROSOFT TEAMS

Present:	Mr Scott Garden (Chair)
	Dr Marie Boilson
	Ms Claire Fernie
	Ms Cathy Gilvear (representing Lynn Barker)
	Mr Ben Hannan
	Dr Helen Hellewell
	Dr Chris McKenna (joined meeting at 12.45pm)
	Mr Euan Reid
	Ms Rose Robertson
In attendance:	Mrs Sandra MacDonald (minutes)

ACTION

1   WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were noted from Ms Lynn Barker, Ms Karen Baxter, Dr Rob Cargill, Ms Claire Dobson, Dr Iain Gourley, Dr David Griffith, Dr John Kennedy and Mr SatheeshYalamarthi.

Mr Garden welcomed everyone to the meeting. It was noted that the meeting was not quorate however members present agreed that it should proceed as scheduled and any items requiring wider consultation would be circulated to the Committee for ratification.

2   MINUTES OF PREVIOUS MEETING ON 3 JUNE 2020

The minutes of the meeting held on 3 June 2020 were confirmed as a true record.

3   SUMMARY OF ACTION POINTS FROM JUNE 2020 MEETING

The summary of action points was reviewed and updated.

IT Repository for Clinical Guidance Documents
Mr Reid advised that eHealth have agreed to fund Microguide for a three year period. Implementation and communication plans to be progressed. Mr Reid to discuss with Marie Richmond.

ER

Lithium SBAR
Dr Boilson advised that implications of developments around the management and monitoring of patients taking lithium is on the agenda for discussion at the next Division of Psychiatry meeting. The establishment of the SLWG to be progressed. Availability issues with lithium products were also highlighted. Dr Boilson to bring an update to the ADTC in due course.

MB

Shared Care Agreements for Methylphenidate, Lisdexamfetamine and Atomoxetine

Mr Reid advised that discussions regarding integrating the Shared Care Pharmacist post within a wider clinical pharmacy role and creating a substantive post are progressing. There has been agreement in principle from the Senior Leadership Team and confirmation of funding is awaited. Mr Garden advised that it has been agreed that rather than issue a communication to GP Practices, Primary Care Pharmacy Teams will undertake targeted work in GP Practices to raise awareness of the Shared Care Agreements and how to use them within current procedures. The LMC Office Bearers have also been briefed on the availability of the Shared Care Agreements.

Realistic Prescribing Group

Dr McKenna advised that the Scottish Government Realistic Medicine Team has reconvened and recently requested an update from Boards on the position locally. Dr McGourty submitted a return on the priorities within Fife focussing on shared decision making. It was noted that Dr McGovern, Chair of the Realistic Prescribing Group, has now retired and clarification of a replacement Chair is awaited. Discussed further under item 6.6.

SBAR on Prescribing in Renal Impairment

It was noted that a meeting had been arranged to discuss the issues highlighted by Dr McCrickard however this had to be cancelled due to COVID-19. Dr Hellewell and Mr Garden to follow up.   **HH/MB**

4   ANY OTHER MATTERS ARISING FROM THE MINUTES

4.1   NHS Fife COVID-19 Studies

Mr Reid provided a progress update on various COVID-19 studies undertaken/ongoing nationally, including those involving NHS Fife patients.

The ADTC noted the update and thanked the NHS Fife COVID Group for all the work involved in reviewing therapies for the management of patients with COVID-19 and the production of protocols.

5   DECLARATION OF INTERESTS

There were no declarations of interests.

6   ADTC SUB-GROUP UPDATE REPORTS

6.1   Fife Formulary Committee

Mr Reid introduced the update report from the Formulary Committee meeting on 19 August and highlighted key points.

Several Formulary submissions were approved including:

Evolocumab (Repatha®) for adults with primary hypercholesterolaemia; sofosbuvir-velpatasvir-voxilaprevir (Vosevi®) for treatment of Hepatitis C virus (HCV) infection in adults; rilpivirine/emtricitabine/tenofovir alafenamide (Odefsey®) for treatment of HIV. The following submissions were approved subject to the MSDTC approving guidelines/protocols: risakizumab (Skyrizi®) and tildrakizumab (Ilumetri®) for moderate to severe psoriasis in adults; ustekinumab (Stelara®) for adult patients with moderately to severely active ulcerative colitis; vedolizumab S/C formulation for treatment of Crohn's disease and ulcerative colitis;

A Formulary amendment to change the preferred brand of MR oxycodone from Longtec® to Oxypro® was approved. An amendment to change the Formulary status of dupilumab (Dupixent®) for moderate to severe atopic dermatitis from those aged ≥18 to ≥12 was approved subject to MSDTC approving the guideline and clarification of the dose for children weighing <60kg. An amendment to the Woundcare Formulary to remove Sorbaderm Barrier Cream due to withdrawal from the UK market and add Cavilon Durable Barrier Cream was also approved.

Several guidelines were also approved subject to amendments: updated Formulary Appendix 9B - Diagnosis and Management of Infants with Suspected Cow's Milk Protein Allergy and Appendix 9B2 - Cow's Milk Protein Allergy Leaflet for Parents and Carers; Infant Feeding and Prescribing Guideline; and updated Respiratory Appendices.

The ADTC noted the update report from the Fife Formulary Committee and supported the recommendations made.

6.2   MSDTC

Mr Hannan provided a verbal update on behalf of the MSDTC and highlighted key points. Meetings are scheduled to reconvene in October 2020 however in the interim separate discussions are progressing in order to finalise outstanding business.   Issues around Clinician engagement in MSDTC meetings were highlighted.

The ADTC noted the update from the MSDTC.

6.3   Antimicrobial Management Team

Mr Reid introduced the update report on behalf of the Antimicrobial Management Team along with minutes from the meeting on 17 June 2020 and highlighted key points.

The achievements since the last update include publication of updated Hospital Empirical Antimicrobial Prescribing guidelines; a full revision of the content of Microguide; development and localisation of national guidance for secondary bacterial infection in suspected or confirmed cases of COVID-19. AMT members also contribute to the newly developed group advising on specific therapies for the treatment of COVID-19 patients in NHS Fife. The

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achievements of the Outpatient Parenteral Antimicrobial Therapy (OPAT) service, which provides once-daily intravenous antibiotics for patients otherwise well enough to be at home, were also highlighted.

The workplan for the next six months includes revision of the Paediatric Antibiotic Prescribing Guidelines for Secondary Care; engagement with the national SAPG programme to test and de-label penicillin allergy in selected patients and; the ongoing revision of surgical antibiotic prophylaxis guidance for NHS Fife.

Issues were highlighted around episodic interruption of antimicrobial supply and an ongoing 0.5 WTE vacancy for a band seven pharmacist, impacting on the amount of antimicrobial-specific work that can be undertaken.

The ADTC noted the issues highlighted. It was noted that the interruption of antimicrobial supplies continues to be managed locally pending discussions at national level. Mr Garden and Mr Hannan to follow up the issue of Pharmacy input within the AMT with Dr Griffith and Nikita Platt, Antimicrobial Pharmacist.

SG/BH/ DG

The ADTC noted the update report and minutes from the AMT.

6.4   CD-LIN

Mr Garden introduced the update report on behalf of the CD-LIN along with the Safer Management of Controlled Drugs Report and highlighted key points.

Mr Garden highlighted initial discussions with Lothian and Borders at the start of the year around forming a regional Local Intelligence Network which would be a more efficient use of resources and promote better sharing of information between the Boards. A joint meeting is scheduled for November 2020. This is the first regional CD-LIN network to be established in Scotland and the experience will be shared with other CD-LINs in due course.

The ADTC noted the achievements since the last update, including development of COVID-19 CD advice for GP practices to support palliative and COVID-19 patients; review and implementation of the Pharmacy CD ward audit standard operating procedure and training for Pharmacy technicians on conducting the audit; ongoing review of the Safe and Secure use of Medicine Policy and Procedure (SSUMPP); review of Pharmacy ward CD audits; monitoring of cannabis based medicinal products; and delivery of a presentation to Northern Ireland's CD LIN regarding the work of the Accountable Officer Network in Scotland. A representative from Northern Ireland has been invited to attend CD working group meetings to support shared learning across both nations.

The workplan for the next six months includes re audit of the CD room, stores and dispensaries for QMH and VHK; reviewing the inspection model for GP practices during COVID-19 and; distribution of self-assessment questionnaires to all Dental practices in Fife and launch of the new nationally

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developed ward CD register.

The ADTC noted the update report and the ongoing activity and developments to support the safer management of Controlled Drugs in Fife.

6.5   Horizon Scanning/New Medicines Fund Group

Ms Robertson introduced the update report on behalf of the Horizon Scanning/New Medicines Group and action note from the meeting in February 2020 and highlighted key points.

The ADTC noted the achievements since the last update and the workplan for the next six months including ongoing work with specialties to plan the potential impact of new medicines approved by the SMC for the remainder of 20/21; review of the validity of all medicines on the NMF list for next financial year; and completion of the horizon scanning process for new medicines in 21/22 using Forward Look 16.

The ADTC noted that work is ongoing to complete the horizon scanning spreadsheet for Forward Look 15 which had been delayed due to COVID-19.

The ADTC noted the update report and action list from the Horizon Scanning/New Medicines Fund Group.

6.6   Realistic Prescribing Group

Mr Reid introduced the update report submitted by Fiona Forrest on behalf of the Realistic Prescribing Group and highlighted key points.

The key achievements since the last update include implementation of NHS Fife "Management of Hypertension in Frailty Realistic Prescribing Guidance" which has been amalgamated within the Formulary Appendix for hypertension; and joint GP/ pharmacist annual medication reviews of care home residents.

The workplan for the next six months includes development of further frailty prescribing guidance across a range of therapeutic areas focusing on mental health, bone health, cardiovascular prevention, diabetes and epilepsy; the delivery of realistic prescribing educational events across NHS Fife; and agreement and implementation of a communications strategy for patients and staff to implement realistic prescribing.

The ADTC discussed the issues highlighted. The ADTC was supportive of the development of Frailty Realistic Prescribing Guidelines for a range of therapeutic areas using the proposed template, as well as incorporating them into individual prescribing guidelines; and inclusion of a remit for realistic prescribing and the wider medicines efficiency agenda into Terms of Reference for MCNs. The issue around a replacement Chair for the group was noted. It was suggested that a review of representation on the group to establish any potential gaps and assist in identifying a suitable replacement would be useful. S MacDonald to feed back to Fiona Forrest.   **SM**

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The ADTC noted the update report from the Realistic Prescribing Group.

6.8   **Safe and Secure Use of Medicines Group**

Mr Garden introduced the update report on behalf of the Safe and Secure Use of Medicines Group (SSUOMG) and provided additional verbal feedback from the Group's first meeting since the suspension of monthly meetings in March 2020 to support COVID-19.

The ADTC noted that COVID-19 changes to the SSUMPP were agreed virtually, mainly through the Pharmacy Silver governance route. Achievements since the last report include development of a new grab bag model containing palliative medication to enable nursing teams in community settings to have immediate access to medication to further support palliative care pathways, development of new Patient Group Directives and dose range Kardex to support the grab bag model and development of a new audit tool to review the use of the grab bags. The rolling review of the SSUMPP and audit program has been delayed due to COVID-19 but restarted in July 2020, with a new timetable agreed for the audit and assurance program.

The ADTC noted the update report from the SSUOMG.

7   **SBARs**

There were no SBARs for consideration.

8   **RISKS DUE FOR REVIEW IN DATIX**

Mr Reid took the ADTC through the risks scheduled for review and agreed current risk levels and review dates.

Risk 1504 - Lack of Central IT Repository for Guidance Documents
It was noted that eHealth has agreed to provide funding for Microguide for the next 3 years. Clarification on implementation and communication plans is awaited. Mr Garden also highlighted progress with regard to collaboration with NHS Lothian on development of a regional Formulary and adoption of the Single National Formulary website. It was agreed that the current risk level should remain high. To be reviewed in six months.

Risk 522 - Prescribing Budget
The ADTC noted that the prescribing budget year end focus is a break even position however further analysis is required to determine the impact from COVID-19. A decision from the Scottish Government with regard to COVID-19 funding is awaited. Current risk level to remain moderate. To be brought back to the ADTC in December.

9   **ADTC-COLLABORATIVE/SCOTTISH GOVERNMENT COMMUNICATION**

9.1   **DHSC Letter to Medicines Suppliers**

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The ADTC noted the communication from the Department of Health with recommendations to the Pharmaceutical Industry to ensure continuity of the supply of medicines and medical products to the UK following the end of the Brexit transition period on 31 December 2020. A discussion followed about the risks posed by Brexit.

9.2   Medicines Procurement Newsletter July 2020

The Medicines Procurement Newsletter July 2020 was noted. This will be discussed in more detail at the MSDTC and Acute Medicines Efficiency Group.

9.3   ADTCC Forum Presentations - NCMAG; Regional Formulary; SAPG

Mr Reid introduced presentations from the recent ADTCC Forum which included updates on the Regional Formulary, work undertaken by the Scottish Antimicrobial Prescribing Group during COVID-19 and an update from the National Cancer Medicines Advisory Group and highlighted key points.

The ADTC noted the ADTCC Forum presentations.

10   EFFECTIVE PRESCRIBING

10.1   Early Access to Medicine Scheme – Nivolumab

The ADTC noted the EAMS operational guidance for nivolumab for the treatment of adult patients with unresectable advanced, recurrent or metastatic oesophageal squamous cell carcinoma after prior fluoropyrimidine- and platinum-based chemotherapy

10.2   Early Access to Medicine Scheme – Atezolizumab

The ADTC noted the EAMS operational guidance for atezolizumab, in combination with bevacizumab, for the treatment of adult patients with unresectable hepatocellular carcinoma who have received no prior systemic therapy.

10.3   Early Access to Medicine Scheme – Lumasirin

The ADTC noted the EAMS operational guidance for Lumasirin for the treatment of primary hyperoxaluria type 1 (PH1).

10.4   SMC not recommended drugs

Mr Reid highlighted the report produced by ISD Scotland "SMC Not Recommended Drugs; NHS Fife; January to March 2020". It was noted that he report has been shared with Primary Care Pharmacy Teams for review within GP Practices.

The ADTC noted the SMC not recommended drugs report.

11 HEPMA Update

Mr Garden introduced the update report on progress with the implementation HEPMA in NHS Fife. It was noted that the HEPMA procurement process was paused in March 2020 due to the COVID-19 pandemic. The procurement process has re-started and once a preferred supplier is selected a Full Business Case will be presented to NHS Fife Board In November for approval.

The ADTC noted the progress update on the implementation of HEPMA.

12 PACS/SMC Non Submissions

12.1 Latest Submissions

The table detailing the latest PACS/SMC non submissions was noted.

13 POINTS FOR RAISING AT CLINICAL GOVERNANCE COMMITTEE

It was agreed that the following items should be highlighted to the Clinical Governance Committee: **CMcK/ SG**
- Remobilising of groups within the medicines governance structure.
- Development of regional CD-LIN.
- Regional Formulary in collaboration with NHS Lothian and NHS Borders and adoption of Single National Formulary website.

14 ANY OTHER COMPETENT BUSINESS

There was no other business.

Other Information

a   **Minutes of Heart Disease MCN 18 February 2020.** For information.
b   **Date of Next Meeting**
The next meeting is to be held on **Wednesday 7 October 2020 at 12.30pm via MS Teams**. Papers for next meeting/apologies for absence to be submitted by 25 September.

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Fife Health & Social Care Integration Joint Board
Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE CLINICAL & CARE GOVERNANCE COMMITTEE
FRIDAY 2ND OCTOBER 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
	Wilma Brown, Employee Director
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
	James Crichton, Divisional General Manager (Fifewide)
	Lynn Garvey, Interim Divisional General Manager (West)
	Scott Garden, Director of Pharmacy
	Simon Fevre, Staff Side Representative
	Fiona McKay, Head of Strategic Planning, Performance & Commissioning
	Helen Woodburn, Head of Quality & Clinical Governance
In Attendance:	Dr Marie Boilson, Clinical Director HSCP
	Ruth Bennett, Health Promotion Service Manager
	Jennifer Cushnie, PA to Dr Hellewell (Minutes)
Apologies for Absence:	Dr Chris McKenna, Medical Director
	David Heaney, Divisional General Manager (East)
	Paul Madill, Public Health Consultant
	Helen Buchanan, Nurse Director, NHS Fife
	Kathy Henwood, Chief Social Work Officer

No.	HEADING	ACTION
1.0	**CHAIRPERSON'S WELCOME & OPENING REMARKS** The Chair welcomed everyone to the meeting. It was asked if the Minute from the private session which followed the previous Committee meeting (07.08.20) should be circulated to those present. NC agreed this should happen and shall link with JC to facilitate this.	**JCushnie**
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** Cllr Brett asked if there were any corrections to the Minute of the C&CGC meeting of 07.08.20. Cllr Brett had a couple of small errors to be corrected which he will forward to JC.	

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	Decision With minor changes accepted by Cllr Brett, Committee agreed to approve the Minute of 07.08.20.	**ACTION**
5.0	**MATTERS ARISING – OUTSTANDING ACTIONS FROM ACTION LIST** Cllr Brett queried Mental Health Commission Annual Monitoring Visit 2018. On the Action Log, this Report is stated as being on the Agenda. However, this is not the case. JC stated, there has not been an annual review from the Mental Health commission this year therefore, no Report is available. However, a detailed Report from the visits which have occurred and associated actions has been prepared. This will be brought to the next C&CGC meeting.	**JC**
6.0	**GOVERNANCE**	
6.1	**Clinical Quality Report**	
	HH stated, as before, a deeper dive will be explored in one area. This is Dr Boilson's Mental Health presentation and report on Restraint & Ligature. The Clinical Quality Report shows quality activity has recommenced and, as agreed at Pre-Agenda, detail will not be entered into, however, questions are invited. LB advised data collection and quality improvement work is gradually stepping up. The team is working with all the MDT Teams, addressing issues as they arise. Cllr Wincott queried the following: 1. Reduction in Adverse Events – there has been a reduction, is this because of fewer people due to Covid-19? 2. Healthcare associated infections – this is lower than previous figures, but still worryingly high – what is being done to address this? CG responded by stating it is very difficult to ascertain if Covid-19 has had an impact on Adverse Events. She confirmed there are a great deal of infection initiatives and prevention measure work taking place. The Central Strategic Group reconvened in June and are considering priorities. E.Coli and urinary catheter infections specifically. Additionally, the Infection Control Team has its own body of work. M Black asked if in Addiction Services there is a process to review patient deaths, whilst in the care of the Service. He asked what has been changed, where are the action plans and do they indicate what is happening within the Incident Reporting System? LB advised the System used has the support of the Clinical Team in Mental Health with oversight from Dr McKenna and Helen Buchannan. These incidents are brought together, a few at a time, and are reviewed by a multi-disciplinary panel to learn and reflect. This is documented into an Action Plan which is uploaded onto the Reporting System - a robust systematic process to thoroughly review each incident.	
6.2	**Mental Health: Restraint & Ligature Deep Dive/Presentation**	
	MB introduced the Report. She explained it is a deep dive into the use of restraint in Mental Health and Learning Disability settings. Also incidents of ligatures as a means of self-harm across the MH and Learning Disability Services, during the April 2019 – August 2020 period.	

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	A Power Point Presentation was shared with the meeting on screen. MB explained the purpose was to discover if there has been an increase in the number of incidents - many factors must be taken into consideration to properly understand what is occurring. Key points highlighted from the presentation included:	**ACTION**

A Power Point Presentation was shared with the meeting on screen.   MB explained the purpose was to discover if there has been an increase in the number of incidents - many factors must be taken into consideration to properly understand what is occurring. Key points highlighted from the presentation included:

- A small number of patients are responsible for the vast majority of incidents involving ligature and/or restraint.
- The inpatient wards now have significantly fewer beds in response to Covid infection control measures, it is hoped this will allow for a more pro-active intervention based approach.
- Increased clinical involvement with closer monitoring and timely analysis of patients, who are involved in frequent ligature and restraint incidents, will be of benefit. Alerts on DATIX are to be recorded.

It was asked if the presentation slides could be circulated, NC highlighted the issue around confidentiality of the deeper dive information and felt it was inappropriate for the slides to be shared. NC suggested a Paper could come back which would be appropriate for sharing. It was taken on board the slides should be regarded as confidential.

Cllr Brett thanked MB for the presentation and questions were invited.

M Black noted the reduction in beds from 30 to 21 and asked if the number of wards have increased? MB stated wards have not increased, more individuals are now being cared for in the community, where appropriate. Community MH Teams are increasingly being developed, the overall aim, in keeping with the MH Strategy, is care is rebalanced towards the community, where possible.

NC advised the reduction in beds, in line with Infection Control recommendations, has taken place across the whole of the System, not just within MH Services. This has been raised in relation to the risk which is faced around Flow and Capacity across the System and is being actively considered through the Executive Directors Group.

Cllr Brett asked to be kept informed regarding decisions around bed number issues. NC stated this will be discussed within the topic of Winter Planning and Capacity and Flow and will be kept as an active discussion within Clinical & Care Governance.

CC asked if the patient is involved in the process and is there independent advocacy involvement? MB stated patients are involved in the core of their Care Plans and this is at the centre of Improved Observation Practice, the programme which has been rolled out across Scotland for nursing management within in-patient psychiatric settings. In addition, within the Personality Disorder Pathway, there are 2 people with lived experience on the Personality Disorder Development Group.

Cllr Ross, queried what additional demand is likely to be put on the MH Service through effects of Covid.   MB stated the Remobilisation Group is monitoring this on a regular basis, also inpatient and referral activity. In addition, there are a lot of Central Government Initiatives to help with wide-spread distress / anxiety and a good deal of online resource is in place to address these issues. HH added there is also phone line help through NHS 24, this can be accessed for distress/anxiety, it is important to differentiate this from an increase in formal MH diagnosis.

Cllr Brett queried Learning Disability and if information is gathered through DATIX? MB advised information gathering is very different within LD as opposed to MH wards, any physical contact at all with the patient is recorded as a restraint, this may be built into a Care Plan and not recorded as a constraint. This is consistent across the whole of

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	Scotland.		**ACTION**
	Cllr Brett thanked MB and HH for an interesting and informative presentation.		
6.3	**Joint Fife HSCP Fife Flu & Covd-19 Vaccination Oversight Group Paper**		

HH provided a verbal update to the Paper which outlined the Programme as it was initially envisaged, however, due to concerns and difficulties around the implementation, a slightly different structure has been set up to ensure all issues are addressed as quickly as possible. The Paper does outline how delivery of flu vaccine in Fife is envisaged, however, this is developing and changing.

HH stressed this is the widest Flu Vaccination Programme which has been implemented in any winter. The Vaccination Programme is being delivered whilst ensuring excellent infection control processes and social distancing. It was acknowledged there has been difficulty getting through on phone lines when the Programme opened. A centralised telephone system was chosen to ensure General Practice phone lines would not be impacted. Ultimately, there was insufficient Staff to meet the demand.

A Silver Command Group chaired by NC has been initiated looking at increasing staff numbers to handle telephone calls and to address text messages / emails, also handling backlog. HH wanted to give assurance to the Committee there is sufficient vaccine, appointments and vaccinators available.

NC acknowledged the Programme has not gone as hoped and confirmed she is taking Lead Director accountability for delivery of the Programme. This has taken top priority, as it has been recognised frustration and distress has been caused to members of the public and there has been reputational risk to the organisation.

A Group is meeting on a daily basis with representation from across the organisation. Project management support has been strengthened as well as oversight to ensure all strands are connected.

NC detailed the Workstreams which have been put in place and the responsibilities they are covering. She stated, it was later learned all letters were released on the same day by SG, causing a huge surge in calls. Through agreement with SG, subsequent groups of letters will be released in planned stages.

Cllr Brett asked if there are figures available showing how much of the backlog has been cleared. NC stated she did not have figures to hand, however, gave assurance significant progress has been made.

WB acknowledged the immense strain Staff have been put under to mobilise the Programme. WB asked the message be put out to the Public to be patient and respectful towards Staff throughout the process. Problems are being rectified at great pace and WB wished to thank everybody involved for their very hard work.

Cllr Ross queried how people, who do not have English as their first language, are being reached – HH advised National work has taken place to ensure many forms of communication have been circulated in several different languages and formats. NC will take this to the Silver Command Group and will report back what is specifically in place in Fife. **NC**

Cllr Ross urged HSCP staff to work with Seescape, Fife Society for the Blind and other organisations to ensure the message can reach all residents within Fife.

M Black asked if there is the capacity to administer the vaccinations and asked how

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		ACTION
	individuals can be encouraged to phone again, if they have given up trying to get through. NC advised performance on delivery is being monitored each day. Enhanced communications will be circulated to ensure people who have tried to make an appointment are asked to call again, currently looking at the best way to do this. SG outlined the increased role Community Pharmacy is playing in the delivery of the Programme during 2020. Cllr Brett thanked all Members for their hard work during a very difficult period.	 **NC**
6.4	**Urgent Care**	
	LB's presentation slides were shared with the meeting. LB advised, Scottish Government has requested Urgent Care be redesigned at pace. In Fife, this is the Urgent Care Redesign Programme. The redesign of Urgent Care will include a Flow and Navigation Assessment Hub, similar to the Covid Assessment Centre. In every Board in Scotland, there will be direct access to a re-imagined Urgent Care Service to deliver appropriate patient care and need, as close to home and scheduled, where possible. There is a need to encourage the public only to use A&E if really necessary and ensure urgent care is delivered at the right time by the right person. . The public should phone NHS24 then be directed to the Flow and Navigation Hub where a triage system is in place, the patient will then be directed to an appropriate place of care and treatment. Executive Lead is Dr Chris McKenna as Chair and Leads are Dr Rob Cargill and Lynn Barker, with five sub groups feeding in. Membership of Urgent Care Redesign involves many Senior Clinical Members with a wide representation. Cllr Brett thanked LB for an interesting presentation. He stated he had expected to receive a report outlining how these arrangements are working following the changes that were made in 2019. LB and Cllr Brett will discuss separately. NC advised she will look at the Workplan and what can be brought back to the Committee, however, the Pandemic has interrupted normal reporting. She added, Urgent Care is one of Fife's top three priorities.	 **NC**
6.5	**Care Homes Assurance**	
	LB advised, all Assurance Visits, except one, are complete. 100% of Care Homes are signed up for daily reporting and this is going well. HH added collaborative work has been ongoing in General Practice through Cluster Leads to ensure medical care is up to standard. Cllr Brett asked if additional support is now being made permanent or still temporary due to Covid? NC advised these arrangements are not permanent but under the Emergency Legislative Arrangements by SG. The experience in Fife has been hugely beneficial and will be used as a foundation for improved working. These arrangements are expected to continue through the Winter, after which SG will review. Cllr Ross asked how the flu vaccination will be administered to Care Homes. FMcK advised, vaccinations began w/c 28/9, Care Home buses are being utilised as a place to administer the vaccine to reduce footfall in very small care homes. She felt this was one of the successes of the flu programme to date and is progressing very well. FMcK was happy to advise w/c 28.09 was the 7th week of no Covid in any Care Home in Fife.	

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			ACTION
6.6	**Winter Plan Update**		
	The key principles of the Winter Plan are: • Provide care at home • Pro-active care to avoid hospital admission • Discharge model incorporating performance measures, risk matrix and escalation process, plan and description will come to C&CGC on 13.11.20 • Aim to ensure staff and patients are well informed through robust communication • Building on strong Partnership working • Mitigating the impact of Covid The various workstreams were outlined, as previously detailed at the last C&CGC meeting. Home Care capacity through ICASS models and H@H would be maximised before using hospital beds. Signed off Winter Plan to be brought to next C&CGC on 13.11.20, awaiting 'tick list' from Scottish Government. SG stated the integrated capacity tool, which is supporting service planning and ensuring appropriate capacity, has undergone a great deal of testing and it is hoped to use this across the whole system - an update will be brought to the C&CGC meeting on 13.11.20.		**SG**
6.7	**Care Inspectorate Report**		
	FMcK introduced the Annual Care Inspectorate Report. The Report covers a breakdown of the Care Inspectorate's visits to all Care Homes which HSCP have Contracts with. FMcK stated, due to the Pandemic, CI visits ceased in March and recommenced in September. During visits, the focus has been on Covid legislation as outlined by Scottish Government. Where a score of 2 has been received, robust plans and follow up are in place to improve standards. It was noted, overall scores are not used in the reporting. Scores are awarded in each area. Details of visits can be viewed on the Care Inspectorate website.		
6.8	**Primary Care Improvement Plan (verbal update)**		
	HH gave a comprehensive verbal update of the Primary Care Improvement Plan. The PC Improvement Plan Report is not expected for this year, due to Covid, however, appropriate Committees are to be kept informed. HH advised, the Plan was largely paused due to the Pandemic, however, confirmation of funding was received and some prioritised recruitment has taken place. More recently, a stock take of the Programme has been performed through the various Workstreams. Primary Care Implementation Plans for 2020 will be reviewed and learning can be used to shape future plans where appropriate. Transitioning provision of Adult Flu to the Health Board, rather than General Practice next winter will be considered, using very good learning from this year. NearMe has been rolled out to all Fife Practices, there has been greater integration with		

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			ACTION
	Pharmacy colleagues and many professional-professional care pathways have been developed to ensure better collaborative working.		
	As Mental Health is a concern during this time, recruitment in this area has been given priority. It was hoped Physiotherapy Services will be fully in place by March 2021, however, a delay is expected and there may be a need to work differently, due to a lack of Physiotherapists. A more detailed report will be brought to the next committee cycle.		
	The challenges of NearMe were discussed at length. HH outlined how these challenges have been addressed.		**HH**
6.9	**Mental Health Strategy Implementation Plan and Suicide Prevention Plan**		
	The MH Strategy Implementation Plan had been brought to the recent IJB meeting. JC stated an update will be brought towards the year end.		**JC**
	JC introduced Ruth Bennett and commented on the excellent work which RB and her Team have put into the strategy around Suicide Prevention.		
	RB summarised the Report to the Committee stating, at the beginning of the Pandemic, all Partners involved felt it was essential to continue the work and commitment of the Suicide Prevention Core Group. An Action Plan was developed in response to Covid which RB detailed. In particular, online support was described, increased communications and additional actions which have taken place were outlined. Collaborative working with other local services was also discussed.		
	RB told of a request from the National Suicide Prevent Leadership Group for more focused work around data monitoring, including Self Harm. National campaigns are also being supported, including suicide crisis intervention and restricting access to the means of suicide. There was also a need to form a Suicide Review Group. After a period of suspension, a discussion Paper has been raised to take this forward.		
	CC asked if support services such as substance misuse and peer recovery are still available during the Pandemic. Also, will there be lived experience representation, independent advocacy and carer representation involvement. RB explained, information of all support services available was cascaded and communicated throughout. She will take the suggestion of engagement and lived experience back to the Core Group.		**RB**
7.0	**ITEMS FOR NOTING**		
7.1	**Annual Performance Report for Governance**		
	The Annual Performance Report for Governance was considered at the recent IJB Committee Meeting. Scottish Government has since updated 23 indicators which have had a positive impact. The Plan will be updated, shared with Committee and included on the Website.		**FMcK**
8.0	**ITEMS FOR ESCALATION**		
	Cllr Brett asked for the following to be noted: • Flu Vaccination Delivery. • The Restraint & Ligature Deep Dive.		
9.0	**ANY OTHER COMPETENT BUSINESS**		
	No other competent business was raised.		

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| **10.0** | **DATE OF NEXT MEETING**

Friday 13th November 2020, 1000hrs. MS Teams | |

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Fife NHS Board
UNCONFIRMED

MINUTE OF THE DIGITAL AND INFORMATION BOARD HELD ON TUESDAY 6TH OCTOBER 2020, 0900 VIA MS TEAMS

Present:

Chair - Dr Chris McKenna	Medical Director
Lesly Donovan	General Manager, Digital & Information
John Chalmers	Clinical Lead, Digital & Information
Claire Dobson	Director of Acute Services
Philip Duthie	General Practitioner
Lynn Barker	Associate Director of Nursing
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

In Attendance:

Torfinn Thorbjornsen	Information Services Manager, Digital & Information
Claire Neal	(Minute) PA to General Manager, Digital & Information
Marie Richmond	Head of Strategy and Programmes, Digital & Information
Donna Galloway	Head of Laboratory Services

Apologies:

Josie Murray	Consultant in Public Health
Margaret Guthrie	Information Governance and Security Manager, Digital & Information
Miriam Watts	General Manager, Emergency Care
Andy Brown	Principal Auditor
Allan Young	Head of ICT Operations, Digital & Information
Nicky Connor	Director of Health & Social Care
Eileen Duncan	Directorate Solutions Manager H&SC
Helen Hellewell	Associate Medical Director

1 WELCOME AND APOLOGIES

Dr C McKenna opened the meeting by welcoming everyone via MS Teams. Dr C McKenna confirmed since the last Board meeting in July eHealth is now named Digital & Information.

The apologies are listed above and were noted by Digital and Information Board.

2 MINUTE & ACTIONS OF MEETING HELD – 15/07/20

The minutes from the meeting held on 21st January were reviewed and accepted as a true refection by the Digital & Information Board.

The action list was reviewed and updated.

3 MATTERS ARISING

3.1 Terms of Reference

L Donovan introduced ToR and advised this has been updated to reflect the change of name and also to align with the Digital Strategy, and Internal Audit Report.

Action - L Donovan to highlight the amendments within ToR and circulate to members. **LD**

3.2 Strategy Update

Dr C McKenna advised the Digital & Information Strategy was delayed due to COVID 19, but was presented last week to Board Members. Strategy was very well received with positive comments from Non-Exec Members but they did raise accessibility of Strategy within Fife. Ensuring citizens that don't necessarily have access to technology were not to be left behind. NHS Fife to consider.

No comments were raised.

4. PERFORMANCE

4.1 Scorecard

L Donovan introduced the Scorecard advising this has been produced in line with the D&I Strategy, notifying the Board the data and focus on activity within D&I.

L Donovan highlighted the NIS Audit, exposure and vulnerabilities to Cyber attacks, advising the Board, NHS Fife is leading on this, there is only one other NHS Board that shows this level of detail. D&I is currently at Amber but this relates to end of life systems which is currently in progress.

Support levels have increased by 120%, service desk and incident closures are below SLA's, COVID 19 has had an impact on performance.

L Donovan provided a brief update on each individual programmes that are currently ongoing.

P Duthie acknowledged the increase in use of digital technology e.g. Near me but have received positive feedback from patients.

S Garden queried if the Digital Strategy links in with NHS Fife Financial Plan, L Donovan confirmed yes they are currently looking at a 5 year Capital Plan. M McGurk to speak with C Potter with need to prepare a strategic Business Case to support overall NHS Fife strategies.

L Donovan advised digital enablement has been brought forward due to COVID 19.

No further comments were raised.

5 PROGRAMMES / PROJECTS

5.1 SBAR HEPMA

S Garden confirmed the procurement process has been completed and this is now commercial in confidence. They are working closely with Finance and Procurement, the Business Case is on track to be presented to other Committees. Weekly meetings are being held to ensure communications are all ongoing and at same stage.

Dr McKenna confirmed this is good work and moving with good momentum.

No further comments were raised.

5.2 SBAR PATIENT DIGITAL HUB

L Donovan confirmed the Business Case for Patient Digital Hub was brought to the Board end of 2019. Good support was received for the Business Case but there was an outstanding issue regarding the funding. L Donovan advised funding has now been sought via the Strategic Funding, and this been brought back to Board for awareness and the project shall start moving

forward.

Dr C McKenna queried the benefits of this project and what would be the current timelines on implementation.

L Donovan advised this will take time to implement, and will be an ongoing project, but benefits to will be seen across the Business e.g. providing information to patients electronically therefore will release resource to action.

M McGurk queried the Strategic funding and where will this be met, L Donovan advised these monies were from the Scottish Government as this was to a National Strategy approach. The funds will be every year on a earmarked non-recurring basis. M McGurk sought clarity on the amount, L Donovan confirmed it was £49,000 for annum, which is tactical at present until the National solution is received.

No comments were raised.

5.3 PROJECT PROGRAMME UPDATE

L Donovan provided an update on each programme.

- **HEPMA** – HEPMA has been discussed in previous item, no risks to notify to Board. Budget is on target, waiting on Governance being agreed. M McGurk raised a query regarding finances, Capital & Revenue.

Action further discussions to be undertaken with M McGurk and R Robertson regarding financing of HEPMA .   MMcGurk

- **Office 365** – This mail migration has now been implemented and although challenging with the limited resource on top of BAU, staff worked extremely hard and was extremely successful. NHS Fife was the first Board to fully implement O365 Teams component and the third board to migrate nhs mail. Biggest risk with O365 is financial, Licences are in 3 year contracts. 1st year is central, 2nd year is a contribution, and 3rd year full invoice to pay. Management of licences is key, as this also relates to the NIS Audit Action. We have reinstated a post to create a new post to monitor this from another vacancy. J Chalmers informed the Board that NHS.Net email addresses will be ceasing earlier than expected. These were due to end in December 20 but has been brought forward to 18th November. Discussions still ongoing and further communications will need to be issued in due course. An auto forward on email addresses has been changed and this poses a risk to systems that still have NHS.Net addresses. A Sub Group is being implemented to take action forward.

- **Morse** - Morse reinstated, Business Case was originally for 1800 users, an addendum has been made to add an additional 700 users. Dr C McKenna queried the difference in numbers, L Donovan advised numbers were based on Community & Mental Health figures but also these numbers will constantly change as services are redefined. Further discussion to take place with H&SCP and will be brought back to Board. Brief discussion took place regarding licensing, L Donovan confirmed this was an Enterprise License and the costs associated were for implementation and ongoing support.

- **Near Me** – Rolled out fully, still ongoing. Positive comments from members of public.

- **Test & Protect** – Rolled out Nationally. Dr McKenna thanked for the hard work.

5.4 DIGITAL REQUSTS UPDATE

L Donovan presented paper to Board and advised Digital Health Requests are received but with no resource to review or implement. It is requested that a Business Analyst position within Digital & Information is created to enable these Digital Health Requests to be reviewed and processed.

No objections were raised.
Agreed by Board

6   BUSINESS CASES / PROPOSALS

6.1 Community Self Booking

M Richmond provided brief background to paper. Pilot implemented and has gone well, patient feedback has been positive. M Richmond brought to Board to ask if this now goes to Full Business Case. Concerns were raised within group regarding funding and resource. M McGurk confirmed all directorates being asked to implement, could there be discussions with Scottish Government regarding possible funding. M Richmond highlighted to Board good work has been achieved with Lumera and if this delayed and implemented at a later stage work may not be able to start with Lumera and work would need start from beginning.

After lengthy discussions it was **agreed** to take to outline Business Case.

6.2 PIR & ACRT

M Richmond provided a brief overview of SBAR and ask for the Board to support an introduction of PIR & SCRT across all relevant specialities. Brief discussion was held no objections were made.

Agreed with ongoing Clinical conversation.

6.3 GP ORDER COMMS

M Richmond provided a brief overview of paper and confirmed that concerns have been raised by GP's that the use of Cyberlabs as a GP Order Comms solution for Labs requests is not fit for purpose. Work will be undertaken with other NHS Boards to replace the Order Comms.

Further concerns on the current system were raised by P Duthie and the necessity to move forward. No further comments or objections raised.

Agreed by Board to proceed to outline business case.

6.4 ENDOSCOPY OUTLINE BUSINESS CASE

M Richmond introduced paper asking the Board to support an outline Business Case to consider implementing Digital Solutions to assist with Endoscopy redesign. Digital & Information were approached in May to undertake an evaluation process and suggest ways in which this could be improved. Partial funding is available via Scottish Government as long as this redesign incorporates a booking system. Planned Care have agreed to the funding for this to be taken to full Business Case.

No comments or objections were made.
Agreed by Board to proceed to full business case

6.5 LIMS OUTLINE BUSINESS CASE

D Galloway introduced Business Case advising the Laboratory Information Management System (LIMS) will become end of life by 2022 with also the supplier withdrawing support for this product. LIMS is around 20+ years old and produces around 10 million paper and electronic tests per year. Ensuring patient safety updates continue, it is asked the Board approves the outline Business Case to be taken to Full Business Case. D Galloway advised all NHS Boards are in the same situation and it is intended that all Boards work collaboratively to introduce a single supplier framework so can connect nationally. It is hoped that NHS Fife can reap the benefits of a consortium.

Brief discussion was undertaken regarding funding. Further information is sought on funding by Scottish Government.

Positive feedback was met by group by further comments or objections were made.

Agreed in **principle** by Board.

| 7 | **FINANCE** |

L Donovan brought paper to Board for awareness only. L Donovan noted the below:
- Finance report was reporting till end of August.
- Confident on budget saving, but areas were still to be identified
- Capital on target.

No comments were made by Board.

| 8 | **RISKS / ISSUES** |

L Donovan introduced paper and noted there were duplicates in report and apologised for this.

The below was advised:
- 11 high risks noted. Majority of risks link to NIS Audit, end of life systems and 0365.
- Concerns raised regarding telephony, increasing bandwidth to accommodate more traffic with staff working off site. This is monitored on an hourly bases.
- All risks are have been updated and some to be reviewed

Concerns were raised if demand increases would this bring the network down. L Donovan confirmed mitigations have been put in place e.g. increased bandwidth. More work to continue on improving resilience and to reduce risk.

Further discussion to be taken offline with Dr McKenna & L Donovan. To be highlighted at next CGC.   **CMcK**

| 9. | **AUDIT / ACTION PLANS** |

9.1 DIGITAL & INFORMATION STRATEGY & GOVERANCE AUDIT

L Donovan notified the Board this is for awareness only. Internal audit was undertaken and reported to Audit & Risk Committee and this to notify

outcomes and progress of this audit.

M McGurk thanked L Donovan for report and progress made. Dr C McKenna reiterated this and thanks Digital & Information on what has been achieved.

No further comments were raised.
9.2 NIS AUDIT ACTION PLAN

L Donovan delivered a presentation and updated Board with the below:

- NIS Audit covers 4 categories, Manage, Protect, Detect, and Respond & Recover.
- Overall compliance status for the Audit Outcome Summary was at Amber, with 53% achieved.
- Several areas of good practice within Board.
- 58 recommendations for compliance development, 18 of which are red, urgent. An action plan is place has been created with delivery timescales. 5 of the recommendations have been completed.

Governance proposals:

- Compliance with the regulation will be reported via the Information Governance and Security Group.

- The action plan and associated investment requirements will be reported via this Board

- Operational management of the bulk of the action plan will be managed via the Digital Operations Group.

- The remaining actions in specifically in relation to Information Governance will be managed via the IG&S Operational Group.

Positive feedback from Board, and not further comments were raised.
9.3 CYBER ESSENTIALS

Item was brought to Board as awareness and was covered in above item and presentation.

10. AOCB

M McGurk and Dr McKenna thanked Digital & Information for their efforts and everyone for attending.

11   DATE OF NEXT MEETING

Date to be confirmed, waiting to align with other Board/Committee meetings.

UNCONFIRMED Minutes of the Health & Safety Sub Committee
held on Friday 11th September 2020 at 12:30 within Microsoft Teams

Present:

Mr Andrew Fairgrieve (AF), Director of Estates, Facilities and Capital Services

Mr Conn Gillespie (CG), Staff Side Representative

Rhona Waugh (RW), Head of HR (Deputising for Linda Douglas, Director of Workforce)

In attendance

Mr Craig Webster (CW), Health & Safety Manager

Mr David Young (minute taker)

1.	CHAIRPERSON'S WELCOME AND OPENING REMARKS

AF welcomed members to the Health & Safety (H&S) Sub Committee meeting.

2.	APOLOGIES

Dr Chris McKenna (CM) Medical Director, Linda Douglas (LD) Director of Workforce

3.	**MINUTES OF PREVIOUS MEETING**	Action
3.1.	**Approval of previous minutes**	

The minutes of the previous meeting were reviewed by the group and agreed as accurate.

3.2. Actions List Update

Updates to the actions list were discussed.

Noted that staff working night shift can access Health Assessment. There is no requirement for Health surveillance. The group were informed that Shift Worker form is available but not widely publicised. RW to take forward Night Duty highlighted on PPQ. CG to contact Mandy Macintosh directly — CG

CW informed the group that discussions regarding the use of Power Respirators still taking place at a national level. CW to continue work with Scottish government

3.3. Matters arising not on agenda

There were no further matters arising from the minutes of the previous meeting

4.	**COVID 19**

AF thanked the Health and Safety Team & Staff Side for the sterling work they carried out during the COVID Crisis. CG seconded this.

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5. WORKPLAN NHS FIFE ENFORCEMENT ACTIVITY

5.1. H&S Sub Committee Workplan

Work plan was submitted at last meeting few changes as a result of COVID 19. Ongoing

CW noted that Clinical Governance committee had requested Terms of Reference. No major changes required. ToR submitted and approved.

6. NHS FIFE ENFORCEMENT ACTIVITY

6.1. HSE Improvement Notices

At present, there are no HSE enforcements in NHS Fife.

CW reported that HSE received a complaint from VHK Lab Staff regarding Social Distancing. This complaint has now been dealt with and closed. An additional complaint was made by staff in the Laundry @ VHK. This complaint has also been closed off. No further intervention required.

7. INCIDENTS

7.1. Incident Statistics Report

CW informed the group that he had changed the format of the report and asked the group for comments. The group members agreed that they liked new format.

CW stated that; overall, the stats did not show any trends which raised concerns. He discussed Stats within the report, in particular. RIDDOR, Musculoskeletal, HAI, Slips trips and falls and Violence and Aggression Incidents.

The group agrees that the data in the report was useful and should be widely published, RW asked where this data is currently shared. CW informed her that Data is shared with Clinical Governance.

8. POLICIES AND PROCEDURES

8.1. Updates on policy & procedure revisions

CW informed the group on the current status of the following Policies & Procedures;

Procedure GP/D1.1 Display Screen Equipment. Updated procedure with EDG for approval

Procedure GP/E8-8 Dangerous Substances and Explosive Atmospheres – Minor changes required. In process

CW

Policy GP/H5 Health Surveillance – Still in process. RW suggested that Night Shift Health Surveillance should sit within this procedure

RW

Procedure GP/E8.9 Work Environment – Parked. Suggested that this procedure could now form part of the COVID Control arrangements for remobilisation and working at home . RW will share National Guidance for Working at Home with Group. Guidance to be distributed by the Comms Team.

RW

Procedure GP/C3 COSHH – Out for consultation

CW

Procedure GP/V1 Control of Vibration at Work Procedure - Out for consultation

CW

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9.   ANY OTHER BUSINESS

No other business

AF informed the group that Sharps Audits will be carried out across NHS Fife. AF asked if CW was aware of these audits. CW confirmed that he is aware and is working with Andy Brown from Internal Audit.

CW has received feedback regarding the refurbishment at Stratheden. New Risk Assessments are required. AF asked CW to arrange for risk assessments to be carried out.

CW

EDG have approved the mobilisation of health and safety training CW told the group that V&A is ready to restart training. Manual handling currently at the planning stage. CG stated that staff side are happy for Staff Training to be resumed.

FOI has been received requesting information on the number of disciplinary actions taken due to staff not wearing PPE. The group were informed that, at present, some concerns have been raised but no official complaints have been received.

CG asked for clarification regarding the protection of Flu Fighters and Staff receiving Flu Immunisation. RW confirmed that suitable PPE will be provided, plans are in place and info will be forthcoming via Comms Department.

RW asked the group if they had seen the latest Guidance regarding the use of Facemasks. Groups stated that they hadn't seen this. RW will circulate guidance to group.

RW

10.   FOR INFORMATION / NOTING

10.1. Committee Minutes

CW to check for minutes for future meetings

CW

11.   DATE OF NEXT MEETING

11 Dec 2020, 12:30 [Teams or Face to Face to be advised]

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Fife Health & Social Care Integration Joint Board
Supporting the people of Fife together

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 28 AUGUST 2020 AT 10.00 AM

Present	Councillor Rosemary Liewald (RL) (Chair)
	Christina Cooper (CC) (Vice Chair)
	Fife Council, Councillors – David Alexander (DA), Tim Brett (TB), Dave Dempsey (DD), David Graham (DG), 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
	Helen Buchanan (HB), Nurse Director, NHS Fife
	Wilma Brown (WB), Employee Director, NHS Fife
	Morna Fleming (MF), Carer 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
	Helen Hellewell (HH), Associate Medical Director
	Lynn Barker (LBa), Interim Associate Nurse Director
	Katherine Paramore (KP), Medical Representative
Attending	David Heaney, Divisional General Manager (East)
	Stacy Brown, District Nurse
	Norma Aitken (NA), Head of Corporate Services
	Avril Sweeney, Compliance Officer
	Wendy Anderson (WA)(Minute)
	Claire Warrender, Courier – via telephone only
	Hannah Brown, Fife Free Press – via telephone only

NO	HEADING	ACTION

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the third virtual Health & Social Care Partnership (H&SCP) Integration Joint Board (IJB).

The Chair congratulated our 17 District Nurses who have all had their applications approved for the Graduated Diploma in Integrated Community Nursing. The course is a 2-year part-time programme at Queen Margaret University with a focus on district nursing and integrates theory with practice.

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.

The Chair then handed over to Nicky Connor for her Chief Officer's Report and an update on the protocol for the meeting.

2   **CHIEF OFFICERS REPORT & PROTOCOL FOR MEETING**

Nicky Connor welcomed all Board members to the meeting and also welcomed Stacy Brown who is a student District Nurse who was shadowing Nicky as part of her development and learning about Integration and Health and Social Care.

Nicky ran through the protocol for the meeting which was being held using Microsoft Teams and outlined the agenda for the meeting. Nicky then highlighted several; key areas to the Board.

Team Fife Approach

Over the summer months Nicky has valued the opportunity to get out and about to meet with a number of teams in health, social care and social work. This has included teams in our Hospitals, Care Homes and communities across both the delegated services and our partners in the independent and voluntary sector. A commitment had been made to make weekly visits to teams over the summer months and this has been achieved. Nicky would wish to again formally record her thanks to all teams across Fife.

Development Sessions

Since the last Integration Joint Board there have been two Board Development Sessions held, which covered:

- Remobilisation and Winter.
- Directions.
- Standards Commission Advice Note for members of the Integration Joint Board.
- Annual Report Development.
- A programme of chief officer meetings with board members.
- Integration Scheme Review.
- Ministerial Steering Group Indicators for Integration.
- Future Board Development Sessions.

Pharmacy First

The National Pharmacy 1st Service launched on 29 July 2020. The service is designed to encourage the public to visit their community pharmacy as the first port of call for all minor illnesses and common clinical conditions: it replaces the existing Minor Ailment Service (MAS). Pharmacy 1st places an emphasis on patient centred clinical care by providing a framework for consultation, clinical advice, referral to another healthcare professional and treatment where appropriate (either via prescription on the NHS, or via an over the counter sale). The service is open to everyone who lives in Scotland, including care home residents, and the range of conditions which can be treated has increased from the previous MAS service. This has the potential to make care

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NO	HEADING	ACTION

2   CHIEF OFFICERS REPORT & PROTOCOL FOR MEETING (Cont)

more accessible for our patients, for whom Community Pharmacies
are available 6 or 7 days a week often without the need for an appointment.
The service, by supporting self-care, will also alleviate pressure on out of hours
services and GP Practices.

A patient information leaflet with further information on the NHS Pharmacy First
Scotland is available.

3   CONFIRMATION OF ATTENDANCE AND APOLOGIES FOR ABSENCE

Apologies had been received from Fiona Grant (FG), Steve Grimmond (SG),
Carol Potter (CP) and Eleanor Haggett (EH).

4   DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

5   MINUTES OF PREVIOUS MEETING 26 JUNE 2020

The Minute of the meeting held on 26 June 2020 was approved as accurate.

Discussion took place around Test and Protect, which was not on today's
agenda. The number of testing requests has risen since the schools returned,
there have been no positive cases in Care Home for the past two weeks and
there is a new mobile testing unit in St Andrews. Nicky Connor will contact   **NC**
Public Health to request a briefing.

6   MATTERS ARISING

The Action Note from the meeting held on 26 June 2020 was agreed as
accurate.

7   REMOBILISATION UPDATE

The Chair introduced Nicky Connor who presented this report which was for
noting.

Nicky advised that a commitment was made to bring regular updates to the
Integration Joint Board as services remobilise. 90% of services have now
submitted plans for remobilisation with close working with the staff side, trade
unions, Human Resources, Finance and clinical leadership. The Partnership is
working in line with complying with infection prevention and control measures
and to support capacity and flow across the whole system.

A draft Remobilisation Plan has been submitted to Scottish Government which
outlines priorities for:

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7   REMOBILISATION UPDATE (Cont)

- Continuing to provide a safe service.

- Preparing adequately for another COVID resurgence as well as winter planning.

- Restarting business as usual clinical care including routine care.

- Continuing redesign and transformation of services.

- Providing clinical support and supervision to care homes.

- Providing local test and protect service.

Jim Crichton confirmed that the majority of services are in the process of remobilising, in some cases with different capacity than before.

Claire Dobson has been leading on Community Health Services and plans for remobilisation. To date 66 plans have been discussed at the Bronze group meetings. Staff are embracing new ways of working eg technology and have been outstanding through the Covid-19 pandemic.

David Heaney advised that the majority of social work and social care services had continued throughout the lockdown. Day Services and Planned Respite were the two main services impacted by the national measures. Action Plans have been drafted for both services and guidance from Health Protection Scotland is imminent. Clients and staff have been kept updated on progress.

Helen Hellewell has been leading on remobilisation for the wider Primary Care sector. Community pharmacies have been open throughout. Work is ongoing to ensure there is support for the Covid Assessment Centre and Triage Hub as we move towards winter.

Lynn Barker advised that plans for Urgent Care Remobilisation have to be completed by 31 October 2020 and a Flow and Navigation Hub is being set up in Fife. There are six workstreams to support the redesign of urgent care.

Chris McKenna expressed his thanks to everyone who has been involved in remobilisation for the hard work so far, it has been a huge ask of teams. The next phase will be preparing for winter and ensuring that the upcoming challenges can be met.

Helen Buchanan updated on infection control and the main priority currently is to reduce the chance of increased Covid-19 cases, working with the reduced capacity. Staff have been working tirelessly throughout the pandemic and winter could provide significant challenges.

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7   REMOBILISATION UPDATE (Cont)

Work is now ongoing to assess what worked well during the previous few months and to get feedback on patient's experiences of the increased use of technology eg Near Me. This will help to focus on the appropriate areas going forward.

As many services remobilise there will be an element of redesign brought in as new ways of working introduced to cope during the pandemic are incorporated into everyday processes.

The Board:-

- Noted the progress being made to ensure that Health and Social Care Partnership Services have approved remobilisation plans in place.

- Noted the submission of a draft joint NHS / Partnership Remobilisation Plan to Scottish Government.

8   PERFORMANCE REPORT EXECUTIVE SUMMARY

The Chair introduced Fiona McKay who presented this report which was being brought to the Board as an Executive Summary for the first time. Initial feedback on the content and ease of reading of the report was good.

Discussion took place around the content of the report including Complaints and Freedom of Information (FOI) requests, both of which had seen increases in response times due to Covid-19. Work is ongoing with both of these and there should be a significant improvement in response times by the time the next report is produced.

Questions were raised about residential and nursing homes and the situation within Short Term Assessment and Reablement beds (STAR) / Short Term Assessment and Review Team (START). David Heaney advised that START has been under pressure as mainstream home care was needed to maintain the flow of clients, who were not moving through the system as quickly as they normally would. Regular meetings are held to discuss these situations.

Work has been ongoing with the Power BI system which allows internal and external care providers the opportunity to map the visits they currently make to inform discussions regarding demand and capacity. This means there is the chance to provide more packages whilst working more efficiently.

Paul Dundas confirmed that care at home is always challenging but external providers welcome the chance to use a whole system approach.

The number of people in care homes has reduced during the pandemic, some of it as a result of the ability for more people to be cared for in their own home during the lockdown as families were available.

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8 PERFORMANCE REPORT EXECUTIVE SUMMARY (Cont)

It was identified that there was a gap in information between February and July 2020 for part of the Report. Fiona McKay confirmed that this would be updated in the next Report.

FM

9 FINANCE REPORT

The Chair introduced Audrey Valente who presented this report.

Audrey advised that this report reflects the June 2020 projected outturn position and it was discussed in full at the Finance and Performance Committee (F&P) on 13 August 2020. Following the Committee Audrey had updated her report to reflect F&P feedback.

Discussion took place around the actual (£4m) and projected (£27m) Covid costs, potential Scottish Government funding and unachieved savings. The Senior Leadership Team are currently looking at progressing savings and looking at alternative ways of closing the funding gap.

Claire Dobson advised that winter planning will be significantly different to previous years. An event had been held with stakeholders on Tuesday 18 August 2020 to discuss the future challenges with Covid-19 and flu, infection control, workforce resilience, unscheduled care and priorities. Feedback from this will come back to the governance committees and IJB in the future.

Audrey Valente is working with the Senior Leadership Team on the Financial Recovery Plan which will be taken to the next F&P Committee and the September Integration Joint Board meeting.

AV

The Board noted the financial position as reported at 30 June 2020 and noted and discussed the next steps and key actions.

10 WELLESLEY UNIT, RANDOLPH WEMYSS HOSPITAL

Nicky Connor advised that this in an important discussion for the Board who are being asked to make a decision in relation to the sustainability of the Wellsley Inpatient Unit at Randolph Wemyss Memorial Hospital and also to ensure that in making this decision we have a person centred approach to meeting people's needs through the reprovision of care and development of community services.

Nicky advised that as Chief Officer she fully supported the proposal and would be asking colleagues for their views from an operational, clinical and professional perspective.

Nicky Connor then advised that, as a result of ongoing discussions, she will propose a change to the Direction that is placed in front of the Board for decision today.

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10 WELLESLEY UNIT, RANDOLPH WEMYSS HOSPITAL (Cont)

The amendment Nicky proposed related to third bullet point in the Direction which she was seeking to strengthen. This would ensure a broader focus on the community services which could be offered at Randolph Wemyss Memorial Hospital. These would be investigated in line with the Joining Up Care Community Hospital Strategy. The proposed amendment to wording was:

» **"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".**

The other amendment Nicky proposed was to the Performance Monitoring Framework which added in additional specific measures to provide clarity in the Direction and assurance to the Integration Joint Board (IJB).

Assurance will be provided to the IJB:

» 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.

Refreshing this strategy is only right, in light of our learning post Covid and what that means in relation to buildings-based models of care. It is also right that this is undertaken with the appropriate engagement and consultation. Nicky committed to doing that as timeously as possible ensuring the need to be open with the Board that we are balancing significant competing demands with Remobilisation and a level of uncertainty regarding COVID and Winter Resilience which may impact on timescales.

Claire Dobson advised that this is a 10 bedded, in-patient unit with 22 wte staff. The local GP practice has intimated it can no longer sustain their role as Responsible Medical Officer (RMO) and the unit cannot function without this.

Every effort has been made to source new RMO cover but this has proven impossible. Resilience within this unit has been a challenge for a number of years and this has had an impact on patients, their families and staff.

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10   WELLESLEY UNIT, RANDOLPH WEMYSS HOSPITAL (Cont)

Chris McKenna supported Claire's introduction. He advised that the Unit has become unsustainable, newer models of care have been introduced and these would be better for the long-term care of patients in the Unit.

Helen Buchanan spoke of the extensive staffing issues the Unit has had over recent years and the difficulty in recruiting staff to a small standalone unit. The withdrawal of the RMO has brought these issues to the forefront and a decision has to be made in the best interests of patients and staff.

Helen Hellewell advised that other alternatives had been carefully considered but this was the best way to deal with this issue.

Lynn Barker said that patient safety and safe staffing levels where two big considerations. There will be opportunities to use new ways of working in the future.

Simon Fevre confirmed that the staff side have been fully involved in this process and also when issues have arisen previously. Staff have been kept fully informed of progress. Further meetings with staff are being arranged to update on today's decision and the effect this will have going forward.

All of the senior clinical, professional and operational staff who spoke on this issue fully supported the proposal to close the Unit.

The Chair thanked everyone who had spoken on this item and asked if Board members had questions they wished to raise before the decision was taken.

Discussion took place around the level of consultation which had taken place prior to the paper coming before the Board. Claire Dobson advised the decision was being taken based on clinical safety issues and to date consultation has focused on the patients, their families, carers and staff who would be directly affected by the closure. Significant work is ongoing with the Community Hospital Strategy which is being reviewed and refreshed. Consultation on the future use of the Unit will be undertaken in line with this strategy.

Questions were asked around the patients currently in the Unit, their clinical needs and where they may be moved to. Information on individual patients could not be discussed in this forum due to patient confidentiality, but future care would be provided in a more person-centred way and in a more homely setting.

Chris McKenna reminded the Board that the decision which needed to be taken today was to be made on a clinical basis, was supported by senior clinicians and managers and had to be taken quickly before the Responsible Medical Officer cover ceased.

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NO	HEADING	ACTION

10 WELLESLEY UNIT, RANDOLPH WEMYSS HOSPITAL (Cont)

It was agreed that Nicky Connor's proposed change to the Directions and the Performance Monitoring Framework were both welcome and strengthened the decision-making process.

Before a final decision was taken, David Graham advised that he would like to propose an Amendment, which read

"The Integrated Joint Board accepts that the Wellesley Unit at the Randolph Wemyss Memorial Hospital cannot legally operate without a Responsible Medical Officer.

However, the ward has been in this position before and solutions have been found. Therefore I move to temporarily close the ward to allow for further investigation to take place into finding medical cover for the ward and consultation to be completed with the patients, staff and local community. A further report then being brought back to the Integrated Joint Board where a decision can then be taken on the future of the ward.

The development of the Randolph Wemyss Memorial Hospital and the medical offer that is available should continue to be developed to secure the future of the hospital in general."

As a result a decision to move to a vote was agreed.

The Motion was Proposed by Les Bisset and Seconded by Eugene Clarke.

The Amendment was Proposed by David Graham, Seconded by Jan Wincott.

A roll call call taken of each of the 15 Voting Members of the Board who were present at the meeting asking if they were for the Motion or the Amendment.

Motion (Direction) – 12 votes

Amendment – 3 votes

The Motion (Direction) to direct NHS Fife to close the Wellesley Unit and NHS Fife and Fife Council to commission care to support the needs of older people who would have otherwise been cared for in the Wellesley Unit and work with partners to develop community services at Randolph Wemyss Memorial Hospital was therefore carried. This Direction will be issued to NHS Fife and Fife Council in the near future.

11 DATE OF NEXT MEETINGS

INTEGRATION JOINT BOARD – Friday 25 September 2020 – 10.00 am

IJB DEVELOPMENT SESSION - Friday 9 October 2020 – 9.30 am

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Fife Health & Social Care
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CONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 25 SEPTEMBER 2020 AT 10.00 AM

Present	Councillor Rosemary Liewald (RL) (Chair)
	Christina Cooper (CC) (Vice Chair)
	Fife Council, Councillors – David Alexander (DA), 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
	Wilma Brown (WB), Employee Director, NHS Fife
	Morna Fleming (MF), Carer 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
Attending	Carol Potter (CP), Interim Chief Executive, NHS Fife
	Dona Milne (DM), Director of Public Health, NHS Fife
	Norma Aitken (NA), Head of Corporate Services
	Lesley Gauld (LG), Compliance Officer
	Wendy Anderson (WA) (Minute)
	Tim Bridle (TB), Audit Scotland
	Hannah Brown, Fife Free Press – via telephone only

NO	**HEADING**	**ACTION**

1   CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Health & Social Care Partnership (H&SCP) Integration Joint Board (IJB).

The Chair then congratulated the following:-

- Lesley Gauld, the Partnership's Information Compliance Manager on completing the Conversion Programme to become a qualified General Data Protection Regulation (GDPR) Practitioner.

- Tara Irvin, Young People's Health Development Worker on winning the Healthcare Rights Award in the Scottish Children's Health Awards for her dedication to working with children, young people and families.

- The Children and Young People Continence Service Fife Team who picked up the award for Improving Life Experiences in the Scottish Children's Health Awards.

NO	**HEADING**	**ACTION**

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1 CHAIRPERSON'S WELCOME AND OPENING REMARKS (Cont)

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.

The Chair then handed over to Nicky Connor for her Chief Officer's Report.

2 CHIEF OFFICERS REPORT & PROTOCOL FOR MEETING

Nicky Connor advised that the protocol for the meeting remained the same as that for previous virtual meetings.

Claire Dobson, Divisional General Manager (DGM) (West) has been successful in obtaining the temporary post of Interim Director of Acute Services at NHS Fife and has already taken up this post.

David Heaney, Divisional General Manager (East) is retiring on 29 November 2020.

Nicky thanked both Claire and David for their dedicated service which has contributed to the growth of the Health and Social Care Partnership and they will both be a great loss to the Senior Leadership Team (SLT).

Interim arrangements have been put in place which will see Lynne Garvey take up an Interim DGM post and Suzanne McGuinness will fill a professional Social Work role. One further interim appointment will be made to ensure stability with the SLT.

At the Development Session on Friday 9 October, Nicky will provide an update on the changes to SLT and there will be a chance to meet the new appointees at future Board meetings.   **NC**

3 CONFIRMATION OF ATTENDANCE AND APOLOGIES FOR ABSENCE

Apologies had been received from Helen Buchanan (HB), Katherine Paramore (KP), Lynn Barker (LBa), Kathy Henwood (KH), Steve Grimmond (SG), David Heaney (DH) and Eleanor Haggett (EH).

4 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

5 MINUTES OF PREVIOUS MEETING 28 AUGUST 2020

The Minute of the meeting held on 28 August 2020 was approved as accurate.

6 MATTERS ARISING

The Action Note from the meeting held on 28 August 2020 was agreed as accurate.

NO	HEADING	ACTION

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It had been agreed prior to the meeting to take Item 11 Remobilisation / Public Health Update next as both Dona Milne and Chris McKenna were required at other meetings later this morning.

11 REMOBILISATION / PUBLIC HEALTH UPDATE

Dona Milne, Director of Public Health gave an update on Public Health.

Test and Protect – Dona provided an update on Covid-19 cases in Fife. The team of contact tracers within Public Health are continuing to trace contacts of those who have tested positive and to identify clusters of cases. These clusters are then assessed and referred to an Incident Management Team. There is a wealth of information on the NHS Fife and Public Health Scotland websites on coronavirus and this is updated regularly. Any clusters within Fife are all being actively managed.

Discussion took place around supporting people who are asked to self-isolate and how this is monitored to support compliance.

Flu Campaign - Dona updated on the current flu campaign which began recently when letters were sent out to all Fife residents aged 65 and over. The call centre has been dealing with a very high volume of calls. The team has now got additional staff who are working 7 days a week to address the backlog of telephone calls, texts and e-mails. The process will be reviewed and lessons learned will be used in future campaigns.

Carol Potter advised that a public apology has been issued in the media from NHS Fife. The situation has caused anxiety for some members of the pubic and put additional pressures on healthcare staff. Carol thanked all the staff involved from Public Health, the Immunisation Team and the Health Records Team for the incredible amount of work they have achieved as part of the campaign.

Nicky Connor highlighted that it has been a contribution from Team Fife, the Partnership, NHS Fife and Fife Council to address the current issue through a whole system approach.

A report on the flu campaign will go to the NHS Fife Clinical Governance Committee in due course.

Discussion took place around the issues experienced in contacting the appropriate people about their flu vaccination, the different ways of working this year where most vaccinations will not be given in GP surgeries and the possibility of further information going out to the public to explain the process. Dona will speak to the NHS Communications Team.

It was agreed that further questions on the flu vaccination programme should be emailed to Wendy Anderson (wendy.anderson-nhs@fife.gov.uk) who would collate. Responses would be shared once received.

WA

Rosemary Liewald and Nicky Connor both thanked Dona for her update and input to today's meeting.

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11   REMOBILISATION / PUBLIC HEALTH UPDATE (Cont)

Remobilsation - Chris McKenna advised that excellent progress has been made on the remobilisation of services which had been stood down at the start of the pandemic. Given the re-emergence of Covid-19 there are additional pressures being put onto the system to ensure that all aspects of healthcare can be delivered by the Partnership and Acute Services. The NHS is still working under emergency legislation and this has been extended to the end of March 2021. Key priorities will be identified and these include Test & Protect and the Flu Vaccination Programme.

Over the winter months work will be ongoing to ensure safe care for patients, the redesign of Urgent Care and joining up how we work to achieve this. Difficult decisions will have to be taken to ensure safe and efficient working over the coming months and winter planning for this year will be more complex than in previous years.

Support will be needed from the public who will need to follow the guidelines which are being issued to help supress the virus.   The public will be kept informed and updated do as the situation becomes clearer.

7   FINANCE UPDATE

The Chair introduced Audrey Valente who presented this report. Nicky Connor advised that the report had undergone significant scrutiny at the Finance & Performance Committee on 11 September 2020.

The figures in the report are up to the end of July 2020 and give the projected outturn figures. Audrey outlined some of the main areas of over / underspend and updated on the current position with the funding for the Mobilisation Plan.

Discussion took place around the impact of underspends on and Audrey advised that financial and performance and quality are looked at in relation to these. The Senior Leadership Team has oversight of attendance management and complaints information.

Audrey is working with Fife Council and NHS Fife to look at areas with continuing underspends and is seeking to realign budgets to reflect realistic budget needs.

Tim Brett asked about unachieved savings in relation to Total Mobile. Fiona McKay confirmed that meetings have been held which are looking at Total Mobile and Power BI. Positive feedback has been received from two providers who have been using the system.

Members noted the financial position as reported at 30 July 2020 and noted and discussed the next steps and key actions.

8   FINANCIAL RECOVERY PLAN

The Chair introduced Audrey Valente who presented this report which will assist the Board in achieving a balanced budget.

The main actions in the report are not cash releasing but include:-

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- continuing with the Grip and Control Framework that exists in an attempt to mitigate the overspend.

- instructing Officers to try to bring services back in line with budget and that action is taken to further reduce spend where reasonable.

- communicating and ensuring adherence to the new locum process and monitoring thereof.

- implementing a robust process in relation to supplementary staffing that ensures effective rostering of staff as well as robust challenge in relation to appointment of such staffing.

- introducing more robust process of authorisation of spend, where delegated powers have been exceeded, and an overspend of the budget is projected.

Audrey Valente advised that page 28 of the papers gave information on financial savings and recovery are initial areas to consider.   More detail on these will be provided at future meetings.

Fiona McKay explained the upcoming changes to Direct Payments, whereby payment cards will be introduced which will make is easier for clients to pay for care and for the partnership to maintain an oversight on funds. Service users have been engaged in the process of introducing these cards. Dedicated staff will be on hand to assist when the process goes live.

Fiona also updated on issues relating to financial assessments in relation to people entering long term care. Since the pandemic started a backlog has formed which the partnership is working closely with Fife Council to address.

Eugene Clarke asked about the process of Grip and Control and what the process within the partnership was. Audrey Valente explained the process in place and gave examples in relation to vacancy management and recruitment.

The Board:

- charged the Director of Health and Social Care and Senior Officers to bring budgets back in line in year as far as reasonably possible.

- agreed the action to control costs as outlined in the recovery plan for 2020-21.

- agreed to scope further the potential savings that can be delivered and report back to the Board / Committee.

- agreed to continue to focus on implementing effective financial management, to contribute to delivering a balanced budget moving forward.

- agreed to pilot a process and protocol in relation to Adult Placements, and report progress and findings to the November meeting of the Finance and Performance Committee

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9   HSCP ANNUAL REPORT 2019-2020

The Chair introduced Fiona McKay who presented this report

Fiona McKay advised that this is the final draft of the Annual Report and some minor updates are still required. The Report was discussed at Finance & Performance Committee, Clinical & Care Governance Committee and the Voluntary Sector Forum and their feedback helped to shape the final report. Fiona thanked Morna Fleming who had proofread the report and provided feedback.   The report is with the Print Unit and will be ready to submit during the next week.

There was feedback that the report was detailed, well laid out and easy to understand. Concern was raised that some of the indicators within the report were going down rather than up. Fiona acknowledged that there was still work to be done, Services are changing and the report was up to the end of March 2020.

The Report is a requirement of Scottish Government legislation and allows for review and benchmarking.

The Board considered and approved the draft HSCP Annual Report 2019-2020.

10   UPDATE ON MENTAL HEALTH STRATEGY 2020-2024 IMPLEMENTATION PLAN

The Chair introduced Nicky Connor who presented this report.

The Mental Health Strategy was approved In February 2020 and work is now progressing on the Implementation Plan for the Strategy.   Some areas are still in development, but significant work has already been undertaken. The Mental Health Strategy Group will feed into the Transformational Change Board. The terms of reference and governance structure will also be refreshed. An update will be provided to the Board early in 2021.

NC

Implementation of the strategy has been delayed by Covid-19 and the deadline has been extended to the end of December 2020. The Implementation plan will be brought to the Board in February 2021.

Tim Brett asked about the Mental Health Estate and the fact that Capital Expenditure on this was the locus of NHS Fife, were the H&SCP represented in discussions? Nicky Connor confirmed that there is representation from the partnership on the relevant NHS Group.

More detail on the Implementation Plan will be provided going forward, but it sets the direction of travel. Further engagement with stakeholders will take place.

Nicky Connor advised that the next step would be to update partners on behalf of the Board that the extended timeline has been agreed.

The Board considered the approach to delivery outlined in the report and provided feedback and agreed the change in timeline.

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11   REMOBILISATION / PUBLIC HEALTH UPDATE

Covered previously.

12   DATE OF NEXT MEETING
IJB DEVELOPMENT SESSION - Friday 9 October 2020 – 9.30 am
INTEGRATION JOINT BOARD – Friday 23 October 2020 – 10.00 am

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Item 15.1

EXTRACT FROM LETTER FROM FIONA MCQUEEN TO CAROL POTTER:

I would appreciate further details on how your Board are being assured that the following policies are reliably in place:

Information on the assurance mechanisms your Board has, as well as local policies you have in place for non-adherence, will enable us to assure the Cabinet Secretary for Health that all Boards are providing as safe an environment for our patients and staff as possible.

POLICIES	LEAD DIRECTOR	ASSURANCE MECHANISMS
Staff's adherence to physical distancing guidelines	Director of Workforce	Revised guidance for staff and managers issued on 11 August 2020 and published via StaffLInk and Chief Executive weekly messages to all staff, with regular reminders via all platforms in place. Signage and screens (as required) in place within each location, with review by Estates & Facilities staff. Local managers within NHS Fife are responsible for ensuring that all staff follow extant guidance.
Compliance with water safety	Director of Estates and Facilities	NHS Fife has a comprehensive set of water safety policy and procedure documents. These form part of the annual audit by an external auditor and in line with the requirements set out in the SHTM. The policy and associated procedures are kept in date and sanctioned by a multi disciplinary group prior to publishing. A list of the procedures and associated protocols in place: • Water safety policy & associated procedure which clearly defines the roles and responsibilities of staff across the organisation. • In addition to this, a directive is sent out every quarter with the process and instructions for managing water systems and little used outlets. • Competent persons managing the water systems as per SHTM. • Hot water systems procedure. • Drinking water systems procedure. • Prevention and management of water incidents procedure. (Sampling & Testing protocols) • Control mechanisms in place for water coolers and ice machines. • Multi disciplinary Water safety group where all processes are reviewed including clinical area audits and any non adherences escalated for action • Fully electronic water management system for quickly and easily identifying failings with temperatures and maintenance regimes.
Compliance with additional cleaning standards	Director of Estates and Facilities	All cleaning processes have been directed through discussion between IPCT and the Domestic Services lead and have routinely been part of the Hospital Control Team agenda. Having the Lead role has ensured that the changes in cleaning frequencies, methodologies and chemicals used has been standard across Fife. Currently discussions are ongoing on the next changes required to

		support remobilisation.

The Board's healthcare worker testing process	Deputy Chief Operating Officer; Director of Health and Social Care	There is a staff testing protocol covering NHS Fife and H&SCP staff. Whilst the UK testing programme can be accessed directly by all key workers via the online UK portal, health and social care staff working in Fife are asked to continue to use the NHS Fife testing programme based at Cameron Hospital as turnaround times for appointments and results are currently faster through the local programme, and results will be given to staff via NHS Fife occupational health who carry out a risk assessment when the result is undetected. COVID-19 testing through this protocol is available to staff who meet the clinical criteria for symptomatic testing and/or who have a household member meeting the clinical criteria Line managers seek consent to refer staff member for testing. In view of the potential transmission risk that symptomatic health and social care staff pose the criteria outlined in the protocol reflect the new UK case definition, but also include a broader range of respiratory /flu-like presentations. This precautionary approach to adopting a lower threshold of symptoms for staff testing purposes has been reviewed and agreed by the Fife Scientific Technical Advisory Cell (STAC).
Staff's compliance with the extended use of facemasks policy	Director of Workforce	Revised guidance for staff and managers issued on 11 August 2020 and published via StaffLInk and Chief Executive weekly messages to all staff, with regular reminders via all platforms in place. Thereafter, local managers within NHS Fife are responsible for ensuring that all staff follow extant guidance.
The Board's elective flow	Deputy Chief Operating Officer	• Local teams are responsible for ensuring there is clear communication to patients regarding self isolation period and COVID swabbing for planned procedures. Patient Information Leaflet is sent to all theatre patients. • Compliance with weekly theatre activity is monitored through the local clinical prioritisation group. Prioritisation of patients has been clinically led by clinical directors with clear decision making and governance ensuring that there is flexibility within the system to allocate theatre lists to specialities on an urgency basis. • Emergency patients are risk assessed and will follow either the red or green theatre pathway. • There is a procedure in place for a terminal clean in theatre where required. • Currently reviewing intubation/extubation process for AGP's and procedures involving AGP's with ICPT and microbiology lead. • Social distancing is observed within SEAL (Surgical Elective Admission Lounge) and Day Surgery facilities at Victoria Hospital, Kirkcaldy and Queen Margaret Hospital, Dunfermline.
Staff movement within the Board	Director of Workforce	Employees are returning to their substantive positions as services resume in line with their mobilisation plans and normal recruitment and selection arrangements have recommenced. However, the Virtual Workforce Deployment Hub, chaired by the Workforce Directorate, in conjunction with the Silver Control Teams and with input from professional and service leads, continues to have oversight in any large movements of staff within the workforce and will manage the allocation of staff by greatest service need should there be further pandemic wave(s).

| Compliance with uniform policy | Director of Nursing | • Local managers within NHS Fife are responsible for ensuring that all staff follow the NHS Fife Staff Dress Code and Uniform Policy, which reflects NHS Scotland National Uniform Policy, Dress Code and Laundering Policy. (Extract from NHS Fife Policy below):
    *"**NHS Fife Managers**: Local managers are responsible for ensuring that all staff have access to this document and for ensuring that staff follow the guidelines. Adherence to the policy is mandatory. Failure to adhere to the policy will be dealt with in accordance with the appropriate NHS Fife Human Resources policies".*
• Compliance with the policy is monitored through a number of audits which are completed regularly across Fife and reported through the Infection Control Committee to the Clinical Governance Committee :
    o Care Assurance
    o PQI
    o Safe and Clean |

Chief Nursing Officer Directorate
Fiona McQueen, Chief Nursing Officer

T: 0131-244 2314 F: 0131-244 3465
E: fiona.mcqueen@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

Ms Carol Potter (by email)
Chief Executive
NHS Fife

———

7 August 2020

Dear Ms Potter

COVID-19 MOBILISATION PLANS: REDUCING RISK OF NOSOCOMIAL COVID-19

Thank you for your response to my letter of 1 July, setting out the Board's arrangements following our request for assurance against the measures to minimise the risk of healthcare associated infection of COVID-19 in our hospitals.

We have collated all of your feedback and reviewed this to determine if all the areas which require action have been detailed.

I am now writing to ask for further detail on the following aspects and would be grateful if you can forward your response to Claire.Macmillan@gov.scot by **21 August 2020**.

I would appreciate further details on how your Board are being assured that the following policies are reliably in place:
- Your staff's adherence to physical distancing guidelines;
- Compliance with water safety;
- Compliance with additional cleaning standards;
- The Board's healthcare worker testing process;
- Your staff's compliance with the extended use of facemasks policy;
- The Board's elective flow;
- Staff movement within the Board;
- Compliance with uniform policy;

as outlined in my letter of 1 July. Information on the assurance mechanisms your Board has, as well as local policies you have in place for non-adherence, will enable us to assure the Cabinet Secretary for Health that all Boards are providing as safe an environment for our patients and staff as possible.

If you have any concerns, questions or issues you are invited to make contact with Claire Macmillan Claire.Macmillan@gov.scot in respect of the implementation of the arrangements as outlined in our correspondence.

I would like to take the opportunity to thank you for you and your staff's continued support.

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

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Kind regards,

Fiona McQueen
Chief Nursing Officer

Section 1– Board Wide Issues
Key Healthcare Associated Infection Headlines up to 07 October 2020
1. Achievements:

Q2 2020 data from HPS is still awaited for national comparison.

- *Staphylococcus aureus* **Bacteraemia Prevention (SAB)**
  National data: For Q1 2020, NHS Fife was below the National rates for both HAI/HCAI SABs.
  Up to August 2020, the total SABs (n-50) is below the same point in 2019 (n-62).
  Planning performance data indicates Fife is below the HCAI reduction target Improvement trajectory.
  Whilst there have now been 3 confirmed PWIDs SAB so far in 2020, meetings with Addiction services has resumed from 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, the rate is a marked improvement from Q4 2019
- The Urinary catheter Improvement group (UCIG) has recommenced meetings bi monthly

  Clostridioides difficile **Infection (CDI)**
- National data: For Q1 2020, Fife was below the Scottish Rate for HCAI & CAI CDIs.

  National MRSA & CPE screening programme
- For Q2 2020, NHS Fife was above the compliance target rate and national rate for MRSA CRA Screening
- Compliance in V22 has vastly improved from Q1 2020, following improvement work with staff

1.1   Challenges:
SABs
- Vascular access devices (VAD) remain the greatest challenge for Hospital acquired SABs, ongoing improvement works
- In August 2020, there was a trigger of 4 renal dialysis VADs. A PAG took place on 11/9/20 and an SAER is due to be arranged.

  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 to support the Urinary Catheter Improvement group to optimise care & reduce infection rate with wide range of improvement initiatives.
- The IPCT are supporting a CAUTI QI program at Cowdenbeath practice to reduce their CAUTIs- commenced in September 2020.

  CDI
- Whilst Fife's CDI rates are well below the national rates, the HCAI incidence must be reduced further to meet the HCAI reduction target.
- CDI recurrence remains a challenge and is the greatest risk factor for healthcare associated cases.
- Pioneering work by NHS Fife focusing on patients with recurrent infection from 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.

1

Caesarean Section SSI

- Surveillance for Q1, Q2 & Q3 has been temporarily paused due to the COVID-19 pandemic. Local SSI surveillance is being undertaken by the midwifery team to provide local assurance. The surveillance team are in communication with the team & supporting this work.

Large Bowel Surgery SSI

- Currently surveillance is on hold during COVID pandemic although local data gathering will resume for Q4 2020.
- Completion of the SSI form is now incorporated within the surgical pause so improved form compliance is anticipated.

Orthopaedic Surgery SSI

- Ortho SSI surveillance currently on hold due to COVID. However, local data collection is resuming for Q4 2020 to provide local assurance.

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.

On the 21ˢᵗ of September the UK`s coronavirus alert level was upgraded from 3 to 4, meaning transmission is "high or rising exponentially" according to the Chief Medical Officer, with increasing community transmission being reported.

Winter planning and preparedness is the key focus for the IPCT.

- A package of training and educational resources currently in development to support NHS Fife Healthcare workers (HCWs) in best practice which shall go live in October 2020.
- Review of current IPCT work program of ward visits to ensure all inpatient wards and high-risk areas are fully supported by IPCT over the winter period.
- The IPCT shall undertake patient contact tracing in the hospital environment for patients and support Occupational Health where necessary with HCWs
- The IPCT shall support clinical teams with outbreak management in NHS Fife, Problem Assessment Groups (PAGs) and Incident Management Teams (IMTs) meeting to be held for NHS Fife outbreaks and reported to Health Protection Scotland accordingly, requesting support as required.
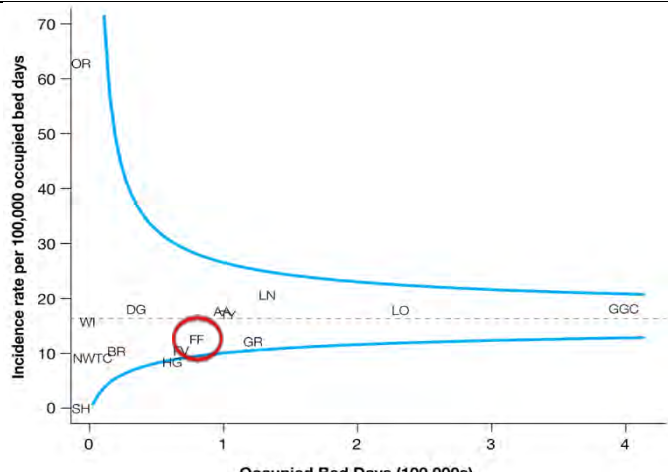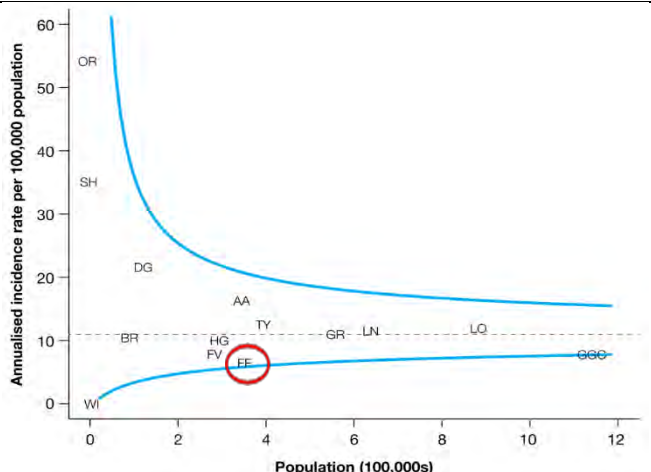
2

2. *Staphylococcus aureus* incorporating MRSA/CPE screening compliance
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	
Healthcare associated SABs	**Community associated SABs infection**
HCAI SAB rate: **13.1** **Per 100,000 bed days**	CAI SABs rate: **6.5** Per 100,000 Pop
No of HCAI SABs: 11	No of CAI SABs: 6
This is **BELOW** National rate of 16.4	This is **BELOW** National rate of 11.0

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.
- **August 2020: SAB PVC trigger hit with 4 x renal dialysis line SABs.**
- PAG held 11/09/2020. SAER date awaited to be confirmed

As of **10/09/2020** the number of days since the last confirmed SAB is as follows:	
CVC SABs	184 Days
PWID (IVDU)	28 Days
Renal Services Dialysis Line SABs	11 Days
Acute services PVC (Peripheral venous cannula) SABs	15 Days
Ward 44 – All SABs including PVC/CVC SABs	119 Days QI work to be discontinued from Sept 2020

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- **discontinued Sept 2020.**
- 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%.
NHS Fife was **ABOVE** the National Scottish Average for Q2 2020 (Scotland 84%).

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%	84%

*For Q1 2020- see below for Improvement in MRSA compliance V22

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
NHS Fife was **ABOVE** the National Scottish Average for Q2 2020 (Scotland 80%).

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%	80%
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

- Q1 2020: MRSA screening overall compliance rate for NHS Fife was reduced, however, following liaison between IPCT and V22 staff, compliance greatly improved and in Q2 2020 for V22 there was 100% compliance rate for MRSA CRA and 86% for swabbing.
- V22 has shown a sustained improvement in Q3 2020 with 100% for MRSA CRA and 83% for swabbing. Please note that Q3 2020 figures are due for submission to HPS in early October 2020.

4

<u>**EiC Update**</u>
- Excellence in Care data collection for which MDRO CRA admission screening was selected as the HAI measure and piloted in AU2 from 2018.
- Excellence in Care MDRO CRA rolled out to AU1 in July 2019
- Rollout to other areas in NHS Fife planned as part of updated Admission Paperwork
- The data collection through the MDRO KPI tool will continue to run in parallel until full roll out of programme.
- The MDRO CRA will be added to Patientrack, module currently being built, IPCT/EiC meetings recommended July 2020
- However, it has been confirmed that the MDRO CRA has not been ratified nationally as an EiC measure.
- Despite the lack of ratification-following local discussion, it has been agreed that NHS Fife will continue the work already commenced, to incorporate within Patientrack and improve compliance and patient safety.

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3   *Clostridioides difficile* **Infection (CDI)**

3.1   **Trends**

Clostridioides difficile Infection (CDI)				
Local Data:Q2 2020 April- June 2020 **Q2 2020 HPS National comparison awaited**				
In Q2 2020 NHS Fife had:	6 CDIs	5 HCAI/HAI/Unknown	This was **DOWN** from	8 Cases in Q1 2020
		1 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

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 2020 innovative work will be focused on our patients with recurrent CDI.
- From October 2019 each CDI case is assessed for suitability of extended pulsed Fidaxomicin (EPFX) regime aiming to prevent recurrent disease in high risk patients.
- 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.
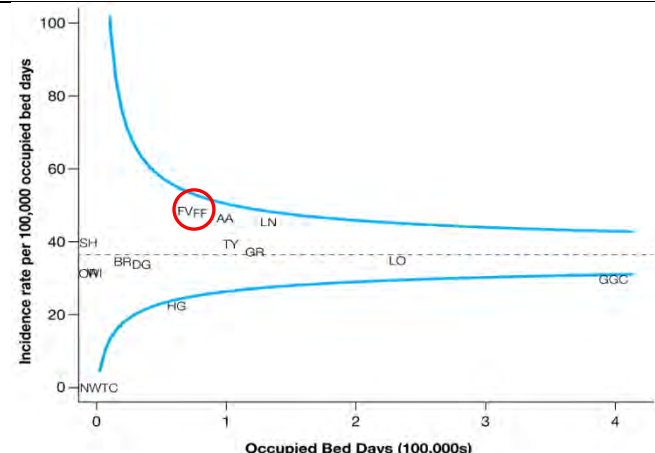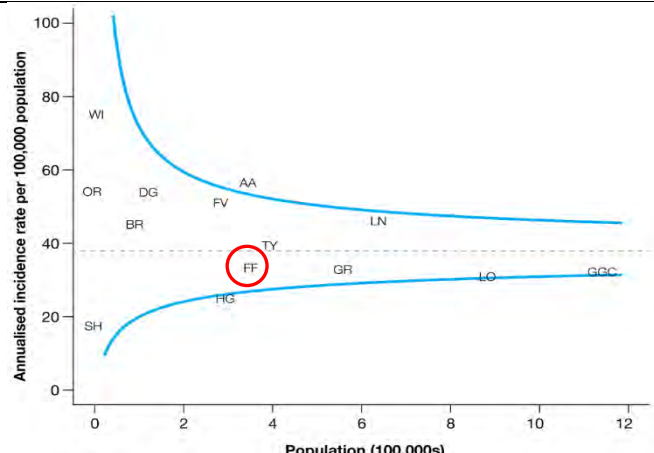
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4.0 *Escherichia coli* Bacteraemias (ECB)
4.1 Trends:

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	This is **DOWN** from	73* Cases in Q1 2020
		32 CAIs		
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 have been **TWO** CAUTIs associated with trauma in Q3 2020. One traumatic self-removal in & one traumatic insertion. Both of these cases were DATIX'd and learnings to be fed back to the UCIG.				
*For Q1 2020- there is a discrepancy of **5** Community acquired ECBs between local & national reporting				

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. Due to some Fife resident Community onset ECB allocated back to NHS Fife, even though they were treated at other Health boards.	
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**
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**

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2020-2017 NHS Fife's Urinary catheter Associated ECBs – HPS data Q2 data still awaited			

Hospital Acquired Infections (HAI) (Acute & HSCP Hospitals) CATHETER Device related *E.coli* Bacteraemia Count of Device- Catheter over Total Fife **HAI** ECBs			
	NHS Scotland	**NHS Fife**	Rate calculation
2020 Q2	TBC	***30.8 %**	* Locally calculated data- TBC by HPS when Q2 data published on Discovery
2020 Q1	16.7 %	**35.7 %**	
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 *E.coli* Bacteraemia Count of Device- Catheter over Total Fife **HCAI** ECBs			
	NHS Scotland	**NHS Fife**	Rate calculation
2020 Q2	TBC	***17.2 %**	* Locally calculated data- TBC by HPS when Q2 data published on Discovery
2020 Q1	24.1	**17.9 %**	
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

<u>Urinary catheter Group work following raised ECB CAUTI incidence</u>

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 **21st August 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 **31.08.2020**: There have been **TWO** 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/HSCP but in progress with eHealth. There is no fixed timescale but it is hoped this will be installed in 2020.

Team Lead- Continence Advisory Service:
-have developed a Continence Link Folder for Nursing and Residential Care Homes.
-Every patient in residential/care home should now have a catheter passport if catheter in situ.
-Continence link folders include information on Continence assessment, sheaths, Catheters, resources for Bristol stool chart, Hydration/Healthy bladder, incontinence care.
-All residential homes have been contacted & supported to ensure the packs have been incorporated into care.
-3rd 'Tip top' video has been published on 'catheter choice'

Cowdenbeath practice: CAUTI Quality improvement program commenced August 2020

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>

<u>During October 2019 – August 2020</u>

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/August/September 2020

- There has been no cases of definite hospital onset COVID in NHS Fife June/July/August/September 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 report and improvement action plan was published on Tuesday 15 September 2020.
(For purposes of the ICC only IPC related information will be reported in this HAIRT)

The inspection methodology had been adapted to combine safety and cleanliness and care of older people. NHS boards are measured against a range of standards, best practice statements and other national documents, including the Care of Older People in Hospital Standards (2015) and Healthcare Associated Infection (HAI) standards (2015).

NHS Fife was thanked and in particular all staff at Glenrothes Hospital for their assistance during the inspection.

- patients were treated with dignity and respect
- good compliance with standard infection control precautions
- cleanliness of environment was very good
- Wards felt well supported by IPCT and line management

The inspection resulted in **1 IPC related requirement**
NHS Fife must ensure that the condition of all patient equipment allows it to be effectively decontaminated.
This is to comply with healthcare Associated Infection (HAI) standards (2015) Criteria 8.1

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Action plan has been agreed and submitted including a review of the system to which near patient equipment and furniture is inspected and reviewed, and a timeous replacement is in place.
Up to date training available for MICAD system on requests for all staff.

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
  -Local data collection will resume for quality assurance from October 2020
  - Feedback forums to clinical teams for all SSIs is firmly established to address SSI challenges where they occur.

11. Healthcare Associated Infection Reporting Template (HAIRT)

The HAIRT template provides CDI, SAB & ECBs information for NHS Fife categorizing by:
- Total NHS Fife
- VHK wards,
- QMH wards (wards 5,6,& 7) &
- Community Hospital wards (QMH 1-4, SH, SACH, GH, LH, CH, AH, RWH, WBH, All Hospices)
- Out of Hospital (Infections that occur in the community/GP or within 48 hours of hospital admission

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.

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.

Hand hygiene and cleaning compliances are shown by Total Fife, VHK & QMH.

NHS Fife TOTAL

Monthly HAI Case Numbers (SAB, C Diff & ECB)

Month	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	0	3	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
Jul-20	4	2	6	2	4	6	11	11	22
Aug-20	7	2	9	2	1	3	14	14	28

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

Cleaning Compliance (%) TOTAL FIFE											
	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	June-20	July-20	Aug-20
Overall	95.5	95.9	96.0	95.7	95.5	95.7	95.7	*	*	95.3	95.2	95.1

Estates Monitoring Compliance (%) TOTAL FIFE											
	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	June-20	July-20	Aug-20
Overall	95.8	96.1	96.6	96.7	95.3	95.9	95.8	*	*	96.7	94.1	94.5

* 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 and May 2020.

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Victoria Hospital

Month	VHK					
	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	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
Jul-20	4	n/a	0	n/a	2	n/a
Aug-20	6	n/a	1	n/a	9	n/a

Cleaning Compliance (%) Victoria Hospital												
	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	June-20	July-20	Aug-20
Overall	95.1	95.6	95.6	96.0	95.1	95.4	95.4	*	*	*	96.9	94.6

Estates Monitoring Compliance (%) Victoria Hospital												
	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	June-20	July-20	Aug-20
Overall	95.8	96.4	96.3	96.7	96.1	96.2	95.9	*	*	*	97.5	94.2

* 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
Jul-20	0	n/a	0	n/a	0	n/a
Aug-20	1	n/a	0	n/a	0	n/a

Cleaning Compliance (%) Queen Margaret's hospital												
	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	June-20	July-20	Aug-20
Overall	96.6	96.9	96.9	96.7	97.0	97.0	97.0	*	*	95.9	95.8	96.1

Estates Monitoring Compliance (%)Queen Margaret's hospital												
	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	June-20	July-20	Aug-20
Overall	94.6	95.2	96.3	96.6	96.2	95.3	95.5	*	*	95.3	94.2	95.7

* 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 - 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
Jul-20	0	n/a	1	n/a	0	n/a
Aug-20	0	n/a	0	n/a	0	n/a

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Final Report for ICC on 07 October 2020
(Validated Data up to 31st August 2020)

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	0	2	8
May-20	1	4	1	0	1	12
Jun-20	0	2	0	1	5	12
Jul-20	0	2	1	4	9	11
Aug-20	0	2	1	1	5	14

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Item 15.2
Final Report for ICC on 07 October 2020
(Validated Data up to 31st August 2020)

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

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

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

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

Understanding the Report Cards – Cleaning Compliance
Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website:
http://www.hfs.scot.nhs.uk/online-services/publications/hai/

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

For HPS categories for Healthcare Associated Infections:
https://www.hps.scot.nhs.uk/web-resources-container/quarterly-epidemiological-commentary-for-the-surveillance-of-healthcare-associated-infections-in-scotland-methods-caveats/

Categories of Healthcare & community Infections

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

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

Hospital Acquired Infection (HAI):
Positive Blood culture obtained from patient who has been
-Hospitalised for >48 hours
If the patient was transferred from another hospital the duration of the in-patient stay is calculated from the date of the first hospital admission
OR
-The patient was discharged from hospital in the 48 hours prior to the positive blood culture being obtained
OR
-A patient receives regular haemodialysis as an outpatient

Community Infection
-Positive Blood culture obtained from a patient with 48 hours of admission to hospital who does not fulfil any of the criteria for the healthcare associated blood stream infections

Not known:
-Only to be used if the ECB is not a HAI and unable to determine if community or HCAI

Healthcare Associated Infection (HCAI):-
Positive blood culture obtained within 48 hours of admission to hospital and fulfils one or more of the following criteria:
-Was hospitalised overnight in the 30 days prior to the +ve blood culture being obtained.
OR
-Resides in a Nursing home, long term facility or residential home
OR
-IV,IM, Intra-articular or sub cut medication in the 30 days prior to the positive blood culture, but EXCLUDING IV illicit drug use.
OR
-Underwent venepuncture in the 30 days before +ve BC
OR
-Underwent medical procedure which broke mucous or skin barrier i.e. biopsies or dental extraction in the 30 days before +ve BC
OR
-Underwent any care for chronic medical condition or manipulation of medical device by a healthcare worker in the community in the 30 days prior to the +ve BC being obtained i.e. podiatry or dressing of chronic ulcers, catheter change or insertion
OR
-Has a long term indwelling device (i.e. catheter, central line, drain (excluding a haemodialysis line)

HPS CDI Definition for Hospital Acquired, Healthcare Associated, Unknown or Community onset

HPS Linkage Origin Definitions

CDI Origin	Origin sub category : definitions
Healthcare	**HAI :** Specimen taken after more than 2 days in hospital (day three or later following admission on day one)
	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/