NHS FIFE CLINICAL GOVERNANCE COMMITTEE

Thu 14 January 2021, 14:00 - 17:00

Via MS Teams

Agenda

1. APOLOGIES FOR ABSENCE

2. DECLARATION OF MEMBERS' INTERESTS

3. MINUTES OF LAST MEETING HELD ON 4 NOVEMBER 2020

Item 3 - V3 Unconfirmed Notes 4 November 2020.pdf (13 pages)

4. ACTION LIST

Item 4 - Action List 14 January 2021.pdf (5 pages)

5. MATTERS ARISING

5.1. Seasonal Flu Programme 2020 Review Action Plan Progress Update

(Enclosed) *Don Milne*

Item 5.1 - Flu Review action plan SBAR CGC 14 Jan 2021.pdf (8 pages)

5.2. Item 186 - Survey Update Engagement and Participation in service change and Redesign in Response to Covid

(verbal) *Helen Buchanan*

5.3. Item 187 - Bill to incorporate the United Nations Convention with Rights of the Child

(verbal) *Helen Buchanan*

5.4. Item 190 - Risk 1652 - Lack of Medical Capacity in Community Paediatric Service

(enclosed) *Rob Cargill*

Item 5.4 - Community Paediatrics December 2020_NHSF CGC (RC).pdf (15 pages)

5.5. Update on Integration Scheme Review

(verbal) *Nicky Connor*

6. COVID- UPDATE

6.1. Covid-19 Vaccination Programme Update

(Presentation) *Scott Garden*

6.2. Expansion of Covid-19 Testing

(Verbal) *Dona Milne*

7. REMOBILISATION OF CLINICAL SERVICES

7.1. Update on Remobilisation & Clinical Prioritisation

(verbal) *Chris McKenna*

7.2. Update on Redesign of Urgent Care

(verbal) *Chris McKenna*

7.3. Winter Performance Report 2020-21

(Enclosed) *Nicky Connor & Claire Dobson*

Item 7.3 - SBAR CG Committee Winter Report.pdf (5 pages)
Item 7.3 - Winter Planning Performance Summary Nov 2020 v1.0.pdf (18 pages)

8. GOVERNANCE

8.1. Board Assurance Framework Quality & Safety

(enclosed) *Chris McKenna & Helen Buchanan*

Item 8.1 - SBAR Quality & Safety BAF to NHS Fife Clinical Governance Committee 140121 V 1.0.pdf (3 pages)
Item 8.1 - Appendix 1, NHS Fife Board Assurance Framework (BAF) Quality & Safety to NHS Fife CGC 140121 V1.0.pdf (2 pages)
Item 8.1 - Appendix 2, BAF Risks - Quality & Safety - Linked Operational Risks to NHS Fife CGC 140121 V1.0.pdf (4 pages)

8.2. Board Assurance Framework - Strategic Planning

(enclosed) *Susan Fraser*

Item 8.2 - 6.2 SBAR FPR BAF 5 110121 (1).pdf (3 pages)
Item 8.2 - 6.2 5. NHS Fife Board Assurance Framework (BAF) V24.0 050121- Strategic Planning.pdf (1 pages)

8.3. Board Assurance Framework - eHealth

(enclosed) *Chris McKenna*

Item 8.3 - 7a. NHS Fife Board Assurance Framework (BAF) V10.0 171220 - Digital & Information.pdf (2 pages)
Item 8.3 - BAF D&I to Clinical Governance Committee V1.0.pdf (4 pages)
Item 8.3 - 7a. BAF Risks - Digital & Information - Linked Operational Risks as at 171220.pdf (5 pages)

9. REQUESTED PAPER

No Papers

10. QUALITY, PLANNING & PERFORMANCE

10.1. Integrated Performance & Quality Report

(enclosed) *Susan Fraser*

- Item 10.1 - IPQR SBAR CG Committee.pdf (3 pages)
- Item 10.1 - IPQR Dec 2020.pdf (49 pages)

10.2. IRMER Final Report - Victoria Hospital 28-29 January 2020

(enclosed) *Chris McKenna*

- Item 10.2 - 1207IRMER.pdf (3 pages)
- Item 10.2 - 20200928 IRMER Final Report – Victoria Hospital - NHS Fife – 28-29 Jan 2020.pdf (26 pages)
- Item 10.2 - 20200128 IRMER action plan template - Victoria Hospital - 28-29 Jan v0 2.pdf (4 pages)

11. PUBLIC ENGAGEMENT & CONSULTATION

11.1. Public Engagement & Consultation Update

(verbal) *Helen Buchanan*

11.2. Equality Outcomes 2021-25

(enclosed) *Helen Buchanan*

- Item 11.2 - Board Paper - NHS Fife Equality Outcomes for period 2021-2025.pdf (3 pages)
- Item 11.2 - NHS Fife Equality Outcomes 2021 - 2025.pdf (14 pages)

11.3. Mainstreaming Final Equality Report 2017-21

(enclosed) *Helen Buchanan*

- Item 11.3 - NHS Fife Mainstreaming Final Equality Report 2017-2021.pdf (48 pages)
- Item 11.3 - Board Paper Equality and Human Rights final mainstreaming plan2.pdf (4 pages)

12. DIGITAL & INFORMATION

12.1. Information & Governance Group Terms of Reference

(verbal) *Chris McKenna*

13. ANNUAL REPORTS

13.1. Fife Child Protection Annual Report 2019-20

(enclosed) *Helen Buchanan*

- Item 13.1 - SBAR Report CP 2020 NHSFCGC FINAL 181220.pdf (7 pages)

13.2. Medical Revalidation 2019-20

(enclosed) *Chris McKenna*

- Item 13.2 - Board Paper Template CGC - Medical Appraisal & Revalidation 10122020.pdf (3 pages)
- Item 13.2 - Medical Appraisal & Revalidation Annual Report 2019-2020 v2.pdf (10 pages)
- Item 13.2 - Appendix 1.pdf (42 pages)

13.3. Area Radiation Protection Annual Report

(enclosed) *Chris McKenna*

Item 13.3 - Radiation Protection SBAR 2020.pdf (2 pages)
Item 13.3 - Radiation Protection Report to Acute Services Div Clinical Governance Committee January 2020.pdf (6 pages)

14. LINKED COMMITTEE MINUTES

14.1. Acute Services Division Clinical Governance Committee 11/11/2020

(enclosed) *Rob Cargill*

Item 14.1 - ASD CGC Minute - UNCONFIRMED 111120.pdf (22 pages)

14.2. Fife Drugs & Therapeutics Committee 07/10/2020 & 02/12/2020

(enclosed) *Chris McKenna*

Item 14.2 - FIFE DTC CONFIRMED MINUTES 7 October 2020.pdf (6 pages)
Item 14.2 - FIFE DTC UNCONFIRMED MINUTES 2 December 2020.pdf (6 pages)

14.3. Fife HSCP Clinical and Care Governance Committee 13/11/2020

(enclosed) *Nicky Connor*

Item 14.3 - UNCONFIRMED MINUTE 13.11.20 HH TB.pdf (7 pages)

14.4. Research Governance Group 29/10/2020

(enclosed) *Chris McKenna*

Item 14.4 - RGC_Minutes_Committee FQ.pdf (5 pages)

14.5. Health and Safety Sub Committee 11/12/2020

(enclosed) *Les Bisset*

Item 14.5 - UNCONFIRMED HSSC Mins 20.12.11.pdf (3 pages)

14.6. Integration Joint Board (IJB) 23/10/2020

(enclosed) *Nicky Connor*

Item 14.6 - Final IJB Minute 231020.pdf (5 pages)

14.7. Infection Control Committee - 07/10/20

(enclosed) *Helen Buchanan*

Item 14.7 - ICCNotes 07 10 2020.pdf (7 pages)

14.8. Public Health Assurance Group 26/11/2020

(Enclosed) *Dona Milne*

Item 14.8 - PHAC minutes 261120.pdf (4 pages)

14.9. NHS Fife Resilience Forum 18/11/2020

(enclosed) *Dona Milne*

Item 14.9 - Minutes 18 Nov 2020 DRAFT.pdf (3 pages)

14.10. Area Radiation Protection Committee 11/12/2020

(enclosed) *Chris McKenna*

Item 14.10 - MINUTES RPC 11 DECEMBER 2020.pdf (4 pages)

14.11. Ionising Radiation Medical Examination Regulations Board (IRMER) 20/08/2020

(enclosed) *Chris McKenna*

Item 14.11 - IRMER BOARD MINUTES AUG 20.pdf (4 pages)

15. ITEMS FOR NOTING

15.1. HAIRT Report

(enclosed) *Helen Buchanan*

Item 15.1 - HAIRT Report Nov FINALv1.pdf (20 pages)

15.2. B06/21 NHS Fife Annual Internal Audit Report

(enclosed) *Gillian MacIntosh*

Item 15.2 - SBAR Annual Internal Audit Report 19-20.pdf (3 pages)
Item 15.2 - B06-21 Annual Internal Audit Report.pdf (38 pages)

15.3. B25/20 Capital Management - NHS Fife Elective Orthopaedic Project

(enclosed)

Item 15.3 - B25-20 Capital Management FOEP.pdf (15 pages)

15.4. SPRA & Remobilisation Plan Processes Jan - March

(enclosed) *Chris McKenna*

Item 15.4 - SBAR CGC Strategic Planning and Resource Allocation process final 070121.pdf (5 pages)
Item 15.4 - Appendix 1 Strategic Planning and Resource Allocation Proposal GUIDANCE.pdf (12 pages)

16. ISSUES TO BE ESCALATED

17. ANY OTHER BUSINESS

18. DATE OF NEXT MEETING: Thursday 11 March 2021 at 2pm

Fife NHS Board

UNCONFIRMED

Item 3

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD VIA MS TEAMS ON 4 NOVEMBER 2020

Present:

Dr Les Bisset, Chair
Sinead Braiden, Non-Executive Member
Cllr David Graham, Non-Executive Member
Dr C McKenna, Medical Director
Janette Owens, ACF Representative
Margaret Wells, Non-Executive Member
Martin Black, Non-Executive Member
Wilma Brown, APF Representative
Rona Laing, Non-Executive Member
Dona Milne, Director of Public Health
John Stobbs, Patient Representative

In Attendance:

Lynn Barker, Associate Director of Nursing, H&SCP (for Helen Buchanan)
Dr Rob Cargill, AMD ASD
Claire Dobson, Director of ASD
Andy Ballantyne, Clinical Lead (Item 8.3)
Barbara Anne Nelson, Independent Reviewer (Item 8.1)
Catriona Dziech, Note Taker
Lynn Campbell, Associate Director of Nursing ASD
Nicky Connor, Director of Health & Social Care
Scott Garden, Director of Pharmacy & Medicines
Ben Johnston, Project Manager (Item 8.3)
Helen Woodburn, Head of Quality & Clinical Governance
Gillian MacIntosh, Board Secretary

Dr Bisset opened the meeting by noting the Committee's ongoing appreciation to staff and partners for their commitment and hard work during this period. With the increase in Covid activity, staff were being asked again to work extra hours, sometimes outwith their normal environment. It is thus important to record thanks for all the hard work and dedication and for all the work they continue to do.

Dr Bisset apologised to the Committee for the various changes to the agenda, along with the issue of a number of late papers. This was a result of the change of priorities for the Executive Directors, linked to the increase in Covid activity and clinical demands. Dr Bisset agreed to take up the issue of late papers with Dr McKenna and Carol Potter, noting that this was not satisfactory.

It was reported that the paper on the Seasonal Flu Programme Review 2020 (Item 8.1) has been issued separately, as the paper and its content are not for discussion outwith the Committee until Board members have had the opportunity to consider further at the Board meeting on 25 November 2020. The Committee were asked to respect the confidentiality of the paper and not circulate it wider.

1. Apologies for Absence

Apologies were noted from members Helen Buchanan and Carol Potter and attendees Dr Helen Hellewell and Alan Wilson.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the Meeting held on 7 September 2020

The note of the meetings held on 7 September 2020 was approved subject to the following amendment:

Item 51. Risk 1652 – Lack of Medical Capacity in Community Paediatric Service Paragraph 2

It was important to reflect appropriately in the Committee minute that assurance was given that the service would (and will) continue to meet its statutory responsibilities despite the ongoing recruitment challenges.

4. Action List

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

5. MATTERS ARISING

5.1 Review of Integration Scheme

Nicky Connor advised she had given a previous update on the progress with the review. It had been hoped to conclude this by the end of March 2020, but this was delayed due to the impact of the pandemic. SGHD has been informed that there will be delay in completion.

Currently significant progress is being made, as review meetings have resumed. Discussions have taken place around the clinical and care governance elements, which was one of the outstanding issues. Management of risk has also been discussed, with a way forward being found. The matter of the risk share continues to be worked on by the Directors of Finance, with the Chief Executives of both the Health Board and Council being sighted.

The timeframe for completion is end of December 2020, with this then to go through both the Health Board and Council structures for approval and onward submission to SGHD.

5.2 Acute Services Division Preparedness for Covid-19

Claire Dobson advised that this report outlines the key plans in place within the Acute Services Division in preparation for future waves of Covid-19.

The paper outlines the Care Pathways in place in the hospital in terms of managing flow of patients. The Critical Care Escalation Plan sets out how to double and treble ICU capacity as required. This gives assurance around PPE, equipment and workforce. Workforce is a live issue and requires significant input in securing the workforce we require. The paper also highlights Scheduled Care and how care is prioritised within ASD, with weekly meetings to discuss.

Claire Dobson highlighted the hospital control arrangements are back in place over a 24 hour period as from 3 November 2020.

Claire Dobson advised the plan does not sit in isolation and is very much based around how the ASD works in partnership with H&SCP and other bodies to ensure that we are ready and prepared.

In taking comment it was noted that, although the plan was written for a second wave coming, there are now a significant number of Covid positive patients within the hospital and a large cohort of patients across ICU. Red ICU capacity has doubled and an Amber ICU has been established with a recovery area, so there are considerable pressures at this time.

Dr Cargill advised that we are currently sitting at Stage 3 of escalation, as set out in Appendix 1 of the report. This remains under daily review, with the situation changing quickly particularly in relation to ICU capacity.

A detailed plan is in place for remobilising staff. The adapted model has been agreed nationally. There are still some elective cases that are priorities 1 and 2, which will be maintained. Elective procedures are clinically prioritised.

Dr Mckenna noted that it was important to understand that as an acute service we are currently where we were at the peak of the Pandemic in the spring but attempting to deliver an enhancing critical care service and in-patient services to look after Covid patients. This is in addition to a hospital which is full (at the time of the peak of Pandemic it was half empty). We continue to attempt to deliver an effective elective programme, albeit one that is clinically prioritised.

There is concern that the tier of restrictions (Level 2) Fife is sitting in may not be appropriate for the activity being seen in the hospital. This is due to be reviewed shortly by SG.

In closing, Dr Bisset noted this was a fluid situation but he was confident the report gives the Committee confidence that the situation is constantly under review and can be responded to. The Committee endorsed the report.

5.3 Update on Wellesley Unit, Randolph Wemyss Hospital

Nicky Connor advised that the previous actions given in relation to the closure of the Wellesley Unit around ensuring appropriate care for the patients within the Unit and supporting the staff have taken place. Nicky Connor gave assurance that these have both now been concluded.

The next piece of work is to look at the future of the Unit and the site as part of the wider Community Hospitals strategy. This work is in progress and will likely be challenged in terms of the timescales due to the current pressures of Covid. An update will be brought back to the Committee in due course.

6 COVID-19 UPDATE

6.1 Laboratory Testing Update

Discussed earlier in the meeting at Action List, Item 184.

6.2 Test and Protect

Dona Milne gave a verbal update on the Test & Protect overview as at 4 November 2020. The slides will be circulated to the Committee after the meeting.

Highlights from the slides were:

- Numbers in community are not presently concerning.
- Test positive rate for Fife is 4.7% compared to 7.3% for Scotland. The majority of the cases are within the Central Belt.
- Confirmed cases – cumulative total is 2551.
- The number of cases in the older age group continues to increase with a rise in Care Homes.
- EDR rate back down to 1.
- Contact Tracing – 1253 contacts identified.
- Significant number of Public Health Situations dealt with in September and October.

7 REMOBILISATION OF CLINICAL SERVICES

Dr Mckenna advised that the majority of services in Fife had been successfully remobilised beyond what had been achieved in many other Health Boards. This is now being reviewed on a daily basis, to see what is achievable and how we align staffing to meet the greatest needs, particularly with the increase in Covid cases.

7.1 Redesign of Urgent Care

Dr McKenna referred to his presentation at the Board Development Session on 28 October 2020, which had members a chance to discuss in detail.

Dr McKenna gave a summary of his slides to the Committee, as follows:

Primary Concept – by scheduling attendances or offering a digital attendance we will be able to reduce footfall at our Emergency Department, hence reducing the risk of overcrowding.

Secondary Concept - by offering an enhanced professional-to-professional conversation, we will be able to ensure every patient get to the right place at the right time with the right clinician, hence reducing duplication of work.

Flow Navigation Centres – this will allow us to take the call from NHS24, remove clinical responsibility from NHS24 and manage locally.

Flow Charts for In Hours and Out of Hours – calls will be sent via Adastra to the Health Board Flow centre. A Clinical Response is required.

NHS Fife Gold Command – sets out leads for all pathways, which are being clinically led with support from managerial colleagues.

Timescale and Community – Ayrshire & Arran are currently running pilot site, with rest of Scotland to follow from 1 December. There will be an announcement by the Cabinet Secretary with SGHD leading on the communications strategy. Local participation and engagement will be important.

Local Readiness – Weekly submissions to the SGHD, with programme support from transformation and change team and digital programme support. Financial input with a significant additional monies to deliver. Workforce requirements have been assessed and plans to initiate recruitment are in place. A risk register has also been established.

Risks and Challenges – these are principally around Workforce, multiple competing demands, time to recruitment on non-trained staff. Training needs assessment being undertaken. Digital is dependent on national solution for certain aspects.

In taking comment, it was noted that getting the message out to the public would require considerable communication and engagement and this will take time.

Dr McKenna was thanked for his presentation.

8 REQUESTED PAPER

8.1 Seasonal Flu Programme 2020 Review

Barbara Anne Nelson joined the meeting for the discussion on this item.

Dr Bisset introduced the paper, noting this was an excellent report. The tone of the review and the professional way it was carried out has allowed the important issues to be highlighted in detail. The recommendations are comprehensive, with many already being actioned.

Dr McKenna advised that, in Carol Potter's absence, he would speak to the report. It was recognised that the open and honest way we handled the situation, and the rapid ability to do the lessons learned investigation in a short space of time, was important. It is a testament to the Board's willingness to be open, honest and to accept we did not get something as right as we could have. It was also important to acknowledge that what was required to be undertaken in terms of the flu this year was unparalleled. We should not lose sight that a lot of the things we are doing right now we are doing for the first time. Mistakes may happen and the culture should be one of forgiveness and learning. This report was written with that in mind.

In taking comment, it was noted that KPMG had been appointed as an independent body to review the systems and processes in place for the planning for flu. It was questioned what the value was in this, as they provided no meaningful feedback. Drs McKenna and Bisset agreed to discuss further with Carol Potter.

Action: LB/ CMcK/CP

Dr Bisset agreed to consider the wider issue of boundaries between governance and operational issues with Carol Potter, to see if this needed to be explored in more depth in the relation to the role of Non-Executives. This could perhaps be discussed further a Development Session of the Board.

Action: LB/CP

Scott Garden advised that, in relation to the Covid-19 vaccine, all Boards are being asked to have plans in place and begin immunisation by 2 December 2020. He gave assurance that the details in the report around lessons learned is being actively applied at the moment for that programme.

It was noted that the high-level plan for vaccinating the first cohort for Covid has to be with the SGHD by 11 November 2020. Scott Garden advised that, although working on very limited information at the moment, work progresses and he gave assurance this is being carried out with the lessons learned from flu at its centre. There is not a lot of time and the action planning will be important. There is an element of programme management versus operational sustainability as we go forward with adult immunisation and there is a lot of good learning we need to apply. Dr Bisset advised the Committee would be interested to have some indication of our readiness and asked that any paperwork or plans that could be shared with the Committee was circulated in advance of the next meeting in January 2021.

Action: SG

It was noted that KPMG are also supporting with the planning for Covid and a standardised template is to be submitted to SGHD. This should be completed by next week and Scott Garden is meeting with Carol Potter this week to look at how we ensure the Governance Committees and Executive Team are sighted on this. Scott Garden agreed to bring the Plan back, once he has met with Carol Potter.

Action: SG

In closing, Dr Bisset said he would expect an Action Plan to be developed from the flu review, taking account of the recommendations, timescales and clear leadership responsibilities for the next meeting. This would give assurance that all of the recommendations have been carried out and would also give confidence for any future immunisation programmes.

The Committee noted the report, thanking Dr Gillian MacIntosh and Barbara Anne Nelson for completing the thorough report in such a short timescale and giving the Committee full assurance on the topic.

8.2 Enhanced Flu Vaccination Programme

Nicky Connor thanked all her Executive Director colleagues for the team effort in getting this programme back on track. Thanks too were offered for all those involved

in the wider organisation in terms of the support for the command structure, generation of the workforce and all of the operations that have been required to support delivery.

Nicky Connor advised that this report builds on the detailed report and presentation provided to the Board Development Session the previous week, which outlined the background of what the challenge was and the actions taken forward to support delivery.

Fife are now in a good position, with 67,0000 vaccinations booked, 66,000 people have received a vaccination, which includes the childhood programme (14,000 children, 13,000 of which have been delivered by community pharmacy). Significant progress has also been made with delivery of the staff vaccination programme, with over 4,400 staff vaccinated, which is around 50% of our workforce in a matter of weeks. This exceeds the progress made last year.

Contained within the report there is an overview of the delivery model and an update of the command structure. This covers the challenges around workforce and all the other issues. We are now in a position where we have caught up with appointment enquiries, with significant capacity within the phone lines and only a small number of emails and text messages to follow up. The next phase is to be pro-active in relation to promotion, to ensure anyone who has missed the opportunity for a vaccine can be captured.

The Committee noted the report and the progress made.

8.3 Orthopaedic Elective Centre Full Business Case

In Alan Wilson's absence, noting that he was due to shortly leave the organisation to take up a post at NHS Highland, Dr Bisset thanked him for all his hard work in leading various projects in Fife. The fact we have reached this stage with this project is testament to Alan's contribution and he will be sadly missed.

Dr Bisset welcomed to the meeting Andy Ballantyne, Clinical Lead, and Ben Johnston, Project Manager and Alan Wilson's replacement as Director of Capital Planning in NHS Fife.

Dr McKenna advised that the Committee would have seen previous iterations of this Business Case, which acknowledges the importance of this project for NHS Fife. The Full Business Case has been submitted to the Scottish Government Health & Social Care Directorate Capital Investment for approval at their meeting in November 2020.

Dr McKenna noted it was important to recognise from a clinical perspective that our current facility is out-of-date and the new facility is world class in terms of design, technology and equipment. It is an exciting prospect for Orthopaedics in Fife, for recruitment, research and development and raising the already high profile of our Orthopaedics department at a national level. There has been some slippage in regard to timescales because of the Pandemic, but if the finance is approved by the SGHD building work will begin early next year.

It was noted that the FP&R Committee will consider the slippages in relation to finance at their next meeting.

Andy Ballantyne reiterated Alan Wilson's personal contribution to this massive piece of work and the development of the Full Business Case, which was multi-disciplinary, involving all specialties.

In opening up for comments, it was noted that water safety in the new build was being considered through a local Water Safety Group, who had been involved with the project from the start. There is also an NSS Quality Assurance Group, who are external consultants, and have been brought in to review all of the external design and provide an extra layer of review to satisfy the SGHD and Board. The risk of flooding has been incorporated and discussed with Scottish Water regarding drainage at the site.

The impact of Covid would not delay the start of the project and it is planned to proceed in January 2021, with completion by mid-2022. The layout of the building can be flexed to accommodate Covid-related requirements, such as physical distancing etc.

No other services had been compromised, with the deviation of the introduction of out- patients in pre-assessment in Radiology.

In closing, Dr Bisset acknowledged the excellence of the business case, which will make a huge difference to provision of services to the people of Fife. The Committee strongly supported the approval of the Business Case by the Board.

9 QUALITY, PLANNING AND PERFORMANCE

9.1 Integrated Performance & Quality Report

Dr McKenna advised there were no significant red flags from a quality perspective to raise. Complaints performance is improving.

In relation to SABs, there were no concerns. Regarding CDiff, the previous issue highlighted has settled down. It was felt the issue had been an anomaly around a couple of individuals with recurrent episodes rather than new cases.

It was noted the issue around HSMR figure for QMH had been actioned by Dr Hellewell. Dr McKenna agreed to check this.

Action: CMcK

The Committee noted the data within the IPQR.

9.2 Winter Plan 2020-21

Claire Dobson gave the Committee a verbal update, building on the detailed presentation given at the Board Development Session the previous week.

The Plan describes the arrangements in place to cope with increased demands over the winter period. This year this also includes the challenges around Covid. Planning priorities had been spoken to at the Development Session and these are contained within the SBAR and also within the plan. There is also detail of what all the priorities are. Claire Dobson emphasised joint planning is critical to this and there is a commitment from both Acute Services and the H&SCP to work together for the creation of the plan and delivery. The patient care element is also critical and needs to ensure the patient gets the right care, at the right place and time.

Nicky Connor and Claire Dobson have discussed the Escalation and Preparedness Plan and there is no doubt the workforce requirements are significant and remain a live issue. There is a command structure in place around this and Helen Buchanan chairs a weekly Silver Command along with Nicky Connor, Susan Fraser and Claire Dobson to look at the operational delivery and any issues that have been escalated.

Nicky Connor added that workforce elements are being looked at again to support and address whole system working, recognising that many of the actions are in the community to support a home-first approach to support the sustainability of acute services. There is an absolute commitment to work together on this.

In taking comment, it was noted that the staffing and financial implications of the Test and Protect, Seasonal Flu and Covid 19 Vaccination Programmes are not included in this plan and will potentially be on the same staff cohort and system. Could assurance be given that while dealing with this it is brought together and dealt with as a whole system? Nicky Connor confirmed this would be considered by a whole system hub to understand the pressures have them escalated, identify if they can be responded to, and then escalate to Gold to look at prioritisation across the organisation.

It was noted that the impact on health inequalities and those with poor digital access should be considered. These needed to be mitigated, monitored and built into local equality impact assessments. Nicky Connor advised that this is work in progress and recognised that while we may have the technology to do things differently, it may not always meet the needs of the people we serve.

Dr Bisset noted this is a complicated situation, but it is evident there is close partnership working being carried out to support and help consider the issues that arise.

The Committee noted the report.

10 PUBLIC ENGAGEMENT AND CONSULTATION

A paper had not been provided for the meeting. Dr Bisset will ask Helen Buchanan to provide an update at the next meeting.

Action: LB/HB

11 DIGITAL AND INFORMATION

11.1 HEPMA Business Case

In November 2019, the Fife NHS Board approved the Outline Business Case and progression to Full Business Case for the implementation of Hospital Electronic Prescribing and Medicines Administration System (HEPMA) for NHS Fife. The Clinical Governance Committee are asked to support the FBC for implementation of full HEPMA in NHS Fife, to be supplied by EMIS Health.

Scott Garden highlighted that HEPMA is a transformative piece of work that will touch all clinicians and patients across Fife as they come through our hospital system. There will be a full HEPMA implementation, which will reach in-patients, out-patients and day cases. The functionality of support and integration across a range of clinical systems aim to make it as seamless and efficient as possible.

It was noted that NHS Fife have chosen a different supplier to all other Boards in Scotland. This has been considered in terms of the risks but the tender process was very robust. There will be ongoing training and support for clinicians coming into the organisation who may have previously used other systems. Prepping will begin now, with fully implementation in April 2021.

In taking comment it was highlighted there was currently no opportunity to add either Mental Health or Women's Services to the system and was this something that could be added later. It was noted this was in relation to the current eImmediate Discharge Letter (eIDL) system we have in place, which will be replaced by the HEPMA System. Currently this is not available through Mental Health and in Women's Services and is a risk but will be addressed.

It was noted that view only rights would be available to those working in the community. This was important as the new GP contract allows a wider team of people to deal with individual patients such as AHPs. EMIS has the advantage that it is currently the main provider of GP system in Fife, so the opportunity for integration and one single product is available. All clinicians who require access to deliver care will have it regardless of setting.

The Committee noted the report, recommended the implementation of full HEPMA provided by EMIS Health and supported progression of the FBC through FP&R and NHS Fife Board.

12 GOVERNANCE

12.1 Board Assurance Framework – Quality & Safety

Dr McKenna advised that there were no significant updates or changes to associated risks. Dr McKenna and Helen Buchanan would look further at a couple of high-level risks and update the BAF for the next meeting.

Action: CMcK/HB

The Committee approved the Quality and Safety BAF ratings.

12.2 Board Assurance Framework – Strategic Planning

Dr McKenna advised that there were no significant changes to associated risks.

The Committee approved the Strategic Planning BAF ratings.

12.3 Board Assurance Framework – eHealth

Dr McKenna advised that the main significant risk the Committee need to be aware of
is around the risk to the infrastructure, due to the increased burden of use on the network with the increase of remote working and digital solutions. The Digital team have put the necessary improvements in place, but there remains unprecedented demand.

Following a query from Dr Bisset, Dr McKenna agreed to check if the Assurance Mapping Exercise being carried out by the Risk Manager and Internal Audit should be brought back to the Committee.

Action: CMcK

The Committee noted the comments on the above risk and approved the eHealth BAF.

13 ANNUAL REPORTS

13.1 R&D Annual Report 2019 - 2020

Dr McKenna advised that the Research & Development Strategy sets out the activities with the R&D Department and the relationships with the Universities of St Andrews, Edinburgh, Dundee, Napier, Queen Margaret and Abertay. The key priorities this year had mainly been around Covid and Covid-related studies. There has also been a lot of activity around our Research Nurses contributing to the recruitment of patients for the Recovery trial, which has changed the management of patients significantly, with the use of Dexamethasone and Remdesivir.

Frances Quirk has been appointed as the new Associate Director for R&D, who replaces Amanda Wood. Frances Quirk is exceptionally qualified and has come from Australia to take up post.

Dr McKenna advised that he has been in discussion with Frances Quirk to see how we can change these reports going forward to make them more business-like and more accessible, to sell the concepts of the Annual Report and Strategy.

Dr Bisset highlighted the good amount of work being carried out by the R&D Department, both internally and with the Universities / Primary Care under the leadership of Alex Baldacchino. It was also important to note Amanda Woods's retiral and to thank her personally for all the good work she has carried out over the years to build up the Department and help make it what it is. This also includes the present support to Covid research.

In taking comment, it was noted that partnership working with staff has had a lesser uptake in training available during the Pandemic and, as a result, some of the

actions from last year have not changed much. This is a challenge - as a smaller Board getting staff involved due to their clinical burdens can be difficult. It is hoped the new Associate Director will bring a fresh set of ideas on how to do things differently and engage staff.

The relationship with St Andrews University and the potential status of the Board as a teaching health board is changing. Hopefully, within the next six months, this will lead to a different place in terms of research in Fife. Dr McKenna will update the Committee in due course.

Action: CMcK

There are also opportunities with the new Elective Orthopaedic Centre, with the orthopaedic surgeons being very interested in developing research further within their Department.

There has been a decrease in commercially funded projects and the number of research publications but this is not a cause for concern. Covid research has been good this year, but it means other research projects have been put on hold and that does have an impact on the commercial aspect and the income this brings. This will impact on the budget for this year.

Dr McKenna highlighted that there had been an MHRA inspection last year and outcome had been very positive. The R&D Team had put in a huge amount of effort and work in to preparing for the Inspection. The fact there were only minor recommendations is testament to quality of work in the R&D Team.

The Committee noted the reports.

13.2 R&D Strategy Review 2019 - 2020

Covered in discussion of 13.1 above.

14 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.

14.1 Acute Services Division Clinical Governance Committee
14.2 Fife Area Drugs & Therapeutics Committee
14.3 Fife HSCP Clinical & Care Governance Committee
14.4 Digital & Information Board
14.5 Health & Safety Sub Committee
14.6 Integration Joint Board

15 ITEMS FOR NOTING

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

Noted.

15.2 HAIRT Report

Noted.

16 ISSUES TO BE ESCALATED

There were no issues for escalation to the Board from this meeting's agenda items.

17 AOCB

There was no other competent business.

In closing, Dr Bisset took the opportunity to advise Members this was Helen Woodburn's last meeting of the Committee, as she leaves the organisation. He warmly thanked her for all the work she has done for NHS Fife over the years and members joined in wishing her well for her future in Australia.

18 DATE OF NEXT MEETING

Thursday 14 January 2021 at 2pm via MS Teams.

NHS Fife

TABLE OF ACTIONS FOR NHS FIFE CLINICAL GOVERNANCE COMMITTEE
UPDATED ON 4 NOVEMBER 2020
FOR DISCUSSION ON 14 JANUARY 2021

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
	4.11.2020	Margo McGurk has chaired the first meeting. The Terms of Reference and being worked through of the Group and Sub Groups. Reporting will be back through this Committee.			Closed

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 175 **eHealth Governance Review**	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.
	4.11.2020	Discussions have been held. Main reporting will continue to NHSFCGC although there will be a route through FP&R in relation to performance and financial issues.			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.
	4.11.2020	CMcK advised there has been various discussions with Internal Audit. Significant progress was made with Transformation in 2019 but due to the Pandemic we will be unable to establish and implement fully the Transformation Programme. This will be picked up and properly governed in due course.			Closed

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
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	
	4.11.2020	DM gave assurance we have now have assurance from the UK Government testing things have settled and capacity has increased. DM has received the numbers for the last three months and will continue to receive the daily numbers for Fife.			
	4.11.2020	CDo advise locally in our Labs there is capacity for around 200 specimens per day but can stretch to 270. In terms of resilience for winter two further analysts will be available from November and January which will increase capacity. Point of Care Testing will be available at the front door from mid-November. Work progresses slowly on Regional lab capacity. Assurance was given in terms of stock levels for swabs and reagents.			
	4.11.2020	Our Lab has list criteria for testing priorities, which are rarely, exceed the numbers required. All other testing carried out is on individuals who make contact with the National system is carried out by the National Labs. The Liverpool test is not one that can be carried out in a clinical format.			

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
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~~	4.11.2020 To remain on Action List until Pandemic settles.
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~~ January 2021	4.11.2020 Carry forward to January 2021
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~~ January 2021	4.11.2020 Carry forward to January 2021
Item 188 **Board Assurance Framework – Strategic Planning**	7.9.2020	Update to be available for the next meeting of the Committee.	SF	November 2020	4.11.2020 Main Agenda Item
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	4.11.2020 Closed
Item 190 **Lack of Medical Capacity in Community Paediatric Services**	4.11.2020	RC to provide regular updates on the status and progress.	RC	January 2021	
	4.11.2020	Director of Workforce to link recruitment issues to Staff Governance BAF in the same way recruitment issues are reflected in other clinical areas.	LD	January 2021	

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
Item 191 Seasonal Flu Programme 2020 Review	4.11.2020	LB and CMcK to discuss KPMG appointment as independent body to system and processes with Carol Potter.	LB/CMcK	January 2021	
	4.11.2020	LB to discuss with Carol Potter the wider issue of boundaries between governance and operational issues in relation to the role of Non Executives.	LB	January 2021	
	4.11.2020	SG to share with the Committee plans for readiness of vaccinating the first cohort for Covid.	SG	In advance of January 2021	
	4.11.2020	SG to circulate KPMG plan after discussion with Carol Potter.	SG	January 2021	
Item 192 IPQR	4.11.2020	CMcK to check if action around HSMR figure for QMH has been actioned.	CMcK	January 2021	
Item 193 Public Engagement & Consultation	4.11.2020	LB to ask HB to provide an update for next meeting.	LB/HB	January 201	
Item 194 BAF – Quality & Safety	4.11.2020	CMcK and HB to look at high-level risks.	CMcK/HB	January 2021	
Item 195 BAF – eHealth	4.11.2020	CMcK to check if Assurance Mapping Exercise being carried out by the Risk Manager and Internal Audit should be considered by the Committee.	CMcK	January 2021	
Item 196 R& D Annual Report 2019-2020 – St Andrews University	4.11.2020	CMcK to update the Committee on the status of the Board as a teaching health Board.	CMcK	May 2021	

Item 5.1

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**14 January 2020**
Title:	**Seasonal Flu Programme 2020 Review Action Plan progress update**
Responsible Executive:	**Dona Milne, Director of Public Health**
Report Author:	**Dona Milne, Director of Public Health**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Emerging issue
- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

An independent review into the 2020 seasonal flu programme was instigated by the Chief Executive to consider the incident and to reflect on learning that could be captured to mitigate future risks and improve similar vaccination programmes that will be run in the future, including the Covid Vaccination Programme.

The findings of the review were considered at the Clinical Governance Committee's meeting on 4 November. The Committee commended the tone of the review and feedback received, which allowed the important issues of learning to be highlighted in detail. It was noted that the recommendations were comprehensive, with many already being actioned in the ongoing delivery of the seasonal flu programme and, significantly, for the planning and delivery of the current Covid vaccination programme.

2.2 Background

As part of their work, the review team considered the following areas:

1. the clarity of roles and responsibilities of those involved in the seasonal flu programme, from planning to delivery, including the overall governance model;
2. the chronology of reports and papers considered, taking cognisance of individuals and groups involved;
3. the robustness of planning assumptions for booking of appointments and delivery of vaccines;
4. the effectiveness of communication before and during the seasonal flu programme, including issue of invite letters to patients;
5. the governance and assurance mechanisms in respect of supply chain (for vaccine);
6. the governance and assurance mechanisms in respect of infection prevention and control at clinics/hubs;
7. the delivery model, to assess the balance of risk in respect of location of clinics / hubs and extent of patient choice;
8. the extent of any reflection or learning from previous years; and
9. the effectiveness of clinical and managerial leadership.

2.3 Assessment

The review made a number of recommendations and these recommendations have been developed into a stand-alone action plan (attached), with a lead Executive Director assigned to each and timescales for implementation. A brief update on additional areas of progress is provided below:

2.3.1 Organisational Management

The Director of Public Health has responsibility for the implementation of the action plan for NHS Fife. A paper has been prepared for EDG based upon the respective responsibilities of relevant directors for the Covid Vaccination Programme and this provides a structure for the management of future programmes.

2.3.2 Governance Structure

In addition to the actions identified, the structure of the Immunisation Team in Public Health has been reviewed. The Terms of reference for the Area Immunisation Steering Group are under review (going to the group on 19 January and the Public Health Assurance Committee on the 25 January). The frequency of the PHAC has been increased to monthly.

2.3.3 Reporting

The learning from the review has already influenced reporting arrangements as can be seen from the reporting for the Covid Vaccination Programme which reports weekly to EDG, a weekly meeting with Director of Public Health and Director of Pharmacy, and reports to the Public Health Assurance Committee and the Clinical Governance Committee.

2.3.4 Quality/ Patient Care

Issues of quality, safety and clinical governance processes have been considered as a central part of the review and are a key consideration of the subsequent actions to be implemented for future immunisation programmes. They are reflected in a revised action plan for immunisation programmes.

2.3.5 Workforce

Recommendations relating to planning for the future workforce necessary to vaccination programmes such as flu are key. The review recognised that the once-successful workforce model traditionally in place for the delivery of immunisations within the Primary Care setting requires fundamental redesign 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. The future strategy and model of delivery for immunisation programmes is likely to be subject to review nationally and further changes may well be needed.

Meanwhile, a review of the Immunisation Programme leadership capacity has been undertaken and a new structure for the Immunisation team within Public Health has been proposed. This requires the recruitment of additional specialist staff to reflect the increased capacity needed for an increased immunisation function. Recruitment is already underway for this team and further discussions are underway with the Health and Social Care partnership to also identify additional changes needed for the effective delivery of our immunisation programmes.

2.3.6 Financial

The financial impacts of implementing the changes required for the effective delivery of immunisation programmes in Fife have been prepared and included in the Public Health budget for 2021 onwards. The initial costs related to Covid vaccine programme costs have already been agreed as part of that programme. Discussions with the H&SC partnerhisp regarding delivery of the programmes is underway.

2.3.7 Risk Assessment/Management

The identification and management of risk is an important factor in providing appropriate assurance to the NHS Board. Recommendations have been made for improved risk management of future programmes, via the use of an approved Project Management methodology and formal risk register reporting tools. This has been implemented already for the Seasonal Flu and Covid Vaccination Programmes.

2.3.8 Equality and Diversity, including health inequalities

Further work is required for future immunisation programmes to improve patient consultation in this regard, particularly around changed models of delivery and local input into clinic sites. This has already been acted upon with more than one attempt at an EQIA for the Covid Vaccination Programme to ensure that inequalities are mitigated.

2.3.9 Other impact

The issues with the seasonal flu programme caused significant reputational damage to NHS Fife and distress and anxiety to individual patients. The board has recognised how important it is to learn from the incident and put in place mitigating factors to prevent similar reoccurrence in future immunisation programmes.

2.3.10 Communication, involvement, engagement and consultation

The Seasonal Flu Review was considered by the following groups:

- EDG on 4 November 2020
- Clinical Governance Committee on 4 November 2020

- NHS Fife Board on 25 November 2020

2.3.11 Route to the Meeting

This paper has been previously considered by the following groups as part of its development.

- EDG 7 January 2021

2.4 Recommendation

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

The Clinical Governance Committee will receive regular updates on the plan's progress, in order to be assured that the appropriate learning is actioned for future immunisation programmes.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 Seasonal Flu Review Action Plan as at December 2020

Report Contact
Dona Milne
Director of Public Health
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SEASONAL FLU REVIEW ACTION PLAN

APPENDIX 1

	RECOMMENDATION	LEAD DIRECTOR	ACTION	TIMESCALE
Organisational Management				
1.	A single lead Executive Director 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.	Director of Public Health	The Director of Public Health holds responsibility for all Immunisation Programmes for the Board. With the agreement of the Chief Executive, the DofPH will delegate responsibility for planning or operational delivery to another member of the Executive Team as appropriate. Overall responsibility however remains with the Director of Public Health and onwards to the Board via the Clinical Governance Committee.	Complete
Governance Structure				
2	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. 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. The prioritisation of technical IT support, expertise and advice to programmes should be considered.	Director of Finance	Strategic planning and resource allocation process is currently under development. Scoping work to be undertaken to determine the additional staffing / skillset required to support the PMO and prioritisation of other support from across the organisation.	31 January 2021
Reporting				
3	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.	Director of Nursing (as Exec Lead for Risk Management)	Risk registers to be shared in full with EDG and governance committees.	Ongoing in line with timeline for individual programmes of work

SEASONAL FLU REVIEW ACTION PLAN

APPENDIX 1

	RECOMMENDATION	LEAD DIRECTOR	ACTION	TIMESCALE
Planning Assumptions				
4	It is anticipated that by providing more robust Project Management support and formal reporting methodology, the resultant requirement for a more detailed implementation plan for programmes of this nature (to include effective risk management and completion and regular revision of risk registers) will largely mitigate against the planning issues that affected the seasonal flu programme. 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'.	Chief Executive	Under the current command structure in place during the pandemic period, the Silver command groups report to Gold Command (EDG) for operational matters and to the Public Health Assurance Committee for clinical governance on any matters related to immunisation. At Board level, the Clinical Governance Committee will receive formal assurance on both the operational and clinical governance aspects of immunisation programmes. Reflective discussion at EDG and with the Chair of Clinical Governance Committee to consider detail of information required and extent of review. Individual Directors encouraged to challenge in the context of collective leadership and mutual support.	Complete
5	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.	Medical Director (as Exec Lead for Digital & Information)	Linked to Action 2 above.	31 January 2021

Workforce				
5	A substantive workforce should be identified to support large-scale immunisation programmes going forward. This substantive workforce could be constituted of new fixed-term or annualised hours' appointments or a combined model with existing workforce. 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, and to ensure that the workforce allocated are not pulled back into their substantive posts due to other competing demands.	Director of Workforce	Workforce planning mechanisms for new programmes of work to be enhanced and embedded as a core component of the refreshed strategic planning and resource allocation process currently under development (see also Action 2 above).	31 January 2021
Communication				
6	The Board should 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. In addition, that those involved in representing the Board in national discussions relating to communications with patients are key individuals who are empowered to challenge at these meetings and make decisions on behalf of the Board, supported by clear channels of escalation, if it is the case that they feel that any challenge is not being recognised or acted upon.	Director of Public Health	Further input into the specific wording and timing of issue of letters issued nationally to patients to be in place for Covid vaccination programme, and this is being considered as a core part of the programme's planning, with senior input and oversight.	Ongoing in line with timeline for individual programmes of work
Liaison with External Parties				
7	Formal feedback should be provided to Public Health Scotland (PHS), on behalf of the Board, to recognise the need to undertake more effective advance communication with the public.	Chief Executive	Feedback provided to PHS and SG.	Complete
Vaccine Supply				
8	Demand vs supply of vaccine should be continually reviewed, in order that any future supply issues are identified, these are escalated as appropriate and any identified remedial actions are taken.	Director of Pharmacy	Mechanisms in place to monitor, with regular feedback to EDG; no concerns raised in respect of local supply.	Complete
Clinic Locations				
9	Disabled access and facilities-related issues should be given more prominent consideration within the standard checklist template in future programmes	Director of Estates & Facilities	Equality Impact Assessments to be completed for future programmes delivered by the Board.	In line with roll out of future programmes

DATE OF MEETING:	January 2021
TITLE OF REPORT:	Community Paediatrics
EXECUTIVE LEAD:	C McKenna
REPORTING OFFICER:	R Cargill, AMD/Gemma Couser, General Manager WCCS

Purpose of the Report (delete as appropriate)		
	For Information	

SBAR REPORT

Situation

The Community Paediatric Service continues to face significant challenges in recruitment of medical staff at all gradels. This has reduced capacity within the service and has required significant redesign to maintains a safe service for children and young people in Fife.

Over the last 12 months, the service has received 1457 new referrals (November 2019 – October 2020) with 908 accepted into the service. This is a reduction from last year and may in part reflect activity changes due to the Covid-19 pandemic. The service has a current caseload of approximately 3040 patients – 850 have a diagnosis of ADHD patients who often require more regular review.

There has been significant redesign work within the service including further development of team roles and responsibilities between medical, nursing and psychology professionals but overall service capacity remains below the level desired.

Background

The imbalance between capacity and demand has 2 main determinants:

1. **Workforce**

- Over the past decade the medical workforce for Community Paediatrics has reduced from 13.35 WTE to 6.25 WTE today. This reflects recruitment difficulty and service redesign.
- Recruitment to vacant consultant and specialty doctor posts is difficult, reflecting a national shortage of consultants in Community Paediatrics as well as local factors of distance from major cities and low engagement during specialty training programmes.
- Appropriately trained locums are of very limited availability, provide limited financial value and are not a sustainable long term service solution.

2. Caseload

- Community paediatrics predominantly deals with children with neurodisability,

developmental issues, child protection and responsibilities for Looked after children (LAC). Across the UK there has been a significant increase in demand for autism and attention deficit hyperactivity (ADHD) assessments.

- Compared to peer Boards, community paediatrics in Fife manage a much larger number of children with attention deficit hyperactivity disorder (ADHD) and behavioural issues, which in other Scottish health boards would sit within CAMHS.
- Children and young people who receive medication for ADHD require regular review of blood pressure, height, weight and pulse. The service has recruited ADHD nurse specialists who can review the less complex patients but clinical supervision from the paediatrician is still required
- Referral criteria into community paediatrics are too broad. Work has taken place since 2017 to clarify the core business of the service and new referral criteria developed and promoted. This has not significantly affected referring practitioner behaviour

Assessment

As at 21st December 2020,the current staffing position is as follows:

- 0.85 wte Consultant Community Paediatrician (1)
- 0.7 wte Lead Consultant Child Protection (1) (long term sick leave)
- 0.8 wte Associate Specialist (general community paediatrics) (1) (retires March 2021)
- 0.6 wte Associate Specialist (Adoption and Fostering only) (1)
- 2.6 wte Specialty Doctors (general community paediatrics) (3)
- 0.6 wte NHS Locum Consultant Child Protection (1) (covering 0.2 wte of Lead Consultant Child Protection post)
- 1.0wte Agency Locum Consultant Paediatricians (general) (1) – contract until 31st March 2021

Vacancies

- With skill mixing of posts there is a 1.0 wte Consultant Community Paediatrician vacancy – 0.8 wte Consultant due to start in February 2021 (0.2 wte will become vacancy).
- 1.0 wte Specialty Doctor post– 0.5 wte Specialty Doctor due to start in April 2021 leaving 0.5 wte vacancy.

Impact on Quality

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

Complaints	Since January 2020 there have been 5 Stage 1 complaints and13 Stage 2 complaints. During COVID there has been a significant reduction in the number of complaints received from families. Recently there have been a number of MSP complaints to the service

	regarding appointments mainly related to autism assessment which have been dealt with by Child Psychology. The service awaits feedback following a meeting in January 2020 between Mr Willie Rennie MSP and the Health Minister regarding his concerns about community paediatric service provision. T The Community Paediatricians and ADHD Nurses continued to review patients during lockdown via telephone and Near Me which possibly helped to reduce the number of complaints received. From feedback received from parents, for some children and young people lockdown helped their issues in terms of less anxiety about going to school and the need for concentration and therefore a number of children and young people with ADHD medication were able to stop medication. Support for behavioural issues for children and young people was also provided by Child Psychology with their COVID helpline which may have contributed to fewer complaints about appointments for community paediatrics.
Compliance with NICE guidelines	There are currently 900 ADHD patients on the review caseload. NICE guidance recommends medication should be reviewed when stable 3-4 monthly and 4-6 weekly while medication is being titrated. The service is currently unable to meet these timescales although 5 ADHD nurses are able to support these routine reviews. The service had identified issues with an agency locum who did not follow local or national guidance in relation to the diagnosis of ADHD and the prescribing of medication. The incident has been reported to the Medical Director and recorded on Datix as a clinical incident. A review of all cases seen by this doctor has been undertaken, parents have been written to and appointments arranged for reassessment and review in January/February 2021.
Delivering the right care by the right team at the right time	ADHD is a complex condition with social and emotional difficulties that may require support from Psychology and CAMHS. Community paediatricians may not be appropriately trained to deal with the psychological co morbidities that present with these patients.
Statutory Requirements	Community Paediatricians have specific statutory duties in terms of Child Protection medicals and supporting the medical needs of children and young people with complex healthcare and medical needs in schools. These children and Young people with complex medical needs will have a multi agency Child's Plan in place that the Community Paediatrician contributes to. Education Services are also responsible for developing a Co-ordinated Support Plan (CSP) for

	children with additional support needs. The CSP is a statutory document that requires review every 12 months of which the Community Paediatrician plays an integral role. The CSP has a specific section where medical needs are indicated and any medications requiring administration at school have to be clearly documented and reviewed. Delivering on these statutory duties is prioritised over other areas of the service

Electronic Record Systems

The community paediatricians are still using paper based clinical notes unlike most of the services they link with who have been transferred over to MORSE. The transfer to MORSE for community paediatrics has been delayed even further with COVID 19 and it is unlikely to happen until the end of 2022. The benefit of MORSE to the service is in the use of electronic assessment forms, the availability of electronic information from other services which can be added to reports requested for educational support plans/supporting requests and the reduction in storage requirements for the clinical files. Electronic notes mitigates the risks for transferring notes between health centre locations where files are held.

If the transfer to MORSE could be arranged as soon as possible this will significantly reduce the administrative workload of the community paediatricians.

Electronic Growth Charts
The use of electronic growth charts held on clinical portal would help to reduce clinical assessment time and would make information available to all clinicians involved with a child/young person. There is currently a business case being developed alongside acute paediatrics to progress this work.

Electronic Prescribing
Use of HEPMA electronic prescribing system would reduce workload and allow for prescriptions to be directly sent to the relevant pharmacy. At present we have the support of Fife Voluntary Action to take batches of prescriptions to pharmacies to reduce footfall of parents coming to hospital/health centre sites to collect prescriptions. We are not sure how long we will have the services of Fife Voluntary Action.

Service Redesign Undertaken to date:
A significant amount of service redesign has been undertaken over the last 3 years, converting medical vacancies into nursing and AHP posts:

- 5 ADHD Nurses (3.2 wte) to support review of the 900 ADHD patients on the caseload
- 0.5 wte Band 6 SLT to support autism assessment
- 0.1 wte Band 8b Clinical Psychology the support referral vetting and signposting
- 0.5 wte Band 5 Nurse to support development of the Nurse led Enuresis service

(Community Paediatricians no longer see enuresis patients as a result)
- 0.5 wte Band 6 Nurse to support complex learning disability patients – joint post with CAMHS (Community Paediatricians no longer review these patients as a result as they are seen by CAMHS LD Service)

Actions Taken to mitigate Risk:
- Agency locum secured till March 2021.
- Engagement of agency staff to reduce waiting list for new patients and to review outstanding patients where vacancies have not been filled.
- Plans to advertise a trainee Advanced Nurse Practitioner post (1.0wte) following unsuccessful attempts to recruit a qualified ANP either as a substantive or seconded post.
- Clinical prioritisation of activity to identify and minimise clinical risks across the service
- Regular review of referral criteria to focus on core business of community paediatrics – signposting to other resources and services where referrals are not accepted.

Future Short to Mid Term Plans:
- 1.4 wte Band 3 HCSW posts to support the medication review of ADHD patients by gathering height/weight and blood pressure measurements. To enable review by Near Me these biometrics are required. Interviews took place on 14th December 2020 and 2 individuals will hopefully take up post by February 2021.
- 0.4 wte Specialty Doctor as part of a joint post with Acute Paediatrics to provide clinical sessions to community paediatrics. The individual will be in post in February 2021.
- 0.4 wte Specialty Doctor from February 2021 to support developmental assessment.
- Further Advanced Nurse/AHP Practitioner roles to be developed.

Improvement Overview

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

Risks:
- **Risks relating to the service are reflected on the Risk Register**
- The Consultant Community Paediatrician has an obligation to contribute to the Support Plans for children with special needs. This work must be prioritised over general paediatric work thereby reducing capacity further.
- Capacity to attend child protection case conferences/providing evidence at hearings and in court. The Consultant Community Paediatrician again must prioritise these activities.
- Paper based paediatric records increase the administration time for the community paediatricians and could be mitigated by moving to MORSE as a priority.
- Lead Consultant for Child Protection is currently off long term. The 2 sessions for medicals each week have been taken on by the NHS Locum Consultant in Child Protection. The strategic work of the Lead Consultant has not been backfilled however the Lead Nurse for Child Protection liaises with the service to advise of issues that need to be picked up.

It will be February 2022 before 2 CCH trainees will be available for potential recruitment into Consultant posts. The service requires at least another 3 substantive Consultant posts to provide

adequate service delivery, supervision for both medical and nursing staff and service development/leadership. There is recognition that recruitment attempts will be futile and as such a full system redesign is essential to meet the needs of service users.

Recommendation

Clinical Governance Group is recommended to:

1. Note the significant vulnerabilities of the Community Paediatric Service;
2. Note the risk based approach to clinical prioritisation
3. Support a programme of improvement work to progress a full system redesign in partnership with the Health and Social Care Partnership and Acute Service Division;
4. Note the requirement for CAMHS support for children and young people with ADHD
5. Note that further service redesign is ongoing to develop a sustainable clinical service

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

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

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

APPENDIX ONE: Community Paediatrics Improvement Service Plan

Service Component	Current Service Summary	CP Core Business	Annual New Patient Demand	Annual Review Patient Activity	Challenges with Current Service Configuration	Options for Moving Forward
ADHD	ADHD patients are appointed into clinics as and when appointments are available – this means that some reviews are 12 months behind	No - in most areas ADHD sits within CAMHS with community paediatricians involved as part of a multi disciplinary assessment team on a sessional basis.	354	900 review patients on caseload (80% of which are on medication that should be reviewed every 4-6 months once stable)	Medical Team are not trained to care for the complex psychological morbidities that patients present with. ADHD represents 60% of activity in service and as such reduces time available for meeting the needs of patients who can only be cared for by CP team. Through service redesign ADHD Nurses have been employed to assist with the review of non complex patients however there are no	Improvement work has been commissioned by the HSCP to identify short, mid and long term actions to review and agree the governance structure of the ADHD pathway. Hosting of ADHD Services in CAMHS would enable the delivery of 1 managed service. Community paediatricians could provide sessional input to assessment and review as part of a multi disciplinary team.

					nurse prescribers and the limited number of paediatricians makes clinical supervision of caseloads challenging	
Autism	Patients are referred into the service for autism assessment by GPs/Health Visitors and hopes are raised for parents that this will be the diagnosis given. These children are placed on the community paediatric waiting list for assessment of need and then referred on to AAP to then wait	No – like ADHD, autism assessment is often part of a Neurodevelopmental Service held within CAMHS and sessional support is provided by community paediatricians as part of the assessment process	New referrals are not split into condition specific	420 – many of these children and young people remain on the caseload as the community paediatricians like to review them after diagnosis at AAP is received despite there being no other medical conditions	Referrals for autism will be part of the neurodevelopmental pathway – children and young people will be referred via education and then jointly triaged and assessed taking into account a range of conditions not just autism.	No referrals directly to community paediatrics for autism assessment Discharge from caseload once on AAP waiting list unless other medical issues that require attention

	for another 2 years for further assessment. Patients on the autism pathway sit on the community paediatric caseload until they are seen at AAP and then a follow up arranged with the paediatrician					
Looked After Children	Statutory duty for the organisation – health professional to undertake assessment not restricted to a	Not restricted to a doctor undertaking a health needs assessment – may be required to undertake assessment if child is more complex.	0 (from September 2020)	Review LAC HNA not undertaken	As the medical capacity to assess within the 4 week timeframe was insufficient, a new model of delivery has been piloted and implemented with the	There may be a requirement for 1 clinic every 2 - 3 months for any more complex assessments however to date this has not been required.

	doctor				Health Visitors and Family Nurse Practitioners undertaking the HNA for the under 5's.	
Sleep	Referrals for starting sleep medication from GPs have been accepted over many years by the paediatricians when in reality this was not the most appropriate course of action.	Only in those with neurodisability	New referrals no longer accepted for sleep – medications only prescribed if neurodisability presentation and sleep hygiene work has been undertaken.	280	Prescribing has been high and choices of medication not as currently advised. Sleep hygiene should always be the first line of action and prescriptions only for those with a neurodisability	All patients on sleep medication are reviewed by Near Me joint consultation with paediatrician and Sleep Scotland trained nurse to ultimately stop medication through improved sleep hygiene
Developmental Assessment	Core to the role of the community paediatrician – experts in this area	Yes	New referrals are not split into condition specific	211	Review of these young patients is not timely and conducting developmental assessment takes time and resource. There is often months between	Specific clinics for developmental disorders and assessments

					appointments before delay is confirmed and therefore there is a delay in the support that can be provided	
Neuro developmental Pathway	Still in development	Yes			Referrals for neurodevelopmental conditions – ADHD/Autism/FASD all come into the community paediatric referral inbox and are vetted. Those accepted for assessment are added to the waiting list	Pathway not yet operational – SBAR has been redeveloped into a business case to request funding to support the pathway delivery
Genetic Disorders	Core business	Yes	New referrals are not split into condition specific	101	Not reviewed as timely as would be expected as clinics are full of ADHD patients	Genetic condition specific clinic
Administrative Support	Provided across 3 different management teams in HSCP				Inconsistency within SOPs Different levels of proactive problem	Organisational change process to develop 1 community paediatric admin service managed by 1 Admin

					solving admin issues across the 3 management teams	Manager for the service.
Clinic Locations	Clinic locations have previously been reduced following service redesign however there is scope to reduce further				Clinical notes are held in different locations – notes are sent back and forward to QMH/WBH/VHK which can be challenging and a clinical risk. Electronic notes would be the best solution - MORSE	Trial of paperlite in one of the clinic localities Continuation of Near Me and telephone clinics will require less clinic locations and an opportunity to centralise to QMH and WBH/VHK mainly with limited outreach
Medical Workforce	Mainly due to retirals the service has endured reduced medical workforce capacity year on				The service currently has 0.85wte Consultant; 0.8wte Associate Specialist for General service; 2.6 wte Specialty Doctor;	1.0 wte Consultant post – 0.7wte will take up post in February 2020 1.0 wte Specialty Doctor – 0.5 wte will

	year. Vacancies are difficult to fill due to national shortage. Service redesign has converted some medical posts to nursing to deal with this				1.0wte Child Protection Consultants and 0.6 wte Adoption and Fostering Associate Specialist. 1.0wte agency locum also in post till February 2021	take up post in February/March 2021.
Nursing Workforce	ADHD Nurses have been employed using medical money to support the review of ADHD patients				5 nurses in post (3.2 wte) 1.0 wte trainee Advanced Nurse Practitioner post being advertised	More Advanced Nurse Practitioners are required
AHP Workforce	Money provided to Speech and Language Therapy to support autism assessment pathway				0.5 wte Band 6	SLT core to the assessment and support of the neurodevelopmental pathway

Psychology Workforce	Psychology are currently involved in referral vetting				0.1 wte Band 8B	Psychology input continues as part of vetting to signpost to other services

Item 7.3

NHS Fife

Meeting:	**NHS Fife Clinical Governance Committee**
Meeting date:	**14 January 2021**
Title:	**Winter Report 2020/21**
Responsible Executive:	**Helen Buchanan, Director of Nursing**
Report Author:	**Susan Fraser, Associate Director of Planning & Performance**

1 Purpose

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

- Discussion

This report relates to the:

- Winter Report 2020/21 – Data to November 2020

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Winter Report is to provide assurance that the Winter Plan is being delivered in accordance with the submission to Scottish Government in November 2020.

2.2 Background

The Winter Report is produced monthly and provides update on key performance metrics and actions agreed within the Winter Plan. Weekly meetings between Acute Services, H&SC and Planning commenced in November 2020 using the Winter Planning Weekly Scorecard to discuss agreed performance metrics and escalate issues when required.

The Winter Plan aims to:

- Describe the arrangements in place to cope with increased demand on services over the winter period and subsequent COVID-19 waves
- Describe a shared responsibility to undertake joint effective planning of capacity
- Ensure that the needs of vulnerable and ill people are met in a timely and effective manner, despite increases in demand, and in accordance with national standards. (e.g. 4-hour emergency access target)
- Support a discharge model that has performance measures, a risk matrix and an escalation process
- Ensure staff and patients are well informed about arrangements for winter and COVID-19 through a robust communications plan
- Build on existing strong partnership working to deliver the plan that will be tested at times of real pressure

Planning priorities to ensure delivery of the different components of the plan are:

- Home First Model
- Near Me for Unscheduled Care
- Whole System Pathway Modelling
- Scale up direct entry to STAR units from community MDT's
- Point of Care Testing (POCT) in Paediatrics, A&E and Admissions Unit
- Restructure of medical assessment and admissions
- Scheduling of Unscheduled Care
- AHPs 7 day working

2.3 Assessment

A&E

95% Standard has not been met since Week Ending 27th September. On average, there are 369 less ED attendances per week this year (April to Nov) compared with last year. However, there are the challenges of Covid-19 as well as high acuity.

Covid-19

Since the start of the 2nd wave of Covid-19 our peak of Covid-19 Bed days was 514 with both confirmed and suspected patients, this was reached week ending 15th November. Peak for confirmed Covid-19 positive patients in hospital was 4th of November, 59 patients.

Occupancy

VHK occupancy appears to be low, continually under 90% but this does not reflect the occupancy on each of the Red, Amber and Green pathways. There are surge beds open to accommodate pressure on the amber pathway. Bed Occupancy within the community hospitals has been continuously above 90% since early September.

Delayed Discharges

In November, there was an average 15 bed days lost to Delayed Discharges per week in VHK this year compared to an average of 70 in 2019. Bed days lost in Community Hospitals are also considerably less than the year prior, 286 in November 2020 compared with 379 in 2019.

Health & Social Care Placements

H&SCP achieved an average of 92% of placements during the 4-week period. With downstream beds falling short of target a couple of weeks in the month. Social care placements have been particularly low throughout the month but especially the 2nd week in November.

There are a number of actions that are complete or on track. The following actions are ongoing, with slippage, but no concerns about impact on Winter Planning:

4.1.4 Restructure of medical assessment and admissions
4.1.12 Continue to Test change to reconfigure STAR bed pathway
4.2.1 Implementation of a sustainable 7-day OT and PT service for acute
4.2.2 Review of Paediatric nurse staff levels
4.2.8 Agree Flow & Navigation Care workforce levels and secure staffing
4.8.13 Local delivery framework for COVID-19 immunisation to be developed and implemented using outputs of national work
4.8.14 PMO to be established for COVID-19 immunisation programme and required workforce to be recruited

2.3.1 Quality/ Patient Care

The Winter Plan has been prepared prioritising patient care in the right place at the right time and by the right person.

2.3.2 Workforce

Workforce planning is key to Winter Planning

2.3.3 Financial

Financial planning is key to Winter Planning

2.3.4 Risk Assessment/Management

Options for Surge Capacity over winter have been risk assessed

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

Winter Report is produced by Planning and Performance Team, updates are provided for agreed actions in Winter Plan by relevant Services.

2.3.8 Route to the Meeting

First report of Winter Report 2020/21.

2.4 Recommendation

The NHS Fife Clinical Governance Committee is requested to:

- **Discussion** – Winter Report 2020/21

3 List of appendices

None

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Fife Health & Social Care Partnership

NHS Fife

Winter Planning

Monthly Report

Week Ending 8th November 2020 to 29th November 2020

Contents

Introduction

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

In 2020/21, the Winter Plan is closely aligned to the Remobilisation Plan and describes the actions that will be taken forward by NHS Fife and the Health and Social Care Partnership to optimise service resilience during the winter months and beyond in a COVID-19 sensitive environment. Executive leadership sits with the Director of Nursing and delivery lies with both the directors of Acute Services in NHS Fife and the Health and Social Care Partnership.

A Silver Command has been established for winter planning which meets weekly and agrees actions, supported by the Bronze Command for winter planning monitoring the dashboard weekly and escalating to Silver Command where appropriate. A monthly report is provided to the board for assurance. The weekly reporting will cease at the end of March with the monthly report going to the NHS Fife Board in May 2021. Weekly reporting has commenced in October 2020 as part of the Winter Plan 2020/21.

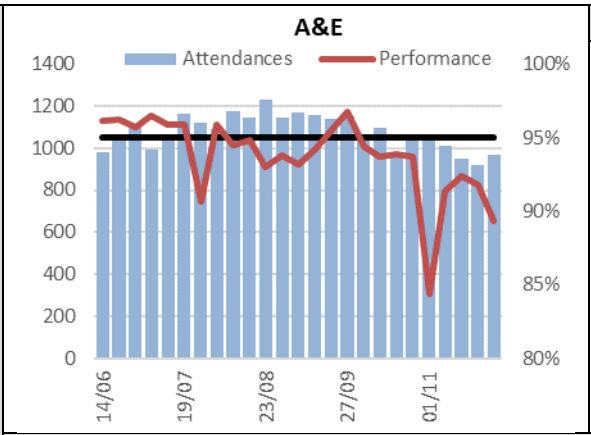
The Winter Planning Performance Review Summary will be considered by the Finance, Performance and Resources and Clinical Governance Committees.

Outlined below in Section C are the actions that were submitted to the Scottish Government at the end of October 2020 and current status of these actions.

Section A: Executive Summary

This is the First monthly report summarising performance against key indicators and actions for Winter 2020/21. The key points to note this month are as listed below.

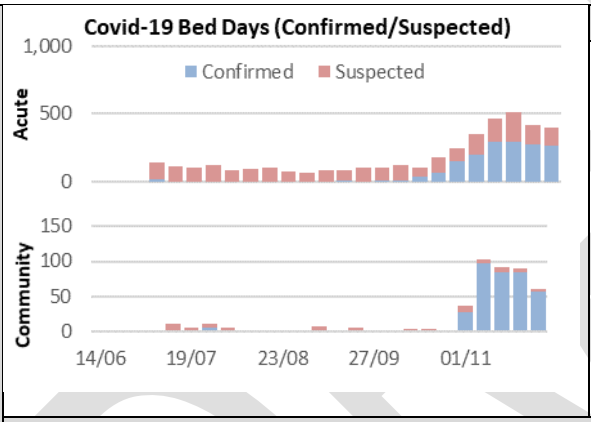
A&E



Narrative
The 95% Standard has not been met since Week Ending 27th September. The board average has also slipped beneath the Scotland average for a 5th time this financial year during week ending 29th November, however with quick recovery, has maintained above for the most part. On average, there are 369 less ED attendances per week this year (April to Nov) compared with last year

Commentary
ED performance has been challenged by waits for admitting beds as well the challenges of Covid-19 and high acuity across the hospital.

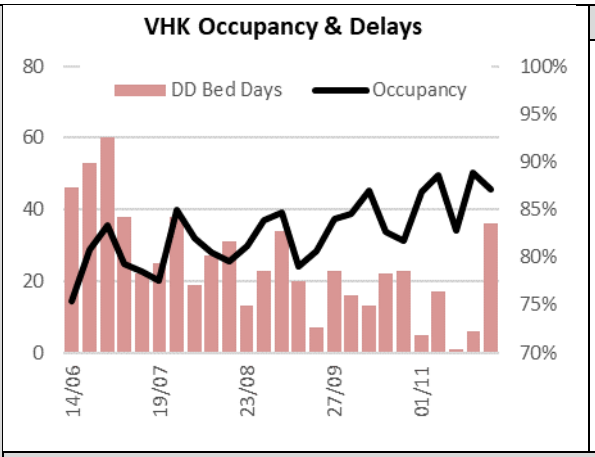
Covid-19 Bed Days



Narrative
Since the start of the 2nd wave of Covid-19 our peak of Covid-19 Bed days was 514 with both confirmed and suspected patients, this was reached week ending 15th November. Our peak for confirmed Covid-19 positive patients in hospital was 4th of November reaching 59 patients.

Commentary
<u>Acute</u> Confirmed cases of COVID-19 within the acute setting started to rise with pressure building on Critical Care necessitating the instigation of the 2nd wave escalation plan and the trebling of ICU capacity. <u>HSCP</u> The incidence of COVID19 within the Community Hospitals was significant. The consequence of this was that patient discharges from acute settings were delayed. This was further nuanced by the lack of transfers from community hospitals into care homes. Wards across all community hospitals were categorised amber. Two wards were closed due to outbreaks which further impacted on the patient pathways.

Acute Occupancy & Delays



Narrative

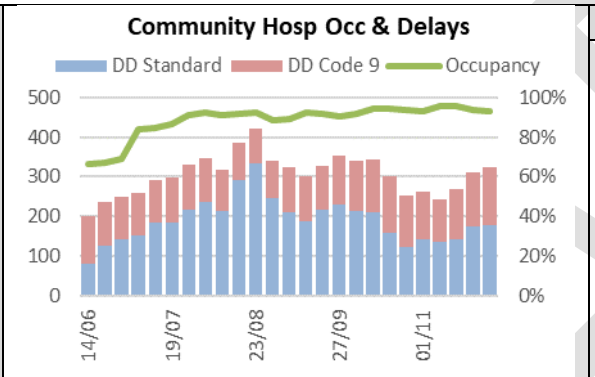
VHK occupancy appears to be low, continually under 90%,

In November there has been an average of 15 bed days lost to Delayed Discharges per week. This is compared to an average of 70 bed days lost in the same period 2019.

Commentary

VHK occupancy does not reflect the occupancy on each of the Red, Amber and Green pathways. Some are under greater pressure than others. There are also surge beds currently open to accommodate pressure on the amber pathway. DD bed days had improved but still vary based on demand for support on discharge.

Community Occupancy & Delays



Narrative

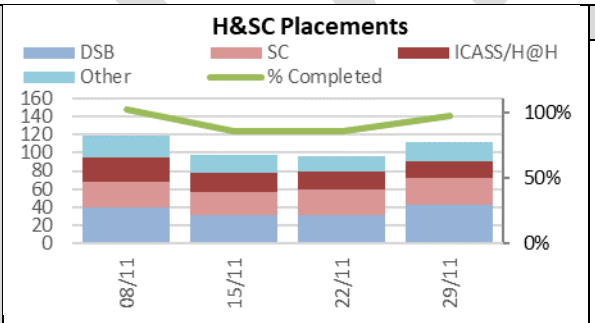
Bed Occupancy within the community hospitals has been continuously above 90% since early September.

There has been an average of 286 bed days lost per week in community hospitals due to delays in November. This compares to an average of 379 bed days lost per week at the same time in 2019.

Commentary

Length of stay has reduced across our community hospital beds with an average of 32 days for November. This is less than 2019. Balcurvie ward was also closed to new admissions due to covid from 2/11 until 26/11.

H&SCP Placements



Narrative

H&SCP achieved an average of 92% of placements during the 4-week period. With downstream beds falling short of target a couple of weeks in the month.

Social care placements have been particularly low throughout the month but especially the 2nd week in November.

Commentary

Care at Home, including START, achieved 87 discharges against a target of 85 for the month

For packages of care restarting with existing care at home providers, all requests (60) for a restart were progressed.

	STAR placements were restricted in November due to one care home, Ostlers House, being closed to admission, discharges, and transfers from 1st - 23rd November. Within Fife, over the month of November, a total of 45 care homes had a restriction at some point in the month, limiting their ability to accept new residents into the care homes. (For information, the 45 care homes include some that have been closed more than once in the month, and some care homes that were already closed before November but suspension on admissions was not removed within November). For packages of care restarting with existing care at home providers, all requests (60) for a restart were progressed.

Section B: Performance Summary to Week Ending 29th Nov 2020

Weekly Unscheduled Care Monitoring Report

Area	Indicator	Trend	08-Nov	15-Nov	22-Nov	29-Nov
OOH Urgent Care	Contacts		1775	1810	1883	1743
	% ref to 2ndary Care		5.18%	4.36%	4.41%	6.20%
	OoT Home Visits		26	13	21	27
	COVID Ax Centre		117	118	120	113
	COVID Advice Calls		188	193	204	186
Emergency Department	Attendances		1012	947	922	969
	Performance		91.3%	92.4%	91.8%	89.4%
VHK	Admissions		665	670	668	696
	Emergency		586	585	595	626
	Discharges		644	635	673	652
Theatre Activity	Scheduled		297	247	241	237
	Cancelled		15	18	10	13
	Hospital Cancelled		1	0	1	1
VHK Bed Utilisation	Occupancy		89%	83%	89%	87%
	COVID Bed Days		470	514	419	403
	DD Bed Days		17	1	6	36
HSC Placements	% Completed		102%	85%	85%	97%
	Target		117	115	114	115
	Completed		119	98	97	112
	DSB		40	31	31	42
	SC		28	25	29	30
	ICASS/H@H		27	22	19	19
	Other		24	20	18	21
Community Hospital	Admissions		38	45	52	41
	Discharges		36	43	50	41
	Occupancy		96%	96%	94%	93%
	COVID Bed Days		102	91	89	60
	DD Bed Days		242	269	312	324
	DD Standard		135	143	174	179
	DD Code 9		107	126	138	145

Section C: Winter Plan Monitoring of Actions

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

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress
				Corp	Acute	H&SC				
4.1.1	Scheduling of Unscheduled Care – creation of an integrated flow and navigation centre to triage, assess and manage unscheduled care	Nov-20	DOA DOHSC		DCOO GM EC	DGM West				Integrated flow and navigation hub soft launched on 1st December. Continuous monitoring of impact and pathway effectiveness underway.
4.1.2	Implement Home First Model - more timely discharges & realistic home-based assessments	Nov-20	DOHSC			DGM West				Short life working group established. Model being tested and any barriers worked though.
4.1.3	Scale up direct entry to STAR units from community MDT's	Nov-20	DOHSC			DGM West				Link social workers from STAR support locality MDT's. Early discussions ongoing regards the pathway.
4.1.4	Restructure of medical assessment and admissions	Apr-21	DOA		GM EC					The COVID 19 red pathway for admission will limit any changes that can be made to patient pathway and flow in the short term. Completion date changed to April 2021
4.1.5	Process re the use of Near Me for Unscheduled Care	Nov-20	DOA		DCOO					Near Me is being explored, however initial findings favour the use of telephone for triage.
4.1.6	Right Care – Right Place campaign to increase awareness of alternatives to the Emergency Department for minor, non-urgent illnesses and injuries and encourage local people to make use of local services	Oct-20	DON	Comms						Soft launch locally 1 December using national campaign assets. NHS Fife website updated, main banner promotion and regular social media posts. Media release and interview with Medical

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress
				Corp	Acute	H&SC				
										Director for local radio, prior to Christmas. Main national campaign will commence in January 2021 Staff Link Hub to support UC redesign created and working on the creation of a Ref Help section by end of December
4.1.7	Ensure national winter campaigns, key messages and services (including NHS 24 and NHS Inform) are promoted effectively across Fife and supported by relevant local information and advice	Nov-20	DON	Comms						Show you care prepare national campaign started on 4 December and NHS Fife communications supporting national messages and campaign, winter section updated on website and local comms via Social media, Staff Link and local media
4.1.8	New model of care for Respiratory Pathway	Nov-20	DOA DOHSC		GM EC	DGM West				A new nurse led advice line for respiratory patients that screens all referrals on the same day (GP and high health gains). This prevents deterioration and unnecessary admission. New pathway directly into hospital at home for direct step up. Another pathway has been developed for palliative care patients.
4.1.9	Ensure adequate Community Hospital capacity is available supported by community hospital and intermediate care redesign	Oct-20	DOHSC			DGM West				community hospital capacity monitored daily. Surge areas have been identified and utilised as per winter plan.

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress
				Corp	Acute	H&SC				
4.1.10	Review capacity planning ICASS, Homecare and Social Care resources throughout winter including 7-day access to H@H	Oct-20	DOHSC			DGM West				Capacity reviewed daily and additional recruitment underway to increase further ICAS & H@H capacity to support increased in demand.
4.1.11	Focus on prevention of admission with further developments into High Health Gain, locality huddles to look at alternatives to GP admissions	Oct-20	DOHSC			DGM West				Eight locality huddles in operation. Prevention of admission continues at 35% and data indicates a net reduction in admissions for VHK. Data to be interrogated further. Frailty model embedded and frailty practitioner now in post.
4.1.12	Continue to Test change to reconfigure STAR bed pathway	Nov-20	DOHSC			DGM West				Stroke pathway has been developed. Small TOC completed. Plans to scale up to ensure its success.
4.1.13	Weekly senior winter monitoring meeting to review winter planning metrics and take corrective action	Oct-20	DOA DOHSC	AD P&P	DCOO GMs	DGM West				Daily senior meeting in place to review daily metrics and corrective action taken in real time.
4.2.1	Implementation of a sustainable 7-day OT and PT service for acute being progressed through the Integrated Capacity and Flow Group- invest to save to support effective patient flow and address de-conditioning.	Dec-20	DOA		GM WCCS		1.6 Band 6 PT 1.0 Band 5 OT 1.8 Band 4 HCSW 1 Band 4 HCSW	£72.5k		No confirmation of funding available yet
4.2.2	Paediatric nurse staff levels currently being reviewed. The increased activity associated with winter combined with the requirement for managing Covid-19 pathways will require additional staff to ensure safe staffing levels	Oct-20	DOA		GM WCCS		13.3 band 5 3 band 3			Discussions underway with key stakeholders to identify a funding stream for the posts.

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress
				Corp	Acute	H&SC				
4.2.3	Implement flexible staffing models to utilise resources accordingly – managed by tactical workforce group, chaired by Associate Director of Nursing	Nov-20	DON		DCOO	DGM West				The workforce hub has been re-instated
4.2.4	Ensure NHS Fife staff are kept informed about preparations for winter including arrangements for staff flu vaccinations, local service arrangements and advice for patients	Nov-20	DON	Comms						Flu section on NHS Fife website and Staff Link Hub, Lead from the Front Staff Flu Vaccination Campaign instigated. Winter hub live on NHS Fife website Regular updates on Staff Link and weekly CE update throughout December, January and February
4.2.5	Occupational Health medical and nursing support was increased temporarily to support the pandemic efforts, funding has been secured to recruit to these posts on a substantive basis	Nov-20	DOW	Workforce						Temporary x-cover provided with substantive posts being prepared for advertisement
4.2.6	Staff health and wellbeing signposting resources were provided from April 2020 and an expanded Staff Listening Service, (accessible to Health, H&SC Partnership, and care home staff), available from April 2020 to 31 March 2021	Nov-20	DOW / DON	Workforce /Nursing						Expanded listening service in place until 31/03/2021.
4.2.7	Mental Health Occupational Health nursing input in place for staff support from August 2020	Aug-20	DOW	Workforce						Completed
4.2.8	Agree Flow & Navigation Care workforce levels and secure staffing as early as possible. All rotas in place to ensure public can access OOH across the winter period	Oct-20	DOHSC			DGM West				Recruitment commenced for key posts. Contingency plans on place so that there will adequate staffing for go live date

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress
				Corp	Acute	H&SC				
4.2.9	Create and enact a workforce plan to staff surge capacity taking into account Fife Council Christmas shut down	Oct-20	DOHSC		DCOO GMs	DGM West				Workforce hub reinstated which will be open over xmas and new year. Social work staff involvement. Senior rota in place to cover out of hours.
4.3.1	Whole System Pathway Modelling – development & implementation of capacity tool	Nov-20	DOA		GM EC	DGM West				Capacity tool complete. Daily meetings to proactively determine red flags and take corrective actions to maximise flow.
4.3.2	Daily Dynamic discharge and EDD to be embedded in all wards	Nov-20	DOA		GM EC	DGM West				EDD embedded.
4.3.3	Plan for Surge Capacity (including Community Hospitals, Care Home, Home care ICASS & H@H)	Oct-20	DOA DOHSC		DCOO	DGM West	See App2	Acute HSC		Surge plan complete across Acute and HSCP. Command structures in place for escalation. Daily surge meetings to assess capacity utilising real time intelligence.
4.4.1	Implementation of rapid diagnostic outpatient appointments for inpatients to ensure that no inpatient discharges are delayed whilst waiting on diagnostics	Oct-20	DOA		GM WCCS					Complete in Radiology
4.4.2	OPAT expansion to release bed capacity	Oct-20	DOA		GM EC					Unit working at full capacity for the staffing model and successfully delivering on bed day savings.
4.4.3	Configure SSSU as amber Unit to support peaks in Orthopaedic Trauma demand	Sep-20	DOA		GM PC					SSSU open Mon-Fri to Support Trauma/Emergency Surgery
4.4.4	In line with SG guidance, configure green elective areas and pathways within DIU, Ward 52 and Day Unit (within QMH) to maintain elective activity over winter	Sep-20	DOA		GM PC					Ward 52 now includes 4 SHDU beds

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress
				Corp	Acute	H&SC				
4.4.5	Set-up weekly theatre meetings to review theatres lists 3 weeks in advance, including full review of patients waiting by clinical priority to determine list allocation to be escalated to Clinical Prioritisation Group	Sep-20	DOA		GM PC					Weekly meetings take place every Monday chaired by the PCD Clinical Directors
4.5.1	Corporate Business Continuity Plan has been reviewed by the NHS Fife Resilience Forum	Aug-20	DPH	Business Continuity						The Plan was submitted and accepted by the NHS Fife Resilience Forum and EDG
4.5.2	Corporate Business Continuity Policy has been reviewed by the NHS Fife Resilience Forum	Aug-20	DPH	Business Continuity						The Policy was submitted and accepted by the NHS Fife Resilience Forum and EDG
4.5.3	Business Continuity templates to be updated, re-issued to all departments and returned	Oct-20	DPH	Business Continuity	DCOO	DGM West				All business continuity plans updated using new template across all of the HSCP and Acute Services Division.
4.5.4	Ensure severe weather communications plan is in place and provided to NHS Fife Resilience Forum and EDG	Oct-20	DON	Comms						Adverse weather communications plan reviewed and shared with LRP and Fife Council Comms
4.5.5	Local Resilience Partnership to hold a workshop to look at how Fife would manage events/incidents over winter including Covid-19, season flu, winter weather and EU-exit	Nov-20	DPH	Public Health						First workshop held on the 18th November further workshop being planned
4.6.1	Point of Care Testing (POCT) in A&E and Admissions Unit	Dec-20	DOA		DCOO			Funded separately		POCT estimated to commence from mid-December 2020
4.6.2	Define and agree paediatric COVID pathways to stratify patient flow based on clinical urgency and IPC measures	Dec-20	DOA		GM WCCS					Complete
4.6.3	Package of education/training to support best practice in IPC in NHS Fife acute & community settings	Oct-20		IPCT						Complete

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress
				Corp	Acute	H&SC				
4.7.1	Deliver the staff vaccination programme to health and frontline social care staff (NHS, Fife HSCP, independent and third sector) through peer vaccinator programme, occupational health clinics, care-home based and pharmacy delivery in order to achieve 60% national target and 65% local target for uptake	Dec-20	DOHSC			DGM West				Flu staff vaccination exceeding projected targets at this point. Command structure in place for flu and covid vaccination. Mop up clinics to target staff who have been isolating or unwell being planned.
4.7.2	Implement actions required for staff and community seasonal flu vaccination delivery under the Joint Fife HSCP & NHS Fife Flu Silver Group	Dec-20	DOHSC			DGM West				As above
4.7.3	Ensure data collection methods enable weekly monitoring of flu vaccination uptake	Oct-20	DOHSC			DGM West				Monitoring and uptake rates collected.
4.7.4	Raise awareness of the flu campaign and encourage health and care staff and key workers in the public sector to take up the offer of a free flu vaccination and lead by example	Feb-21	DOHSC	Comms						Lead from the Front Staff Campaign and assets shared with HSCP and Fife Council campaign to end mid-December in line with roll-out of C19 vaccine
4.8.1	Produce plan for possible second Covid-19 wave in Acute and H&SC	Oct-20	DOA DOHSC		DCOO	DGM West				Escalation plan produced across Acute and HSCP Acute Second wave plan is completed, Critical care escalation commenced.
4.8.2	Refer to Business Continuity plans in event of resurgence in Covid-19 cases	Oct-20	DOA DOHSC		DCOO	DGM West				Business continuity plans and impact analysis in place for all HSCP services and Acute Services
4.8.3	Engage in regular review of care homes in collaboration with the HSCP	Oct-20	DPH	Public Health						Care Home Oversight Group established that meets regularly

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress
				Corp	Acute	H&SC				
4.8.4	Support weekly asymptomatic staff Covid-19 testing in care homes	Oct-20	DPH	Public Health						On Track as expected
4.8.5	Support symptomatic residents Covid-19 testing in care homes, and flu testing where there is a suspected outbreak	Oct-20	DPH	Public Health						On Track as expected
4.8.6	Carry out resident Covid-19 surveillance testing on a care homes in Fife	Oct-20	DPH	Public Health						On Track as expected
4.8.7	Increase capacity and skills with Health Protection Team for outbreak management for care homes in Fife	Nov-20	DPH	Public Health				Funded Separately		On Track as expected
4.8.8	Increase and sustain capacity to undertake all contact tracing requirements for Fife residents as part of the National Contact Tracing Test and Protect Programme.	Nov-20	DPH	Public Health						On Track as expected
4.8.9	Maintain surge capacity to manage abrupt changes in incidence of Fife Covid-19 positive cases throughout the winter months	Oct-20	DPH	Public Health						On Track as expected
4.8.10	Develop action plans for outbreak prevention and management of high-vulnerability settings and events. The aim of identifying these settings is to minimise the outbreak risks.	Oct-20	DPH	Public Health						On Track as expected
4.8.11	Promote local and national messages associated with COVID-19 and Test and Protect	Nov-20	DPH	Comms						Arange of local campaigns have been activated via LRP Public Comms Group , these are also in line with National Campaign material and messages and have included a range of strands and themes identified by PH or community feedback, such as Car Sharing , 2 meters is, when to get

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress
				Corp	Acute	H&SC				
										tested, Self-Isolating and support
4.8.12	Review of outbreak management guidance in line with latest national guidance	Oct-20	DON	IPCT						

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress
				Corp	Acute	H&SC				
4.8.13	Local delivery framework for COVID-19 immunisation to be developed and implemented using outputs of national work	Dec-20	DOP	Pharmacy		DGM West				Command structure established. Workstreams and priorities agreed. Lessons learned from flu being incorporated. Awaiting national planning tool, training documentation and job descriptions. Local plan has been submitted to Scottish Government, awaiting formal feedback. Engagement with Clinical Governance Committee and Gold command secured - review with Board 23 Nov. Risks have been identified, significant risks about workforce capacity and downstream impact, as well as scheduling system/ team identification. Storage requirements will be met. Venue identification in progress 1) First vaccinations given to staff on 8th December. VHK and QMH sites both active from 9th December 2) Reduction in supply of vaccine requiring prioritisation of wave 1 groups 3) Care home residents and staff being vaccinated in care homes from 14th December. Some care home staff will attend QMH if not vaccinated on site 4) Vaccinator workforce in place for immediate demand, recruitment progressing for medium term 5) Complex storage requirements in place

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress
				Corp	Acute	H&SC				
										6) Local comms approach being rolled out 8 December to complement national information 7) 7 of 11 community venues confirmed 8) 53/54 GP practices will support vaccination of over 80s population 9) Recording systems delivered on time

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress
				Corp	Acute	H&SC				
4.8.14	PMO to be established for COVID-19 immunisation programme and required workforce to be recruited for the next 12 months which encompasses the different delivery models required at each stage of the plan	Dec-20	DOP	Pharmacy		DGM West				PMO has been established, including interim programme manager and supporting team. PID, supporting governance, being reviewed by Silver command today 1) Risk register in place and monitoring ongoing 2) EQIA at late stage development 3) DPIA in progress with data protection team 4) PID supported providing clarity on governance

Item 8.1

NHS Fife

Meeting:	**NHS Fife Clinical Governance Committee**
Meeting date:	**14 January 2021**
Title:	**Update on NHS Fife Board Assurance Framework (BAF) Quality & Safety**
Responsible Executive:	**Dr Chris McKenna / Helen Buchanan**
Report Author:	**Pauline Cumming**

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 4 November 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 that work relating to managing related risks continues.

A review of all high level risks is underway. Pending the outcome and following consideration by the Medical Director and the Director of Nursing, there are currently no changes to the existing linked operational risks. Updates to the BAF risk are highlighted on Appendix 1.

2.3.1 Quality/ Patient Care

Highlighting relevant 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 and safety of services and patient care delivery.

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 are 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 considered by the Medical Director and Director of Nursing.

2.4 Recommendation

- **Discussion** – the content and current position of the Quality & Safety BAF

3 List of appendices

Appendix 1, NHS Fife Board Assurance Framework (BAF) Quality & Safety to NHS Fife CGC 140121 V1.0
Appendix 2, BAF Risks - Quality & Safety - Linked Operational Risks to NHS Fife CGC 140121 V1.0

Report Contact
Pauline Cumming
Risk Manager
Email pauline.cumming@nhs.scot

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Board Assurance Framework (BAF) - Quality & Safety																											
1674	Clinically Excellent, Person Centred	30/12/2020	5 February 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 Risk	3 – Possible – May occur occasionally – reasonable chance	5 - Extreme	15	High Risk	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.	Christopher McKenna Medical Director	Clinical Governance Dr Les Bisset	*Ongoing actions designed to mitigate the risk including:* 1. Strategic Framework 2. Clinical Strategy 3. Clinical Governance Structures and operational governance arrangements 4. Clinical & Care Governance Strategy 5. Participation & Engagement Strategy 6. Risk Management Framework 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 28. Revalidation programmes for professional staff 29. Electronic dissemination of safety alerts	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 including evidence of steps taken to implement and share learning from actions. 3.Weaknesses in related oversight and monitoring processes at operational level. 4.Risk Management Framework has been updated; it is still to be rolled out.	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 it provides 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. 7. Review 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. internal audit, external peer and 'deep dives'.	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 – Not expected to happen – potential exists	5 - Extreme	10	Moderate Risk	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	Risk Status	Current Level	Current Rating	Risk Owner
1652	Lack of Medical Capacity in Community Paediatric Service	Active Risk	High Risk	25	Couser, Gemma
1667	Infusion pumps, volumisers and Syringe Divers in Paediatrics and Neonatal Units	Active Risk	High Risk	25	Holloway, Lynne
43	Vascular access for heamatology/Oncology	Active Risk	High Risk	20	Savage, Shirley-Anne
1296	Emergency Evacuation, VHK Phase 2 Tower Block	Active Risk	High Risk	20	Fairgrieve, Andrew
1514	Impact of the UK's withdrawal from the EU on the availability and cost of medicines and medical devices	Active Risk	High Risk	20	Garden, Scott
521	Capacity Planning	Active Risk	High Risk	16	Watts, Miriam
529	Information Security Risk	Active Risk	High Risk	16	McGurk, Margo
1287	Overcapacity in AU1 Assessment Unit	Active Risk	High Risk	16	Shepherd, Angie
1365	Cancer Waiting Times Access Standards	Active Risk	High Risk	15	Couser, Gemma
1515	Impact of the UK's withdrawal from the EU on Nuclear Medicine and the ability to provide diagnostic and treatment service(s)	Active Risk	High Risk	15	Anderson, Jane
1670	Temperature within fluid storage room within critical care.	Active Risk	High Risk	15	Watts, Miriam

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
356	Clinical Pharmacy Input	Closed Risk			
528	Pandemic Flu Planning	Active Risk	Moderate	12	Milne, Dona
637	SAB LDP standard	Active Risk	Moderate	9	Cook, Julia
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
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	21.12.2020	30.06.2021
1667	Acute Services - WOMEN CHILDREN AND CLINICAL SERVICES DIRECTORATE RISK REGISTER	05.12.2019	Infusion pumps, volumisers and Syringe Divers in Paediatrics 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	05.11.2020	11.01.2021
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
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 - 04/11/2020 - The current management actions/position for this risk are: two tone fire alarm system to allow identification of zone of fire and progression of patients to a safe zone. :Fire response team in place all wit their own pagers, responding to a fire alert automatically. :Clinical coordinators/fire response team trained. :Fire wardens for the site trained.	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	04.11.2020	31.03.2021
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	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
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

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
529	CORPORATE RISK REGISTER, 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	30/11/2020 The 62 day standard continues to be challenging, particularly in Prostate and lung. Improvement in the prostate pathway has been paused due to COVID. Cancer patients continue to be prioritised during this 2nd wave of COVID and clinical prioritisation of surgical patients remains key. Referrals are now at pre-COVID levels with the exception of breast referrals which have significantly increased and lung referrals which have significantly reduced. National campaigning and review of the lung cancer pathway is underway to ensure clear delineation between COVID and suspected lung cancer. Referral numbers are monitored to ensure patients are seen within 14 days of referral. The PTL weekly meeting continues to ensure robust tracking and escalation.	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	3 - Possible - May occur occasionally - reasonable chance	3 - Moderate	Moderate Risk	9	Couser, Gemma	Nicoll, Kathleen	30.11.2020	01.03.2021

ID	1515	1670
Position of Risk (Risk Register)	NHSFBD - Brexit Risk Register	Acute Services - EMERGENCY CARE & MEDICINE DIRECTORATE RISK REGISTER
Opened	04.10.2018	11.12.2019
Title	Impact of the UK's withdrawal from the EU on Nuclear Medicine and the ability to provide diagnostic and treatment service(s)	Temperature within fluid storage room within critical care.
Description	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.	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.
Likelihood (initial)	3 - Possible - May occur occasionally - reasonable chance	5 - Almost Certain - Expected to occur frequently - more likely than not
Consequence (initial)	5 - Extreme	3 - Moderate
Risk level (initial)	High Risk	High Risk
Rating (initial)	15	15
Current Management Actions	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.	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.
Likelihood (current)	3 - Possible - May occur occasionally - reasonable chance	5 - Almost Certain - Expected to occur frequently - more likely than not
Consequence (current)	5 - Extreme	3 - Moderate
Risk level (current)	High Risk	High Risk
Rating (current)	15	15
Likelihood (Target)	2 - Unlikely - Not expected to happen - potential exists	2 - Unlikely - Not expected to happen - potential exists
Consequence (Target)	5 - Extreme	3 - Moderate
Risk level (Target)	Moderate Risk	Low Risk
Rating (Target)	10	6
Risk Owner	Anderson, Jane	Watts, Miriam
Handler	Anderson, Jane	Shepherd, Angie
Previous Review Date	28.09.2020	19.10.2020
Next Review	31.01.2021	31.12.2020

Item 8.2

NHS Fife

Meeting:	**Finance, Performance and Resource Committee**
Meeting date:	**12 January 2021**
Title:	**NHS Fife Board Assurance Framework (BAF) Strategic Planning**
Responsible Executive:	**Margo McGurk, Director of Finance**
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 14.01.21.

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 priorities for the organisation will be reviewed and revised as part of the Strategic Planning Resource Allocation (SPRA) process taking into account the COVID-19 environment, service redesign and change programmes.

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 including a revised management and reporting structure.

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.

- EDG, 7 January 2021

2.4 Recommendation

The Committee is invited to:

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

Report Contact
Susan Fraser
Associate Director of Planning and Performance
Email susan.fraser3@nhs.scot

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Board Assurance Framework (BAF) - Strategic Planning																											
1675	Clinically Excellent, Exemplar Employer, Person Centred, Sustainable	05/01/2021	1 March 2021	There is a risk that NHS Fife will not deliver the Clinical Strategy within a timeframe that supports the service transformation and redesign required to ensure service sustainability, quality and safety at lower cost with the consequence that the Clinical Strategy does not reflect current priorities. Key Risks 1. Community/Mental Health redesign is the responsibility of the H&SCP/IJB which hold the operational plans, delivery measures and timescales 2. Governance of the transformation programmes remains between IJB and NHS Fife. 3. Regional Planning - risks around alignment with regional plans are currently reduced as regional work is focussed on specific workstreams 4. Clinical Strategy does not reflect that the strategic direction of the organisation following the COVID-19 pandemic.	4 – Likely – Strong possibility this could occur	4 – Major	16	High Risk	4 – Likely – Strong possibility this could occur	4 – Major	16	High Risk	Integrated Transformation Board now 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. Programme management approach being refreshed through Strategic Planning Resource Allocation (SPRA) process.	Margo McGurk Director of Finance	Clinical Governance. Dr Les Bisset.	*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 strategic guidance to the programme. Collaborative oversight is provided by the ITB. 4. The annual Service Planning Reviews and regular Performance and Accountability Reviews of individual services supported this process but has now been replaced by the SPRA process. CONTROLS WILL BE REVIEWED DURING REMOBILISATON OF SERVICES WHICH WILL INCLUDE TRANSFORMATION AND REDESIGN WORK	Pause in governance of transformation since COVID-19 – will be restarted when services are remobilised.	Leadership to strategic planning coming from the Executive Directors Group. Clinical Strategy workstream update has been produced to reflect progress against recommendations. Establishment of governance group 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. Refresh of the Clinical Strategy has been paused over COVID-19. Programme management approach being refreshed through Strategic Planning Resource Allocation (SPRA) process. ON HOLD OVER COVID19 PERIOD Responsible Person: Director of Finance Timescale: 31/03/2021	1. Minutes of meetings record attendance, agenda and outcomes. 2. New governance in place with newly formed governance group. 3. Performance and Accountability Reviews now underway which will provide assurance to committees on performance of all services. 4. Reporting of key priorities to governance groups from the SPRA process .	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 approach to programme management. Risks to delivery have been identified at Programme level and mitigating actions are in place and regularly monitored.	Current challenges associated with delivery of our strategic objectives – key priorities to be agreed but on hold given emergency planning measures still in place. ON HOLD OVER COVID19 PERIOD. WILL BE RESTARTED AS PART OF REMOBILISATION	3 – Possible – May occur occasionally – reasonable chance	4 – Major	12	Moderate Risk	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	Risk Status	Current Level	Current Rating	Risk Owner
	Nil currently identified				

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
	Nil applicable				

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Board Assurance Framework (BAF) - Digital & Information																											
1677	Clinically Excellent, Exemplar Employer, Person Centred, Sustainable	15/12/2020	16 February 2021	There is a risk that due to failure of Technical Infrastructure, Internal & External Security, Organisational Digital Readiness, ability to reduce Skills Dilution within eHealth and ability to derive Maximum Benefit from Digital Provision, NHS Fife may be unable to provide safe, effective, person centred care.	4 – Likely – Strong possibility this could occur	5 - Extreme	20	High Risk	3 – Possible – May occur occasionally – reasonable chance	5 - Extreme	15	High Risk	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.	Christopher McKenna, Medical Director	Clinical Governance, Finance Performance & Resources (FP&R) Dr Les Bisset (CGC), Rona Laing (FP&R)	*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) 8. Performance reports and availability of data through dashboards 9. Performance Review 10. System for writing and reviewing all policies and procedures 11. Participation in national and local audit 12. Work to improve the resilience of key digital systems and develop robust technical recovery procedures and regular failover (DR) testing. 13. Commitment to ensure appropriate implementation of Cyber Defence Measures, including support of national centralised cyber incident reporting and co-ordination protocols. 14. Staff Learning & Development, both eHealth staff and the wider organisation including leadership skills. 15. Robust Business Case development to include costed resilience by design and ongoing support activities. 16. Enhancing monitoring of our digital systems. 17. Working towards strong governance and procedures following ITIL professional standards 18. Development and Implementation of the NHS Fife Information and Digital Technology Strategy 2019 - 2022	The organisation is not consistently fully compliant with the following key controls: GDPR/DPA 2018 NIS Directive Cyber Essentials Plus. Compliance is at 'a point in time' , Risks identified, linked and recorded. The organisation is also lacking in training resource to ensure our staff are digitally ready.	1. Improving and maintaining strong governance and procedures following Information Technology Infrastructure Library (ITIL) professional standards 2. Ensure new systems are not introduced without sufficient skilled resources to maintain 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: Lesly Donovan Timescale: 31/03/2021	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 Annual - Digital Maturity Assessment	Third line of Defence: 1. Internal Audit reviews and reports on controls and process; including annual governance review / departmental reviews. 2. External Audit reviews. 3. Formal resilience testing / DR testing using an approved scope and measured success and mechanism for lessons learned and action plans. 4. Cyber Essentials/Plus Assessments. 5. NISD Audit Commissioned by the Competent Authority for Health.	1. Well developed reporting, which can highlight potential vulnerabilities and provide assurances (including assurances that confirm compliance with GDPR, DPA 2018, NIS Directive, the Information Security Policy Framework is being maintained). 2. Implementation of improvements as recommended in Internal and external Audit Reports and an internal follow-up mechanism to confirm that these have addressed the recommendations made 3. Improvements to SLA's (in line with 'affordable performance') 4. Output from national Digital maturity due late 2019	Overall, NHS Fife ehealth has in place a sound systems of 1. Governance 2. Reasonable security defences and risk management as evidenced by Internal Audit and External Audit reports 3. Attainment of the ISO27001 standard in the recent past and the Statement of Annual Assurance to the Board. 4. Investment has been made to support NIS, GDPR and Cyber resilience and some tools which will improve visibility of the Network.	2 – Unlikely – Not expected to happen – potential exists	5 - Extreme	10	Moderate Risk	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.

Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
1504	Lack of a central IT location to store guidance documents	Active Risk	High Risk	20	McKenna, Christopher
1422	Unable to meet NIS & Cyber Essentials compliance	Active Risk	High Risk	20	Young, Allan
1338	End of support lifecycle for Microsoft Office 2007	Active Risk	High Risk	16	Young, Allan
1424	End of support lifecycle for Microsoft Server Products	Active Risk	High Risk	16	Young, Allan
529	Information Security Risk	Active Risk	High Risk	16	McGurk, Margo
1746	O365 May Cause Disruptive Network Overhead	Active Risk	High Risk	16	Young, Allan
1393	Patch Management Risk	Active Risk	High Risk	16	Young, Allan
1576	Risk of not meeting SaMD full compliance	Active Risk	High Risk	16	McKenna, Christopher
226	Security of data being transferred off/on site	Active Risk	High Risk	16	Donovan, Lesly
1927	T1 - Deliberate unauthorised access or misuse by insiders (staff, contractors etc.)	Active Risk	High Risk	16	Fowles, Malcolm
1932	T4 - User error (including those supporting system)	Active Risk	High Risk	16	Fowles, Malcolm
1934	T9 - Network connection failures	Active Risk	High Risk	16	Young, Allan
537	Failure of Local Area Network causing loss of access to IT systems	Active Risk	High Risk	15	Young, Allan

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
913	MIDIS replacement	Closed Risk			
1928	T2 - Deliberate unauthorised access or misuse by outsiders (e.g. hackers)	Active Risk	Moderate Risk	12	Young, Allan
1929	T7 - Inadequate or absent audit trail	Closed Risk			

Item 8.3

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**14 January 2021**
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 17th December 2020

2.2 Background

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

- Identifies and describes the key controls and actions in place to reduce or manage the risk

- Provides assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect

- Links to performance reporting to the Board and associated risks, legislation & standing orders or opportunities

- Provides a brief assessment of current performance. In due course, the BAF will provide detail on the progress of the risk over time - improving, moving towards its target or
  tram - lining

The Committee is invited to consider the following :

- Does the risk score feel right?
- Do the current controls match the stated risk?
- Will the mitigating actions bring the risk down to its target level?
- If the mitigating actions are fully implemented would the outcome be achieved?
- Does the assurance provided describe how the controls are performing?
- Do the assurances come from more than one source including independent sources?
- Are limited resources being allocated appropriately i.e. on uncontrolled high risks or in otherwise well controlled areas of risk?
- Is there anything missing you would expect to see in the BAF?

2.3 Assessment

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

For this reporting period no new high risks have been linked to the BAF.

For this reporting Period the following risks have been delinked from the BAF:

- 1929 – Inability to audit nhs.scot mail accounts – Risk closed, audits now available and continually monitored.
- 1928 - Deliberate unauthorised access or misuse to email by outsiders (Hackers etc.) – Risk reduced to 'moderate' after review based on implementation of improved security software upgrades and improvement in 'exposure' scores.

As reported previously, 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 reinitiated although at a slow pace due to COVID.

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
31st December 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
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
1422	NHSFBD - Digital and Information - Information Technology Risk Register, NHSFBD - Digital and Information 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	Dec 2020 - No change from previous update	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	17.11.2020	17.03.2021
1338	NHSFBD - Digital and Information 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
1424	NHSFBD - Digital and Information - Information Technology Risk Register, NHSFBD - Digital and Information 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
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
1746	NHSFBD - Digital and Information - Information Services Risk Register, NHSFBD - Digital and Information 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	05/11/2020 We have replaced the firewalls at QMH and have also started sending more data from VHK. We have also split most teams traffic away from our VPN and also allowed teams traffic to go direct from each site rather than forcing it to come back to central sites. Still monitoring on an ongoing basis.	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	05.11.2020	13.04.2021
1393	NHSFBD - Digital and Information - 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

ID	1576	226
Position of Risk (Risk Register)	NHSFBD - Digital and Information - Information Services Risk Register, NHSFBD - Digital and Information Directorate Risk Register	NHSFBD - Digital and Information Directorate Risk Register
Opened	03.07.2019	28.11.2007
Title	Risk of not meeting SaMD full compliance	Security of data being transferred off/on site
Description	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.	There is a risk that confidential or Personal Data may be lost or accidentally disclosed because it is lost in transit or if removable media is not handled securely e.g. data being transferred off/on site in paper or un-encrypted media, like laptops, USB, cd, DVD, PDA etc etc., resulting in a possible breach of data protection
Likelihood (initial)	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur
Consequence (initial)	4 - Major	4 - Major
Risk level (initial)	High Risk	High Risk
Rating (initial)	16	16
Current Management Actions	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.	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
Likelihood (current)	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur
Consequence (current)	4 - Major	4 - Major
Risk level (current)	High Risk	High Risk
Rating (current)	16	16
Likelihood (Target)	3 - Possible - May occur occasionally - reasonable chance	2 - Unlikely - Not expected to happen - potential exists
Consequence (Target)	4 - Major	3 - Moderate
Risk level (Target)	Moderate Risk	Low Risk
Rating (Target)	12	6
Risk Owner	McKenna, Christopher	Donovan, Lesly
Handler	McKenna, Christopher	Guthrie, Margaret
Previous Review Date		07.09.2020
Next Review	06.01.2020	08.03.2021

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
1927	NHSFBD - Digital and Information - 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	Fowles, Malcolm	Fowles, Malcolm		15.10.2020
1932	NHSFBD - Digital and Information - 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	Callaghan, Sarah		15.10.2020
1934	NHSFBD - Digital and Information - 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 or Microsoft Infrastructure, 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

ID	
537	
Position of Risk (Risk Register)	NHSFBD - Digital and Information Directorate Risk Register
Opened	02.05.2006
Title	Failure of Local Area Network causing loss of access to IT systems
Description	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.
Likelihood (initial)	3 - Possible - May occur occasionally - reasonable chance
Consequence (initial)	5 - Extreme
Risk level (initial)	High Risk
Rating (initial)	15
Current Management Actions	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.
Likelihood (current)	3 - Possible - May occur occasionally - reasonable chance
Consequence (current)	5 - Extreme
Risk level (current)	High Risk
Rating (current)	15
Likelihood (Target)	1 - Remote - Can't believe this event would happen
Consequence (Target)	5 - Extreme
Risk level (Target)	Low Risk
Rating (Target)	5
Risk Owner	Young, Allan
Handler	Fowles, Malcolm
Previous Review Date	25.02.2020
Next Review	01.03.2021

Item 10.1

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**14 January 2021**
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 October 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 HSMR, Falls, Pressure Ulcers, Infection Control (SAB, ECB, C Diff, Caesarean Section SSI) and Complaints. A summary of the status of these is shown in the table below.

Performance is also reported for Adverse Events, SAB (Community), ECB (Community) and C Diff (Community), but these do not have targets. Work on developing a number of measures for Adverse Events is, however, well advanced.

Measure	Update	Local/National Target	Current Status
HSMR	Quarterly	1.00 (Scotland average)	In line with Scottish average
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%	Achieving
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	Not achieving
Complaints (S1)	Monthly	80%	Not achieving
Complaints (S2) [2]	Monthly	65%	Not achieving

[1] Formal data collection continues to be 'paused' (as per instruction from Scottish Government), but we are able to report on local data up to the end of June 2020

[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%; after a challenging October, we are currently beneath the improvement trajectory

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 December IPQR will be available for discussion at the round of January meetings.

2.3.8 Route to the Meeting

The IPQR was drafted by the PPT, ratified by the Associate Director of Planning & Performance and circulated to EDG members for consideration on 14 December. Following minor cosmetic changes, it was 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

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Fife Integrated Performance & Quality Report

Produced in December 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 9 (31%) classified as **GREEN**, 4 (14%) **AMBER** and 16 (55%) **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:

- FOI – achievement of the 85% target for closure within 20 days during 3-month period ending October
- Delayed Discharges – lowest number of patients in delay and bed days % lost due to delays since June

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 7 (24%) within upper quartile, 18 (62%) in mid-range and 4 (14%) in lower quartile.

There are indicators where national comparison is not available or not directly comparable.

Indicator Summary

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

Benchmarking	
●	Upper Quartile
●	Mid Range
●	Lower Quartile

Section	LDP Standard	Standard	Target 2020/21	Reporting Period	Year Previous		Previous		Current			Reporting Period	Fife		Scotland
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A	Month	Oct-19	52	Sep-20	23	Oct-20	17	↑	N/A			
	N/A	HSMR	N/A	Year Ending	Jun-19	1.04	Mar-20	1.01	Jun-20	1.00	↑	YE Jun-20	1.00	●	1.00
	N/A	Inpatient Falls	5.97	Month	Oct-19	6.76	Sep-20	9.54	Oct-20	7.94	↑	N/A			
	N/A	Inpatient Falls with Harm	2.16	Month	Oct-19	1.17	Sep-20	2.12	Oct-20	1.68	↑	N/A			
	N/A	Pressure Ulcers	0.42	Month	Oct-19	1.00	Sep-20	1.44	Oct-20	1.04	↑	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	Oct-19	6.6	Sep-20	17.3	Oct-20	15.7	↑	QE Jun-20	6.3	●	20.3
	N/A	SAB - Community	N/A	Quarter Ending	Oct-19	8.5	Sep-20	7.4	Oct-20	10.6	↓	QE Jun-20	14.0	●	9.4
	N/A	C Diff - HAI/HCAI	6.7	Quarter Ending	Oct-19	14.2	Sep-20	9.3	Oct-20	9.2	↑	QE Jun-20	7.9	●	15.4
	N/A	C Diff - Community	N/A	Quarter Ending	Oct-19	2.1	Sep-20	6.4	Oct-20	3.2	↑	QE Jun-20	1.1	●	5.9
	N/A	ECB - HAI/HCAI	36.6	Quarter Ending	Oct-19	43.8	Sep-20	44.0	Oct-20	39.3	↑	QE Jun-20	36.4	●	39.7
	N/A	ECB - Community	N/A	Quarter Ending	Oct-19	43.7	Sep-20	38.2	Oct-20	34.0	↑	QE Jun-20	38.8	●	35.9
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Oct-19	82.8%	Sep-20	74.8%	Oct-20	79.8%	↑	2018/19	70.7%	●	81.5%
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Oct-19	60.8%	Sep-20	44.4%	Oct-20	32.5%	↓	2018/19	49.1%	●	53.7%
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Oct-19	100.0%	Sep-20	100.0%	Oct-20	100.0%	↔	N/A			
	95%	4-Hour Emergency Access	95%	Month	Oct-19	92.7%	Sep-20	95.4%	Oct-20	94.1%	↓	Oct-20	94.1%	●	89.6%
	100%	Patient TTG (Ongoing Waits)	N/A	Month	Oct-19	90.5%	Sep-20	44.1%	Oct-20	54.9%	↑	Jun-20	32.1%	●	28.5%
	95%	New Outpatients Waiting Times	N/A	Month	Oct-19	92.4%	Sep-20	57.4%	Oct-20	59.3%	↑	Jun-20	37.4%	●	35.4%
	100%	Diagnostics Waiting Times	N/A	Month	Oct-19	99.0%	Sep-20	93.1%	Oct-20	94.3%	↑	Sep-20	93.1%	●	53.3%
	95%	Cancer 31-Day DTT	N/A	Month	Oct-19	98.1%	Sep-20	100.0%	Oct-20	100.0%	↔	QE Jun-20	96.3%	●	97.1%
	95%	Cancer 62-Day RTT	N/A	Month	Oct-19	91.0%	Sep-20	85.0%	Oct-20	81.7%	↓	QE Jun-20	77.7%	●	84.1%
	90%	18 Weeks RTT	N/A	Month	Oct-19	79.6%	Sep-20	59.7%	Oct-20	65.1%	↑	QE Sep-20	63.8%	●	67.3%
	29%	Detect Cancer Early	29%	Year Ending	Jun-19	27.2%	Mar-20	24.6%	Jun-20	23.5%	↓	2018, 2019	26.1%	●	25.6%
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Oct-19	6.4%	Sep-20	6.4%	Oct-20	5.2%	↑	QE Jun-20	4.6%	●	3.8%
	N/A	Delayed Discharge (# Standard Delays)	N/A	Month	Oct-19	64	Sep-20	48	Oct-20	35	↑	Oct-20	9.37	●	13.20
	80%	Antenatal Access	80%	Month	Mar-19	90.2%	Feb-20	84.1%	Mar-20	88.2%	↑	FY 2019/20	89.0%	●	88.3%
	473	Smoking Cessation	473	YTD	Aug-19	94.4%	Jul-20	38.6%	Aug-20	38.6%	↔	FY 2019/20	92.8%	●	97.2%
	90%	CAMHS Waiting Times	N/A	Month	Oct-19	62.5%	Sep-20	70.4%	Oct-20	76.5%	↑	QE Sep-20	63.9%	●	60.6%
	90%	Psychological Therapies Waiting Times	N/A	Month	Oct-19	64.2%	Sep-20	77.0%	Oct-20	64.7%	↓	QE Sep-20	76.6%	●	75.1%
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	66.1%	Dec-19	75.7%	Mar-20	79.2%	↑	FY 2019/20	79.2%	●	83.2%
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Jul-19	97.2%	Jun-20	93.4%	Jul-20	96.8%	↑	QE Jun-20	87.3%	●	95.3%
	N/A	Dementia Post-Diagnostic Support	N/A	Annual	2017/18	86.7%	2018/19	94.0%	2019/20	95.5%	↑	2017/18	86.8%	●	72.5%
	N/A	Dementia Referrals	N/A	Annual	2017/18	55.4%	2018/19	60.7%	2019/20	58.1%	↓	2017/18	55.3%	●	42.3%
	N/A	Freedom of Information Requests	85%	Quarter Ending	Oct-19	58.2%	Sep-20	81.5%	Oct-20	85.7%	↑	N/A			
Finance	N/A	Revenue Expenditure	£0	Month	Oct-19	N/A	Sep-20	+£1.859m	Oct-20	+£2.822m	↓	N/A			
	N/A	Capital Expenditure	£15.471m	Month	Oct-19	N/A	Sep-20	£3.323m	Oct-20	£3.789m	↑	N/A			
Staff Governance	4.00%	Sickness Absence	4.39%	Month	Oct-19	5.70%	Sep-20	5.69%	Oct-20	4.93%	↑	YE Mar-20	5.49%	●	5.31%

d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
HSMR	1.00	N/A	N/A	YE Jun-20	1.00	YE Jun-20	
The HSMR for NHS Fife for the year ending June 2020 improved slightly in comparison to the year ending March 2020, and was equal to 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	Oct-20	2.16	Oct-20	1.68	N/A	N/A
A small reduction in the falls with harm rate has been noted, and local focus continues to support consideration of practice to continue this trend. The COVID context remains the significant challenge in patient placement and e.g. PPE. Ward 41 at VHK (changed from a Stroke focus to general Medicine of the Elderly) is identified as having an upward falls trend, and work is already underway to change processes to mitigate this. Work is also underway to analyse the data from SACH, which shows a higher falls rate, albeit without a corresponding rise in the falls with harm rate.							
Pressure Ulcers 50% reduction by December 2020	0.42	Never Met	0.42	Oct-20	1.04	N/A	N/A
FHSCP hospital acquired pressure ulcers have increased slightly in Q3 from Q2 (from 13 incidents to 16), and the current rate of 0.60 is the highest since December 2019. ASD hospital acquired pressure ulcers have decreased slightly from Q3 from Q2, the current rate of 1.54 being the lowest since July. An improvement collaborative started on 24th September in three wards in the East Division, and no hospital acquired pressure ulcers were reported in these wards in September or October.							
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	
Mandatory SSI surveillance has been paused since the starte of the Covid-19 pandemic, although Maternity Services have continued to monitor Caesarean Section SSI cases throughout the year. The performance data provided is non-validated and does not follow the agreed NHS Fife methodology, and there is currently no national comparison available beyond the final quarter of 2019.							
SAB (MRSA/MSSA) We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022	18.8	QE Oct-20	19.5	QE Oct-20	15.7	QE Jun-20	
Mandatory surveillance of SABs has continued throughout the COVID-19 pandemic. The NHS Fife HCAI rate was below National levels for Q2 2020, and also continues to be below the improvement trajectory; we are higher than the national average for community SABs. Surveillance has identified a cluster of unrelated SABs in ICU, partly related to post-COVID bacterial pneumonias. There have been just 4 PWID SABs so far in 2020, a marked improvement from 14 in 2019.							
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 Oct-20	9.2	QE Jun-20	
CDI surveillance has continued throughout the COVID-19 pandemic. While NHS Fife remains below the national rates for both HCAI and CAI CDI, we are currently above the HCAI performance improvement trajectory. Recurrence of infection continues to be the ongoing challenge to address in reducing this rate to meet the reduction target by March 2022.							
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 Oct-20	39.3	QE Jun-20	
ECB surveillance has continued during the COVID-19 pandemic. NHS Fife achieved a rate below the national levels for Q2 2020 for Healthcare (HCAI) rates, although above for community ECBs. Whilst there has been a slight improvement in Fife's ECB rate from 2019, achieving the HCAI reduction target by March 2022 remains a challenge. Reducing urinary tract infections & CAUTIs remains the key to achieving this.							
Complaints - Stage 2 At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Oct-20	32.5%	FY 2018/19	
Performance in closing complaints fell sharply during the early months of the pandemic, a common pattern across all Health Boards. We have been clearing the backlog of cases, expending particular effort on closing older complaints in October. The Patient Relations capacity to respond to complaints has been significantly impacted recently by the influx of complaints and calls relating to the Flu Vaccination Programme, while the hospital sites continue to be busy in responding to the Covid-19 pandemic, affecting the ability to respond to complaints within normal timescales.							

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%	Sep-20	95%	Oct-20	94.1%	Oct-20	●
The decrease in performance is reflective of the increasing capacity challenges the hospital is seeing and the lack of flow, especially early in the day. Attendances remain below the projected numbers which is supporting the improved performance on last year.							
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	N/A	Oct-20	54.9%	Jun-20	●
The number of patients waiting greater than 12 weeks decreased further in October (to 1,253, around 55% of the waiting list), with similar improvement in the % of patients waiting more than 18 and 26 weeks. Additions continue to increase (though still 33% below average), and this trend is expected to continue as routine outpatient clinics increase in line with plans. Activity delivered continues to increase in line with projections, however, elective theatre capacity reduced in November due to unscheduled care pressures. Additional in-house weekend activity funded by Scottish Government commenced in November and will enable a reduction in the backlog of routine procedures over the next 5 months. We are on course to deliver around 80% 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	N/A	Oct-20	59.3%	Jun-20	●
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 improved slightly from a position of over 7,400 (50% of the waiting list) in August to just below 7000 (40% of the waiting list) in October. Referrals remain at 78% and activity remains at 74% of the average before lockdown resulting in an increase in the size of the outpatient waiting list. The activity delivered has been less than projected in some specialities due to challenges with the number of urgent review appointments and the impact of infection control measures. Unscheduled care pressures may also impact on outpatient capacity over the winter months. Efforts continue to find solutions to maximise the use of available clinical capacity. Additional in house and in-sourced activity has been delivered in November to reduce the backlog of routine referrals in a number of specialities and along with clinical validation of the waiting lists is beginning to reduce the number of patients waiting over 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	N/A	Oct-20	94.3%	Sep-20	●
The percentage of patients waiting less than 6 weeks for a diagnostic test has increased from to 78% in August to 94% in October following the increase in capacity in line with remobilisation plans. The percentage of patients waiting less than 6 weeks in endoscopy has risen from 41% in August to 59% in October. Capacity continues to be reduced by 30% due to physical distancing and infection control procedures. 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 percentage of patients waiting less than 6 weeks in radiology has risen from 87% in August to 100% in October due to increased activity and demand which is below that before lockdown. An increase in demand for inpatient diagnostic imaging in November will impact on performance in routine patients waiting over 6 weeks. 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	N/A	Oct-20	81.9%	QE Jun-20	●
Performance deteriorated in October, with the majority of breaches being seen in prostate due to the challenging pathway; improvement work in this area is delayed due to COVID. Delays at the start of the colorectal, lymphoma and upper GI pathways led to breaches in those specialties, while issues with PET reporting resulted in delay to MDT within the cervical pathway. Cancer patients continue to be prioritised and no breaches were as a direct result of COVID. Breaches ranged between 2 and 48 days, with an average of 24 days.							

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 Oct-20	85%	QE Oct-20	85.7%	N/A	N/A
Work has continued at a positive pace within FOI, in NHS Fife with particular attention being paid to raising the level of compliance regarding responding to requests, ensuring AXLR8 is functioning well and looking ahead to the larger and more strategic next steps in bring NHS Fife up to full compliance under the Act.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jun-20	5%	Oct-20	5.2%	QE Jun-20	●
Bed days lost due to patients in delay icreased above the local target in late summer, after falling during the early months of the pandemic. However, this is now reducing and for October we are close to again achieving the 5% target. We have seen occupancy rise across our Acute and community hospitals, but LOS has been steadily reducing within our community hospitals, and this is supporting flow.							
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 Aug-20	38.6%	FY 2019/20	●
Staffing levels have been severely affected due to personnel taking up posts with Test and Protect, leaving the organisation or taking Maternity Leave. Recruitment has taken place, with new staff taking up post in December and January, and alternative arrangements put in place to support current clients has enabled continuity of care. The service has seen a drop in self referral to support over November which has allowed it to cope without having to create a waiting list. The Better Beginning work with pregnant mums has not progressed as expected as one staff member has been moved to work on other maternity priorities.							
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	N/A	Oct-20	76.5%	QE Sep-20	●
Referral rates are marginally higher than those received at the same point last year however urgent presentations direct to CAMHS and via VHK have increased significantly over the past 3 months. This has resulted in increased capacity being targeted to respond to these presentations, drawing away staff from existing waiting list and longest waits. 'DNA's' and 'Treatment not required' continues to be a factor that effects performance and is under review by the service.							
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	N/A	Oct-20	64.7%	QE Sep-20	●
As anticipated, the increase in clinical activity with the longest waiting patients has led to reduced performance on the target. The numbers waiting for PTs continues at present on a positive downward trajectory. Referrals, however, continue to rise and the demand/capacity gap remains significant in many areas of service.							

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	Oct-20	+ £2.822m	N/A	N/A
The position to month 7 is an overspend of £2.8m; the forecast outturn to the year end is a potential worst case overspend of £9.5m. This assumes retention of our offsetting cost reductions (from pausing core services in the first half of the year) to contribute to our unmet savings; and recognises our current commitment to the IJB risk share as a potential cost to NHS Fife of £7.2m. The impact of Covid-19 on the financial performance is a key issue. Our initial allocation of Covid-19 funding is based on 70% of costs with a general 30% contingency retained by the Portfolio in recognition of the level of uncertainty reflected in financial assumptions. Scottish Government have indicated that a review of Boards' unachieved efficiency savings will be undertaken to inform a final allocation across Scotland. There is a level of risk in that final funding has yet to be confirmed across Scotland.							
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£15.471m	N/A	£15.471m	Oct-20	£3.789m	N/A	N/A
The total Capital Resource Limit for 2020/21 is £15.417m including anticipated allocations for specific projects. The capital position for the 7 months to October shows investment of £3.789m equivalent to 24.58% 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.							

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%	Oct-20	4.93%	YE Mar-20	

Sickness absence levels continue to fluctuate, however it is positive to note that the trend improved for the first seven months of the year, albeit the rates BEING above 5% in July and September. Given COVID-19 and Winter pressures, we continue to anticipate that it will be challenging to maintain the current sickness absence performance levels. Business as usual Promoting Attendance activities in terms of Promoting Attendance Review & Improvement Panels and training have recommenced.

II. Performance Exception Reports

Clinical Governance

Finance, Performance & Resources – Operational Performance

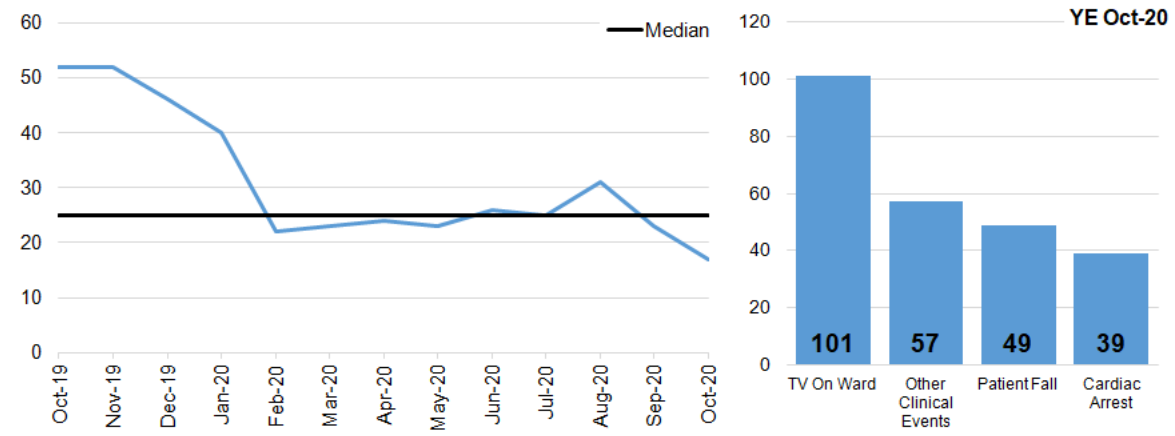
Finance, Performance & Resources – Finance

Staff Governance

Clinical Governance

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2019/20						20/21						
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
ALL	NHS Fife	1355	1358	1389	1397	1307	1119	891	1064	1122	1325	1238	1279	1322
	Acute Services	658	575	585	616	634	470	372	474	463	559	502	602	553
	HSCP	647	735	767	745	623	625	486	557	626	727	694	633	739
	Corporate	50	48	37	36	50	24	33	33	33	39	42	44	30
CLINICAL	NHS Fife	939	890	931	911	923	797	609	724	739	905	832	914	887
	Acute Services	592	534	527	556	572	438	343	431	421	513	465	554	504
	HSCP	321	339	393	337	333	344	248	278	298	371	351	341	371
	Corporate	26	17	11	18	18	15	18	15	20	21	16	19	12

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 addition to this change, there have been changes and improvements made to the reporting pathway of unexpected death, specifically those within mental health and addiction services. These changes have become noticeable within the system from July onwards. This, along with natural variation in a system would explain some of the change evidenced in the reported numbers of major and extreme adverse events.

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. This led to a reduction in the number of events reported across NHS Fife in Q2 of 2020. From July onwards, as services have resumed, the numbers of reported events has increased and is now in line with previous months.

Clinical Governance

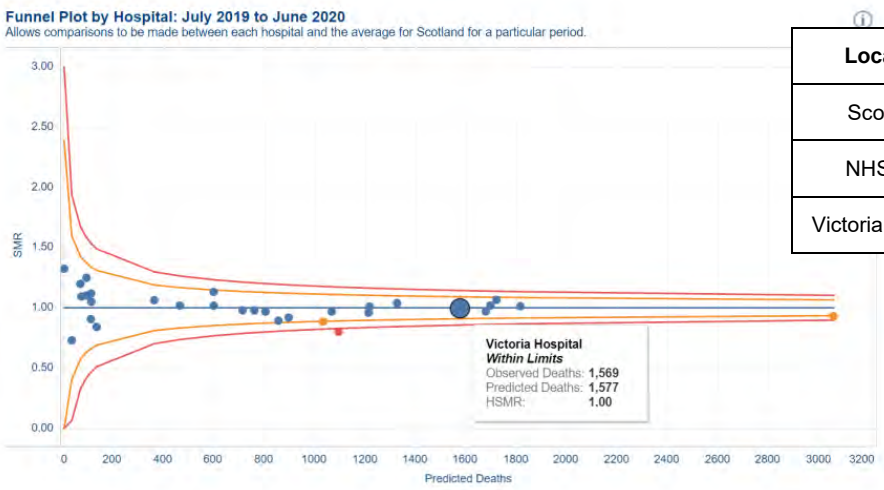
HSMR

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; July 2019 to June 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.



Location	HSMR
Scotland	1.00
NHS Fife	1.00
Victoria Hospital	1.00

Commentary

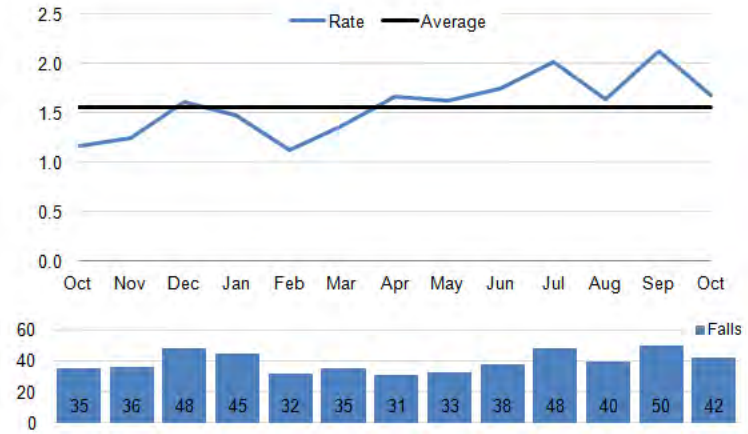
The annual HSMR for NHS Fife decreased during the second quarter of 2020, with both the actual and predicted number of deaths falling slightly in comparison to the previous 12-month period. This should be seen as normal variation, but we will continue to monitor this closely.

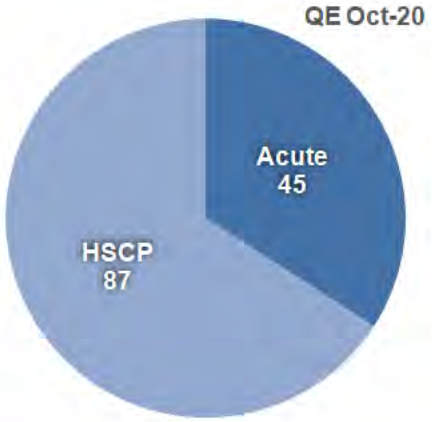
Clinical Governance

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						2020/21						
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
WITH HARM	NHS Fife	1.17	1.24	1.61	1.47	1.13	1.37	1.67	1.62	1.75	2.01	1.64	2.12	1.68
	Acute Services	0.81	1.08	1.03	0.99	0.84	1.26	1.93	1.21	1.38	1.26	1.26	1.55	1.20
	HSCP	1.48	1.37	2.10	1.89	1.37	1.44	1.53	1.95	2.08	2.66	1.96	2.62	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 remains the same and in addition a number of key staff who support improvement activity are unable to commit the same focus in the current context. As previously noted a change in numbers of patients in ward footprints, the use of PPE and social distancing, and the resultant impact on the way that staff deliver care will be a focus of the revised workplan.

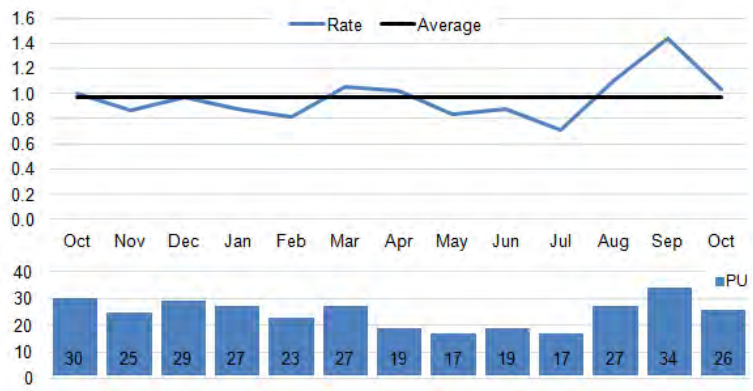
Improvement Actions	Update
20.3 Falls Audit *By Jan-21 (was Nov-20)*	Plans to complete the Falls audit have been delayed as a result of the ongoing situation but an adapted format is being developed and will be done as per audit. This is planned to begin before the end of 2020, recognising that a significant number of wards have changed function over this year.
20.5 Improve effectiveness of Falls Champion Network *By Feb-21 (was Nov-20)*	This work has been significantly delayed and is part of the draft refreshed work plan to consider. At initial consideration, there were only three wards noted not to have falls champions across in-patients settings. We require to review this in light of wards changing function and staff being redeployed to respond to COVID. There will be a reviewed focus on this in early 2021.
21.1 Refresh of Plans *By Jan-21 (was Oct-20)*	The refreshed workplan has been redrafted and is with the group members as part of a virtual discussion to finalise. This will be agreed in January.

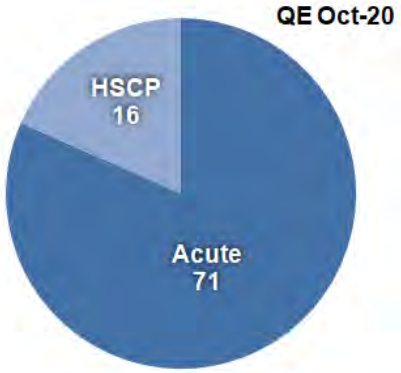
Clinical Governance

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						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	1.00	0.86	0.97	0.88	0.81	1.06	1.02	0.83	0.88	0.71	1.11	1.44	1.04
Acute Services	1.54	1.62	1.40	1.27	1.23	1.94	2.08	1.21	1.57	1.17	2.07	2.73	1.54
HSCP	0.55	0.25	0.62	0.55	0.46	0.46	0.42	0.53	0.26	0.31	0.30	0.32	0.60

Key Challenges in 2020/21	Analysing impact of COVID-19 on clinical pathway for handling Pressure Ulcers, and taking appropriate action to improve performance – this continues to require an agile response

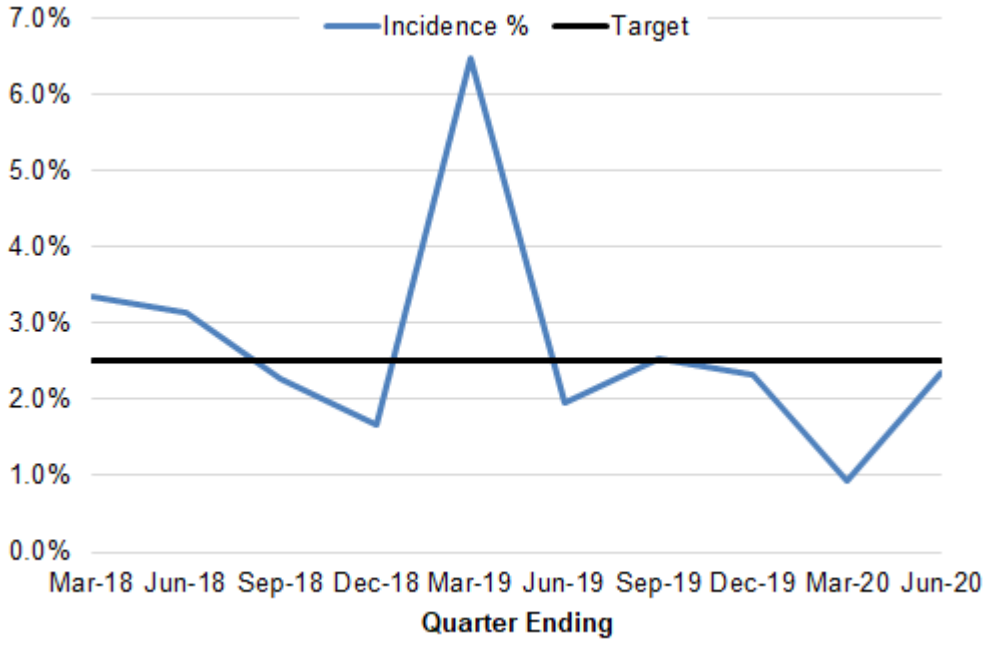
Improvement Actions	Update
20.4 Improve consistency of reporting	
20.5 Review TV Champion Network Effectiveness	Action closed – effectively superseded by new Action 21.2, below
20.6 Reduce PU development (initially by redesign of Quality Improvement model)	
21.1 Improve reporting of PU	Action closed – effectively superseded by new Action 21.3, below
21.2 Integrated Improvement Collaborative *By Feb-21*	An integrated improvement collaborative started in September, with three wards in the East Division participating. The collaborative aims to enhance comfort rounding and person-centred approaches in reducing patient falls and pressure ulcers, whilst also increasing knowledge and confidence in applying improvement methodology to measure outcome. ASD continue to progress quality improvement with specific wards for improvement, supported by ongoing QI education.
21.3 Implementation of robust audit programme for audit of documentation *By Jan-21*	A rolling programme of documentation audit is in development. This will be carried out by the Senior Charges Nurses within each ward area, supported by the senior nursing team. This will also incorporate assessment documentation for the prevention and management of pressure ulcers.

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	2017/18	2018/19				2019/20				2020/21			
Ending	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)

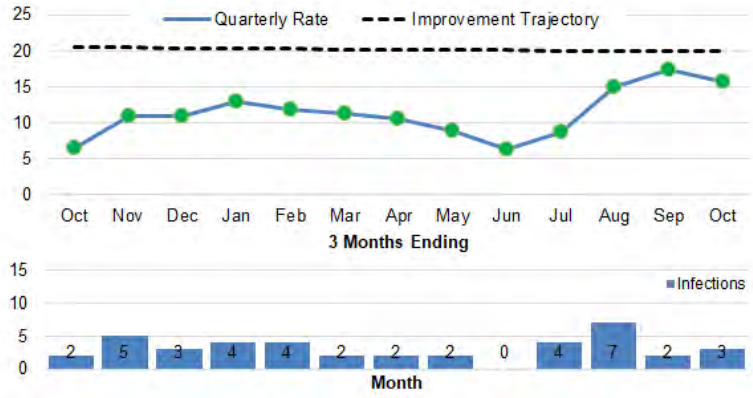
Improvement Actions	Update
20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan *By Mar-21*	The SSI Implementation Group de-mobilised in early August as there were no outstanding actions, infection rates had improved and a robust system was in place for any major SSI review. If there are any further concerns, the group will re-establish. On resumption of the C-section SSI surveillance programme, we will continue to adopt the new methodology, which worked well previously in assessing SSI and type. Refresher training will be provided to staff to ensure awareness and understanding of the process. SSI incidence in the last three quarters has been calculated using raw data available from maternity services. This data is unverified with no National comparison, and should be interpreted with caution.
20.2 Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	

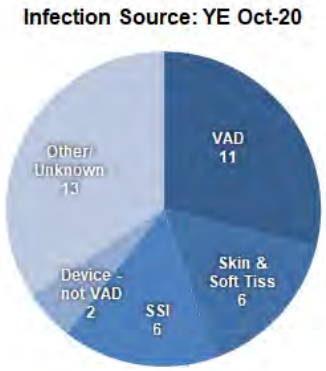
Clinical Governance

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

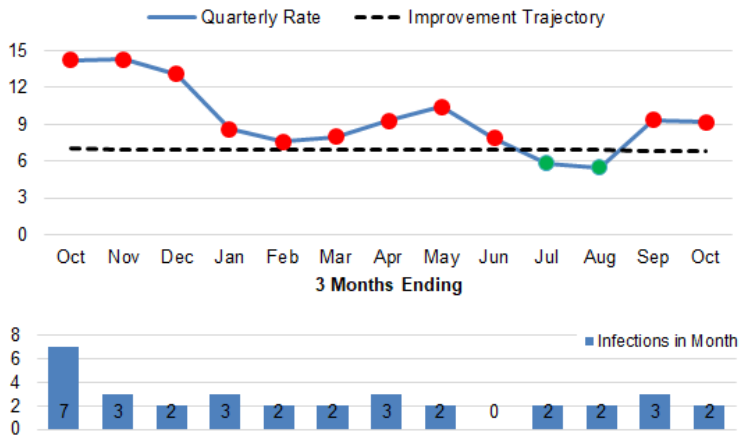
Improvement Actions	Update
20.1 Reduce the number of SAB in PWIDs *By Mar-21*	There have only been 4 PWID SABs so far in 2020, a marked improvement compared to the same period in 2019. Addiction services continue to be supported by the IPCT with the SAB improvement project, last meeting in September. 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 have been no further SABs associated with the renal unit following a cluster in August.
20.3 Ongoing surveillance of all CAUTI *By Mar-21*	Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) identify key issues and initiate appropriate corrective actions regarding catheter & urinary care. The group last met in October, and will meet again on 18th December. 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 were distributed in October.

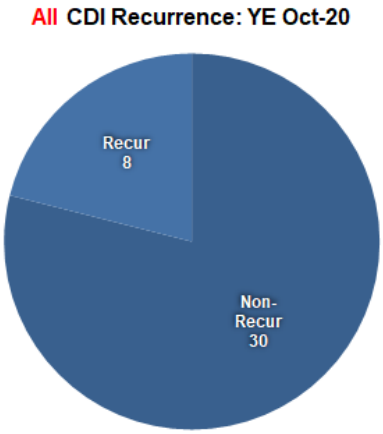
Clinical Governance

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

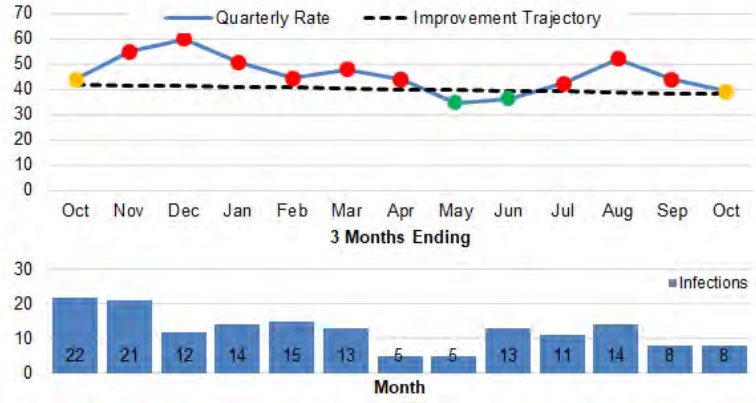
Improvement Actions	Update
20.1 Reducing recurrence of CDI *By Mar-22 (was Oct-20)*	To reduce recurrence of CDI Infection, 2 treatments are utilized in Fife: 1) Fidaxomicin is used for patients at high risk of recurrent CDI. 2) Bezlotoxumab is also used to prevent recurrence, whilst FMT (Faecal microbiota 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 Mar-22 (was Oct-20)*	NHS Fife utilises National antimicrobial prescribing targets 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 Mar-22 (was Oct-20)*	Monthly CDI reports are 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. This has continued throughout the pandemic. 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 were distributed to all wards within the Acute services in October.

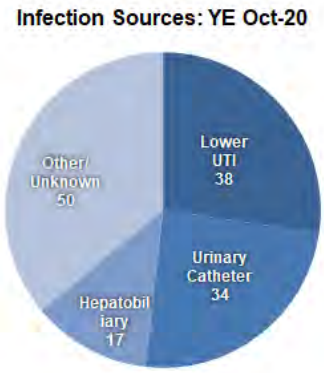
Clinical Governance

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

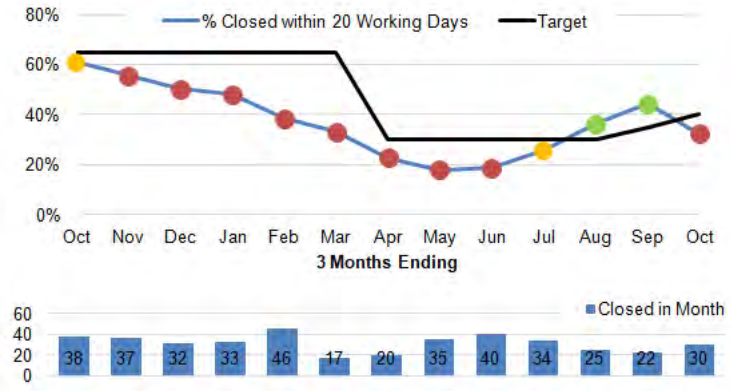
Improvement Actions	Update
20.1 Optimise communications with all clinical teams in ASD & the HSCP *By Mar-22*	Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. These demonstrate the underlying source of each ECB to raise awareness to clinical staff. Each CAUTI associated ECB is investigated in detail to better understand how the infection might have occurred, and any issues are raised with appropriate clinical teams. All CAUTI ECBs associated with traumatic insertion, removal or self removal are submitted to DATIX. There have been 3 trauma associated CAUTIs in 2020 - learning from these DATIX will be fed back to the Urinary Catheter Improvement Group.
20.2 Formation of ECB Strategy Group *By Mar-22 (was Mar-21)*	The ECB Strategy Group, initially looking at infections caused predominantly by urinary sources other than CAUTI, had 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-22 (was Mar-21)*	The UCIG last met in October, to review the following topics: • A CAUTI QI programme which started at Cowdenbeath GP practice • E-documentation bundles for catheter insertion and maintenance • Continence services continue to support all care/nursing homes across Fife to promote catheter care and adequate hydration • Continence/hydration folders in use at all care and residential homes • Education 'Top Tips' videos and newsletters published on BLINK Guidance on catheter maintenance solutions and Pathways for the management of difficult insertions have been completed.

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



Local Performance by Directorate/Division

3-Month Ending	2019/20						20/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	60.8%	55.6%	50.5%	48.0%	38.7%	33.3%	22.9%	18.1%	18.9%	25.7%	36.4%	44.4%	32.5%
Ack <= 3 Days (Monthly)	97.4%	89.2%	93.8%	93.9%	95.7%	94.1%	95.0%	97.1%	87.5%	97.1%	100.0%	95.5%	93.3%
ASD	60.5%	60.0%	57.1%	56.5%	49.4%	56.2%	55.2%	54.3%	53.5%	54.7%	55.3%	56.0%	55.1%
HSCP	57.6%	45.2%	33.3%	23.3%	9.7%	28.6%	28.4%	26.8%	25.7%	25.5%	26.9%	27.7%	26.5%

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

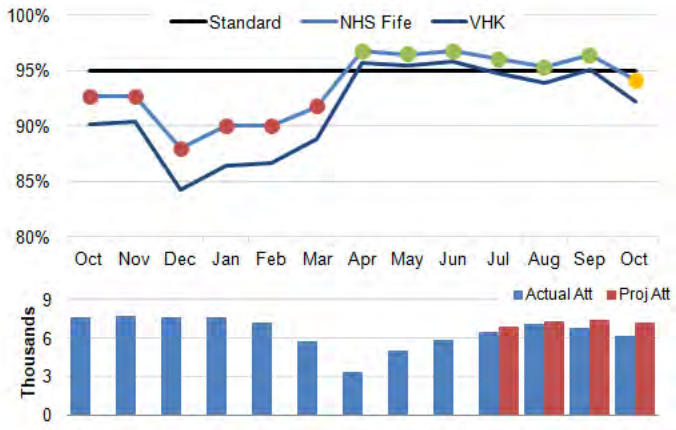
Improvement Actions	Update
20.1 Patient Relations Officers to undertake peer review	
20.2 Deliver education to service to improve quality of investigation statements	
20.3 Agree process for managing medical statements, and a consistent style for responses	
21.1 Agree process for managing complaint performance 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 Mar-21 (was 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. While some training has been delivered virtually, this is currently on hold due to the increase in the response to COVID-19.

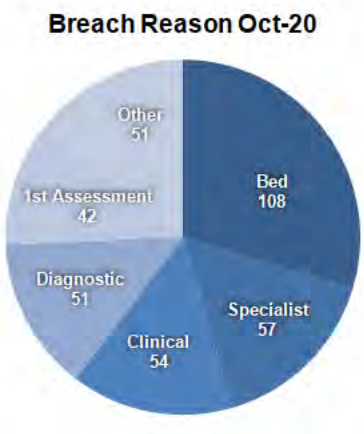
Finance, Performance & Resources – Operational Performance

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





National Benchmarking

Month	2019/20						2020/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	92.7%	92.7%	88.0%	90.0%	90.1%	91.8%	96.8%	96.5%	96.8%	96.1%	95.4%	96.4%	94.1%
Scotland	88.0%	85.5%	83.8%	86.1%	86.4%	89.2%	94.9%	95.7%	95.6%	95.1%	92.9%	92.1%	89.6%

Key Challenges in 2020/21	Maintaining the reduction in numbers and the public using alternatives to emergency care Managing a department with red/green split during the return to normality, when injuries related to outdoor activity are likely to increase

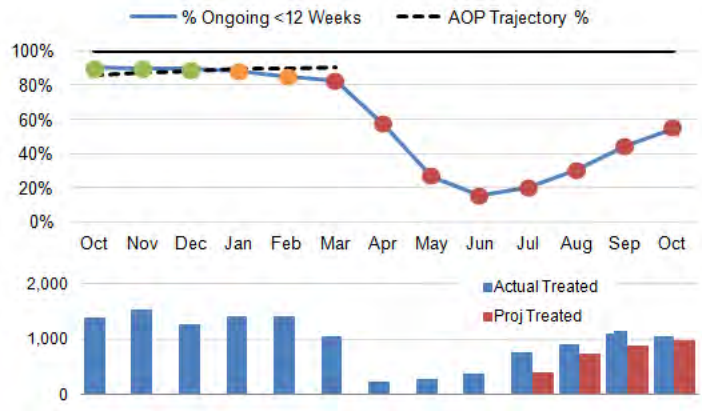
Improvement Actions	Update
20.1 Formation of PerformED group to analyse performance trends	
20.4 Development of services for ECAS	
20.5 Medical Assessment and AU1 Rapid Improvement Group	
21.1 Remodelling of Outpatient services *By Dec-20*	Outpatient activity continues on a limited face to face function and is balanced against the ongoing demands of the inpatient focus.

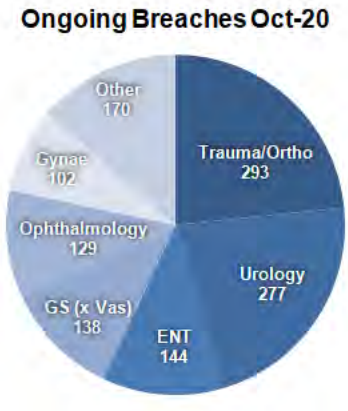
Finance, Performance & Resources – Operational Performance

Patient TTG

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

Local Performance





National Benchmarking

	2019/20						2020/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	90.5%	90.1%	89.7%	88.4%	85.4%	83.1%	57.3%	26.8%	15.4%	20.2%	30.0%	44.1%	54.9%
Scotland	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

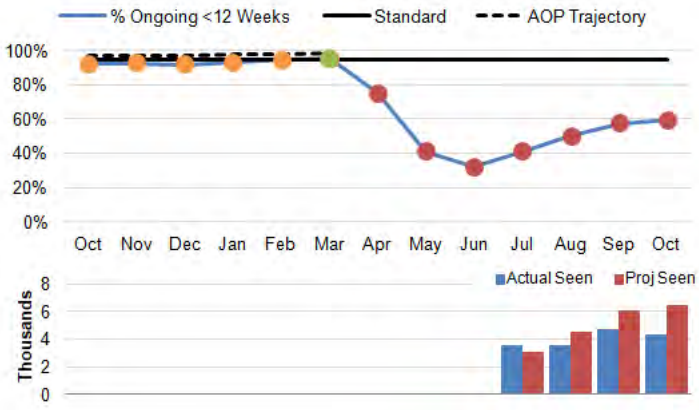
Improvement Actions	Update
20.2 Develop Clinical Space Redesign Improvement plan	
20.3 Theatre Action Group develop and deliver plan	
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	
21.1 Develop and deliver transformation plan *By Mar-21*	This action is related to 20.2 and 20.3, 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	Action is complete, this is now an ongoing activity

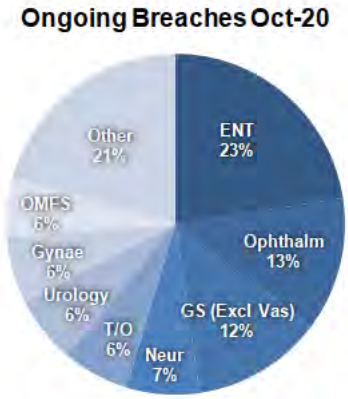
Finance, Performance & Resources – Operational Performance

New Outpatients

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

Local Performance





National Benchmarking

	2019/20						2020/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	92.4%	92.7%	91.8%	93.2%	94.7%	95.2%	74.8%	40.9%	32.0%	41.1%	50.0%	57.4%	59.3%
Scotland	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

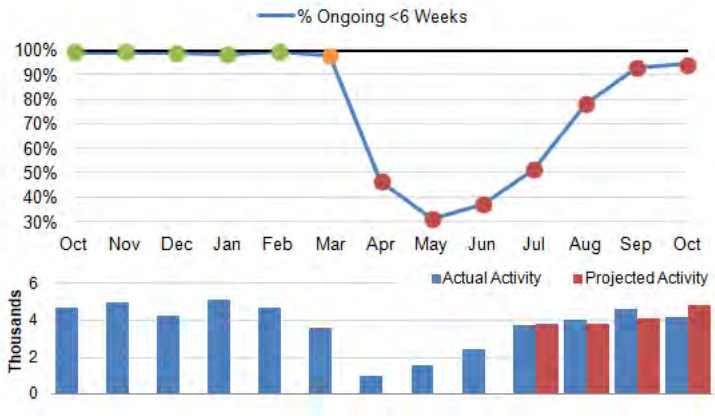
Improvement Actions	Update
20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan	
20.2 Develop OP Transformation programme.	
20.3 Improve recruitment to vacant posts *By Mar-21*	Action continues – includes consideration of service redesign to increase capacity
21.1 Review 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 Jan-21 (was Nov-20)*	When the action is complete, this will be an ongoing activity

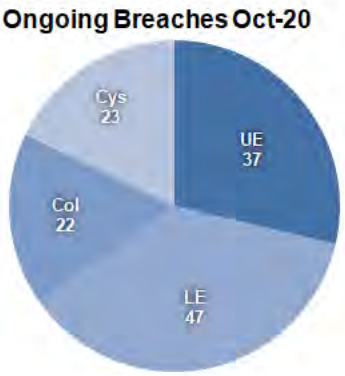
Finance, Performance & Resources – Operational Performance

Diagnostics Waiting Times

No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment

Local Performance





National Benchmarking

	2019/20						2020/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	99.0%	99.1%	98.6%	98.2%	99.5%	97.8%	46.3%	31.1%	37.4%	51.4%	78.3%	93.1%	94.3%
Scotland	80.8%	82.8%	79.5%	79.2%	84.7%	75.8%	28.4%	27.9%	35.4%	42.9%	49.3%	53.3%	

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

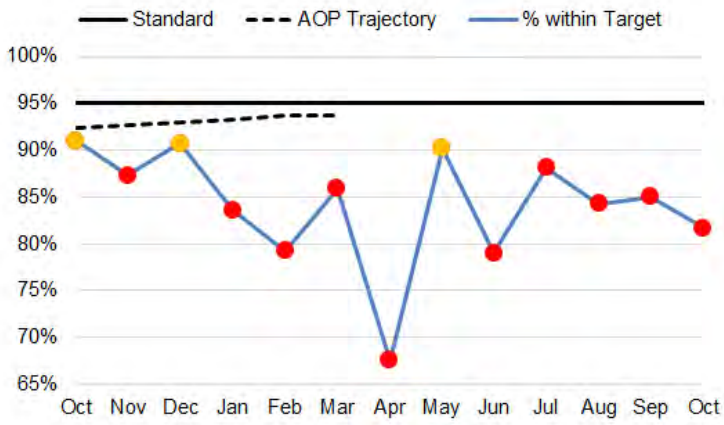
Improvement Actions	Update
21.1 Review DCAQ and develop remobilisation plans for Radiology and Endoscopy	
21.2 Undertake new and planned waiting list validation against agreed criteria *By Mar-21*	Complete for radiology and complete for new referrals for Endoscopy. Planned waiting list validation for 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

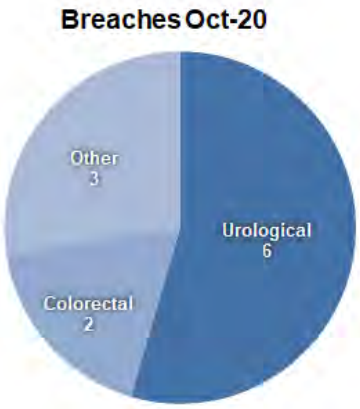
Finance, Performance & Resources – Operational Performance

Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days

Local Performance





National Benchmarking

Month	2019/20						2020/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	91.0%	87.3%	90.7%	83.6%	79.2%	85.9%	67.5%	90.2%	79.0%	88.2%	84.3%	85.0%	81.7%
Scotland	82.7%	81.9%	84.6%	83.6%	82.7%	86.1%	82.6%	83.8%	84.3%	87.1%	86.6%	86.5%	84.9%

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

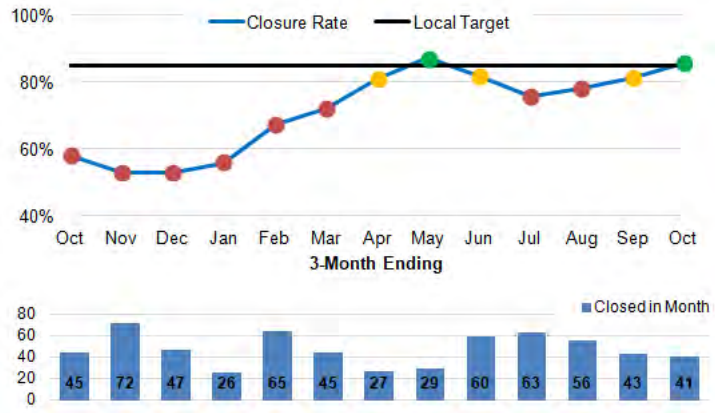
Improvement Actions	Update
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points *By Mar-21*	This will be addressed as part of the overall recovery work and in line with priorities set by the leadership team. DCAQ of cancer pathways delayed due to pandemic, but work is to restart.
20.4 Prostate Improvement Group to continue to review prostate pathway *By Mar-21*	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.
21.1 Establishment of Cancer Structure to develop and deliver a Cancer Strategy	
21.2 Cancer Strategy Group to take forward the National Cancer Recovery Plan *By Jun-21*	The National Cancer Recovery Plan is due to be published. The group have agreed to build on this to develop and take forward a NHS Fife Cancer Strategy.

Finance, Performance & Resources – Operational Performance

Freedom of Information Requests

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

Local Performance



Service Performance

Monthly	2019/20						2020/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Health Board	36.1%	49.3%	75.0%	52.4%	72.9%	76.9%	100.0%	81.8%	72.7%	72.0%	93.6%	82.1%	96.8%
IJB	77.8%	66.7%	14.3%	60.0%	83.3%	100.0%	100.0%	100.0%	60.0%	84.6%	66.7%	75.0%	50.0%

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	
20.7 Formalise long-term resource requirements for FOI administration	

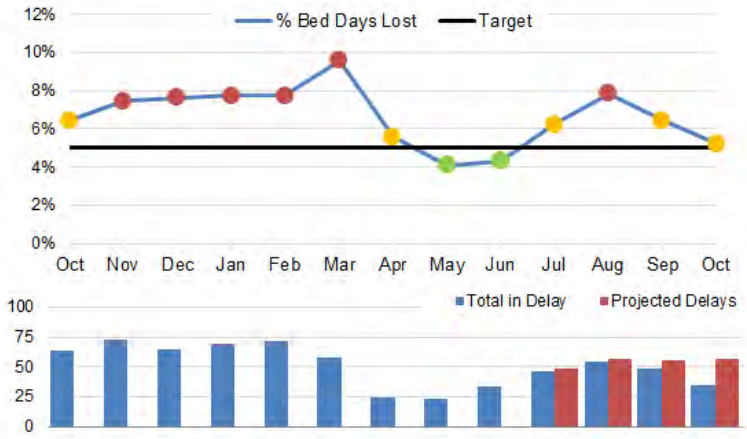
THERE ARE NO CURRENT SPECIFIC IMPROVEMENT ACTIONS. PERFORMANCE HAS IMPROVED SIGNIFICANTLY OVER THE LAST 3 MONTHS, AND THE AIM IS TO CONTINUE TO ACHIEVE THE 85% TARGET FOR CLOSURE WITHIN 20 DAYS OF RECEIPT

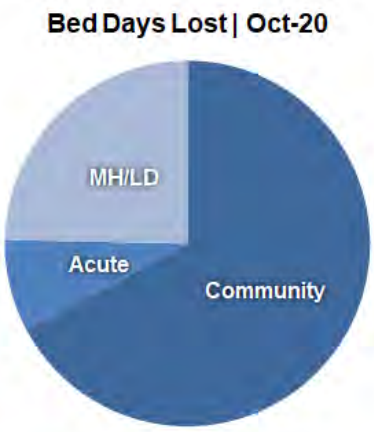
Finance, Performance & Resources – Operational Performance

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





National Benchmarking

Quarter Ending		2018/19				2019/20				2020/21
		Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	TOBD	87,527	92,599	91,463	91,885	87,857	90,276	91,709	87,695	63,241
	Bed Days Lost	3,638	4,200	6,744	8,141	6,685	7,232	6,570	7,276	2,931
	% Bed Days Lost	4.2%	4.5%	7.4%	8.9%	7.6%	8.0%	7.2%	8.3%	4.6%
Scotland	TOBD	1,552,301	1,541,821	1,551,451	1,567,162	1,532,782	1,542,731	1,566,361	1,505,172	1,105,676
	Bed Days Lost	101,712	107,120	109,366	101,959	103,422	110,861	110,547	110,003	41,729
	% Bed Days Lost	6.6%	6.9%	7.0%	6.5%	6.7%	7.2%	7.1%	7.3%	3.8%

Key Challenges in 2020/21	Sustaining current performance as we return to 'normal' working Applying lessons learned during the pandemic, going forward

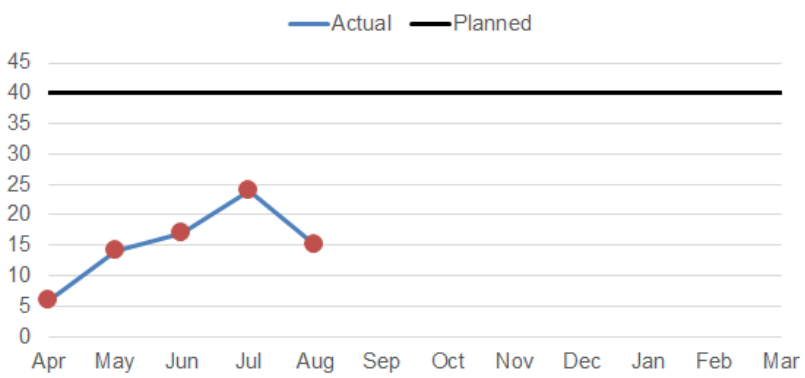
Improvement Actions	Update
20.1 Test a trusted assessors model for patients transferring to STAR/assessment beds	
20.3 Moving On Policy to be implemented *By Jan-21 (was Nov-20)*	The moving on policy will be reviewed by the HSCP Senior Leadership Team in December. This will further support new processes 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*	The working group continue to progress the actions to ensure 95% of all discharges occur safely and before 2 p.m. and to ensure assessments for LTC are not carried out within an Acute setting.

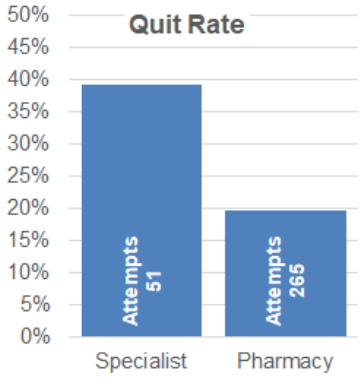
Finance, Performance & Resources – Operational Performance

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	14	17	24	15							
	Actual Cumul	6	20	37	61	76	76	76	76	76	76	76	76
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	15.0%	25.3%	31.4%	38.6%	38.6%	32.2%	27.5%	24.1%	21.5%	19.3%	17.5%	16.1%
Scotland	Achieved												

Key Challenges in 2020/21	• Service Provision within GP practices, hospitals and community venues • Staffing levels • Unavailability of mobile unit (re-deployed during pandemic) • Inability to validate quits as part of an evidence based service

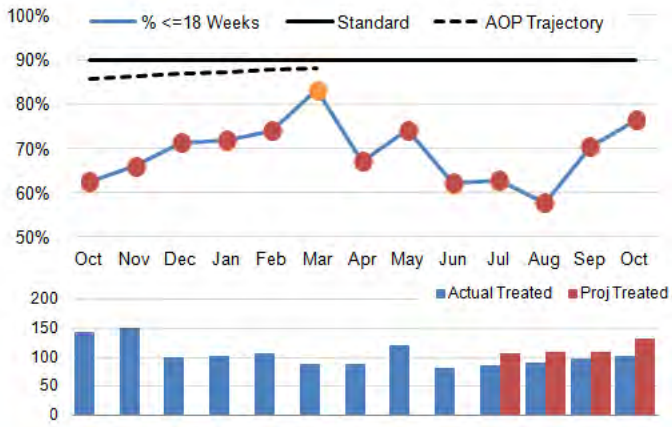
Improvement Actions	Update
20.2 Test Champix prescribing at point of contact within hospital respiratory clinic *By Mar-21*	The aim of this action is to test a model of delivery that allows a smoking cessation advisor sitting within clinic to enable direct access to Champix for patients attending clinic. This has been paused due to COVID-19.
20.3 'Better Beginnings' class for pregnant women *By Mar-21*	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 *By Mar-21*	No progress has been made due to COVID-19
21.1 Assess viability of using Near Me to train staff *By Mar-21*	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.
21.2 Support Colorectal Urology Prehabillitation Test of Change Initiative *By Mar-21*	Prehabilitation is a multimodal approach, which will minimise the risk of surgery being cancelled or SACT being delayed. Rehabilitation ensures patients are actively managed against the pathway, and this delivery model also improves quality outcomes for patients. Patients identified as smokers and interested in quitting will have rapid access to support.

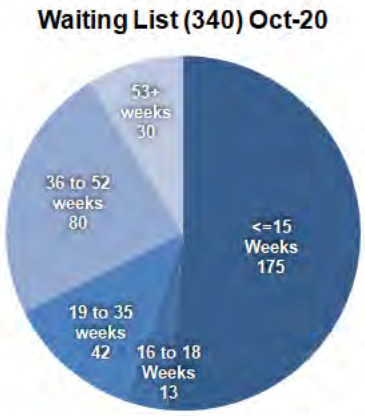
Finance, Performance & Resources – Operational Performance

CAMHS 18 weeks RTT

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

Local Performance





National Benchmarking

Month	2019/20						2020/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	62.5%	66.0%	71.3%	71.8%	74.1%	83.1%	67.0%	74.2%	62.2%	62.8%	57.8%	70.4%	76.5%
Scotland	64.6%	64.2%	71.5%	67.5%	63.8%	64.3%	74.0%	58.2%	50.5%	57.9%	57.2%	65.9%	

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

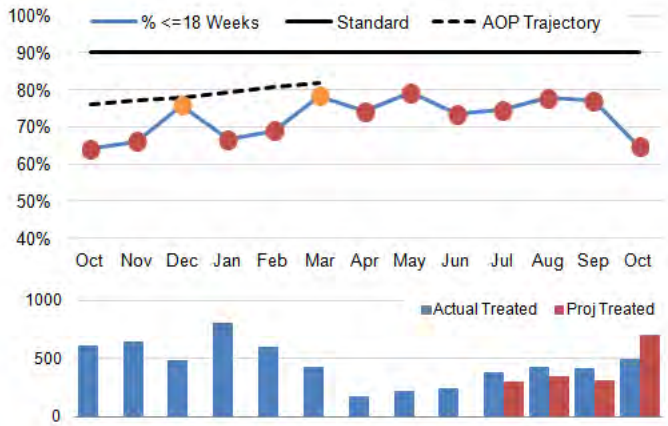
Improvement Actions	Update
20.1 Re-Introduction of PMHW First Contact Appointments System *By Dec-20*	Recruitment is underway to appoint to two existing vacancies, which occurred due to staff leaving to take up permanent positions. This impacts on the level of activity and ability to maintain a 2-4 week response time, which had been achieved during the third quarter of the year.
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. Alternative delivery models of group therapy have been designed and will be rolled out from January 2021, focusing initially on Decider Skills Training and Anxiety Management.
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 ensures that appointments are identified and allocated quickly and equitably 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 March 2021, 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

Local Performance



National Benchmarking

Month	2019/20						2020/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	64.2%	66.0%	75.8%	66.6%	69.0%	78.4%	74.2%	79.2%	73.6%	74.5%	77.9%	77.0%	64.7%
Scotland	78.5%	77.8%	81.5%	75.8%	78.5%	78.8%	74.0%	76.5%	72.7%	74.1%	75.2%	75.8%	

Key Challenges in 2020/21	Predicted large increase in referrals post pandemic Identifying replacement for group therapies (no longer viable)

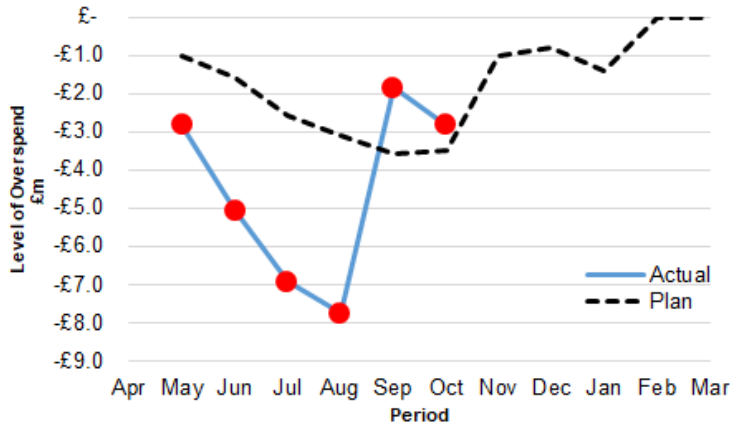
Improvement Actions	Update
20.2 Introduction of extended group programme in Primary Care	
20.3 Redesign of Day Hospital provision	Redesign has been implemented and developments are underway relating to therapeutic provision – action complete
20.4 Implement triage nurse pilot programme in Primary Care *By Jan-21 (was Dec-20)*	Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September 2019; final evaluation was due this September, but has been delayed due to impact of COVID on data collection.
20.5 Trial of new group-based PT options *By Mar-21 (was Dec-20)*	Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Pilot of Schema therapy group underway. Very good participant retention rate to date. Very high intensity service; service capacity to run this specific group likely to be less than first anticipated. On-going development of Compassion Focused therapy group; anticipate pilot in New Year.
21.1 Introduction of additional on-line therapy options	
21.2 Development of alternative training and PT delivery methods	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. Work to enable digital delivery of range of group programmes complete or nearing completion. Clinical delivery underway or planned for early 2021. Training programme to further develop capacity in MDT's underway. Action complete

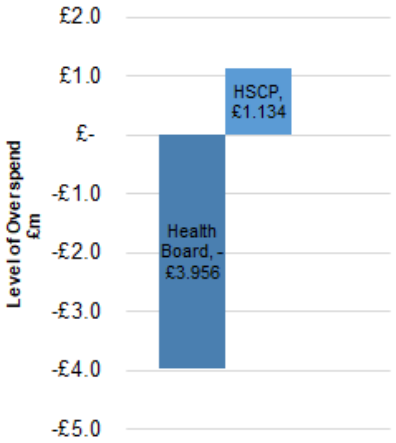
Finance, Performance & Resources – Finance

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	CY	YTD	Actual	Variance	Variance	Run Rate	Core Unmet Savings	Net Core Position	Covid Unmet Savings
	£'000	£'000	£'000	£'000	£'000	%	£'000	£'000	£'000	£'000
Health Board	420,887	448,120	247,275	251,231	-3,956	-1.60%	1,956	-1,073	883	-4,839
Integration Joint Board (Health)	357,254	376,583	216,845	215,711	1,134	0.52%	1,452	-43	1,409	-275
Risk Share	0	0	0	0	0	0.00%	0	0	0	0
Total	778,141	824,703	464,120	466,942	-2,822	-0.61%	3,408	-1,116	2,292	-5,114

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 confirmed in January. • Our ability as a Board to regain traction in our savings and strategic 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 • 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, the Redesign of Urgent Care Scotland-wide, the Covid-19 vaccination programme; and the identification of further financial flexibility mitigating opportunities • 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 October) 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 • Capture the overarching Board-wide workforce plan and additional costs of the immediate significant additional resource for: Test and Protect; Urgent Care redesign; extended flu immunisation; and the Covid-19 vaccination programme
21.2 Savings	The total NHS Fife efficiency requirement for 2020/21 including legacy

By Jan-21	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. We anticipate achieving £11m of the target resulting in £9m underachievement of savings.

Commentary

The position to month 7 is an overspend of £2.822m. This comprises a run rate underspend position of £3.408m; unmet core savings of £1.116m (to be delivered over the remaining months of the year); and anticipated underachievement of savings of £5.114m due to our focus on the Covid-19 pandemic.

The impact of Covid-19 on financial performance is a key issue. The revenue position for the 7 months to 31 October reflects the initial Covid-19 funding received from SG; and match funds additional Covid-19 expenditure to October, with the exception at this time, of unmet efficiency targets; and offsetting cost reductions. These have been excluded from SG funding assumptions due to wide variation across Scotland and will be reviewed over the coming months. Our initial allocation of Covid-19 funding covers: Test and Protect; significant investment in equipment and digital; labs expansion; seasonal flu; Urgent Care redesign; staff health and wellbeing; and staff occupational health requirements. The allocation is based on 70% of costs with a general 30% contingency retained by the Portfolio in recognition of the level of uncertainty reflected in financial assumptions. Scottish Government have indicated that a review of Boards' unachieved efficiency savings will be undertaken to inform a final allocation across Scotland.

The forecast outturn to the year end is a potential worst case overspend of £9.492m. This assumes retention of our offsetting cost reductions (from standing down of core services in the first half of the year) to contribute to our unmet savings; and recognises our current commitment to the IJB risk share as a potential cost to NHS Fife of £7.229m.

The total Capital Resource Limit for 2020/21 is £15.417m including anticipated allocations for specific projects. The capital position for the 7 months to October records spend of £3.789m. 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.

Finance, Performance & Resources – Finance

1. Annual Operational Plan

1.1 As previously reported, the AOP process for the 2020/21 financial year was paused earlier in the year as Boards and Scottish Government prepared to respond to 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 previously reported the initial Covid-19 funding allocation was made in the September allocation letter.

2. Financial Allocations

Revenue Resource Limit (RRL)

2.1 NHS Fife received confirmation of the October core revenue amount on 3 November. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £815.385m. Anticipated allocations total -£0.016m.

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 £9.334m.

Total RRL

2.3 The total current year budget at 31 October is therefore £824.703m as detailed in Appendix 1.

3. Summary Position

3.1 The revenue position for the 7 months to 31 October reflects an overspend of £2.822m.

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 £3.956m is attributable to Health Board retained budgets; and an underspend of £1.134m is attributable to the health budgets delegated to the IJB.

Table 1: Summary Financial Position for the period ended October 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	448,120	-3,956	-1.60%	1,956	-1,073	883	-4,839
Integration Joint Board (Health)	376,583	1,134	0.52%	1,452	-43	1,409	-275
Risk Share	0	0	0.00%	0	0	0	0
Total	**824,703**	**-2,822**	**-0.61%**	**3,408**	**-1,116**	2,292	**-5,114**

Combined Position				Variance Split By			
	CY	Variance	Variance	Run Rate	Core Unmet Savings	Net Core Position	Covid Unmet Savings
	£'000	£'000	%	£'000	£'000	£'000	£'000
Acute Services Division	211,139	-8,090	-6.59%	-2,464	-803	-3,267	-4,823
IJB Non-Delegated	8,673	67	1.34%	86	-3	83	-16
Estates & Facilities	76,153	640	1.46%	644	-4	640	0
Board Admin & Other Services	65,961	416	1.01%	679	-263	416	0
Non-Fife & Other Healthcare Providers	90,973	1,030	1.94%	1,030	0	1,030	0
Financial Flexibility & Allocations	24,258	1,966	100.00%	1,966	0	1,966	0
HB Offsets	3,172	0	0.00%	0	0	0	0
Health Board	**480,329**	**-3,971**	**-1.48%**	**1,941**	**-1,073**	**868**	**-4,839**
Integration Joint Board - Core	417,410	1,041	0.42%	1,359	-43	1,316	-275
IJB Offsets	3,022	0		0	0	0	0
Integration Fund & Other Allocations	7,783	58	0.00%	58	0	58	0
Sub-total Integration Joint Board Core	**428,215**	**1,099**	**0.69%**	**1,417**	**-43**	**1,374**	**-275**
IJB Risk Share Arrangement	0	0		0	0	0	0
Total Integration Joint Board - Health	**428,215**	**1,099**	**0.69%**	**1,417**	**-43**	**1,374**	**-275**
Total Expenditure	**908,544**	**-2,872**	**-0.43%**	**3,358**	**-1,116**	**2,242**	**-5,114**
IJB - Health	-51,632	35	**-0.11%**	35	0	35	0
Health Board	-32,209	15	**-0.07%**	15	0	15	0
Miscellaneous Income	**-83,841**	**50**	**-0.10%**	**50**	**0**	**50**	0
Net Position Including Income	**824,703**	**-2,822**	**-0.61%**	**3,408**	**-1,116**	**2,292**	**-5,114**

3.3 The position at month 7 is a core net underspend of £2.292m; and unmet savings of £5.114m as a consequence of diversion of resources to deal with the Covid-19 pandemic.

3.4 Funding allocations of £8.972m and £4.506m have been allocated to HB and HSCP respectively to match April to October Covid-19 costs incurred. Further detail is provided in section 6 and later in Appendix 5.

4. Operational Financial Performance for the year

Acute Services

4.1 The Acute Services Division reports a **net overspend of £3.267m for the year to date**. This reflects an overspend in operational run rate performance of £2.464m, and unmet savings of £0.803m per Table 2 below. The overall position is mainly driven by pay overspend in junior medical and dental staffing of £1.342m. Additional non pay cost pressures of £0.816m relate to medicines within Emergency Care. Various 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 which started to resume in October.

Table 2: Acute Division Financial Position for the period ended October 2020

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Core Unmet Savings £'000
Acute Services Division								
Planned Care & Surgery	70,359	72,017	39,105	39,455	-350	**-0.90%**	-167	-183
Emergency Care & Medicine	74,482	77,490	46,589	49,573	-2,984	**-6.40%**	-2,631	-353
Women, Children & Cinical Services	54,723	55,112	31,761	32,290	-529	**-1.67%**	-214	-315
Acute Nursing	607	627	367	342	25	**6.81%**	25	0
Other	1,990	1,982	1,062	491	571	**53.77%**	523	48
Total	**202,161**	**207,228**	**118,884**	**122,151**	**-3,267**	**-2.75%**	**-2,464**	**-803**

Estates & Facilities

4.2 The Estates and Facilities budgets report an **underspend of £0.640m** which is generally attributable to vacancies, catering, PPP and rates. These underspends are partly offset by an overspend in clinical waste costs.

Corporate Services

4.3 Within the Board's corporate services there is **an underspend of £0.416m**. Included within this position is a cost pressure of £0.069m 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 £1.030m** 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 £1.966m released to the month 7 position is detailed in Appendix 4.

Integration Services

4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £1.374m 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 following service redesign, and also 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 October 2020

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under Spend
Pan-Fife Analysis	**£'000**	**£'000**	**£'000**	**£'000**
Pay	397,727	231,561	232,267	-706
GP Prescribing	70,607	40,918	41,454	-536
Drugs	31,475	19,056	19,404	-347
Other Non Pay	388,900	227,768	224,844	2,924
Efficiency Savings	-12,205	-6,230	0	-6,230
Commitments	32,041	2,024	0	2,024
Income	-83,841	-50,976	-51,026	50
Net overspend	**824,703**	**464,120**	**466,942**	**-2,822**

Pay

5.2 The overall pay budget reflects an overspend of £0.706m. 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 7,952 wte across all staff groups, there was an average 8,036 wte core staff in post in October. 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 £0.883m on medicines. The GP prescribing budget is overspend in-year by £0.536m with a forecast overspend of £1m. The change from previous reporting is due to the retraction of budget in respect of Tariff reductions effective from April. Significantly higher drug prices are being experienced, likely exacerbated by the impact of Covid on supply and demand, raw material availability, transportation, and production. Opportunity to realise planned saving schemes have been lost as workforce is focused on Covid services and patient care. Implementation of Freestyle Libre (flash glucose monitoring system) continues to exceed original forecast and funding provided. £0.875m has been recharged to Covid whilst local and national work continues to establish the true Covid-19 impact on prescribing. An update will be provided when more information becomes available.

Other Non Pay

5.5 Other non pay budgets across NHS Fife are collectively underspent by £2.924m. This includes underspends across the system within sterile and diagnostics supplies, and travel and subsistence; and an updated position on the 2020/21 spend associated with the Royal Hospital for Sick Children which is significantly less than had been anticipated. As in every month, a detailed review of financial flexibility has been conducted.

6 Covid-19 Initial Funding Allocation

6.1 As previously reported, initial Covid-19 funding allocation was confirmed in 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. From this allocation we have fully match funded NHS Fife's additional Covid-19 costs (excluding unmet savings) for the 7 months to October. As previously reported 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.

This carries a level of risk in that final funding has yet to be confirmed across Scotland. A summary of Covid-19 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 A separate allocation of £1.3m relating to payments to primary care for additional costs in responding to the pandemic has been received in the October allocation letter.

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 final Covid-19 allocation. Table 4 summaries the position for the 7 months to 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 Oct £'000	Forecast / Unidentified to March £'000
Health Board	14,868	6,571	8,297	1,024	2,298	3,322	3,249
Integration Joint Board	5,147	4,675	472	2,520	1,969	4,489	186
Total Savings	**20,015**	**11,246**	**8,769**	**3,544**	**4,267**	**7,811**	**3,435**

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 £0.312m. Whilst we await SG decision on the treatment of offsetting cost reductions, there is a potential benefit of £6.194m if we can retain offsets. We would plan to use these offsetting cost reductions to mitigate some of the anticipated unachieved savings of £8.769m. If the aforementioned assumptions crystallise, the NHS Fife forecast RRL position would be an overspend of £2.263m. Further detailed review work will be undertaken to identify any further options and financial flexibility in an effort to deliver an improved position with a target balanced position.

8.2 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 forecast outturn to the year end is a potential worst case overspend of £9.492m. The component parts which inform the forecast outturn are detailed in Table 5 and assumes retention of our offsetting cost reductions, to contribute to our unmet savings; and recognises our current commitment to the IJB risk share as a potential cost to NHS Fife of £7.229m.

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. Dialogue is ongoing with Scottish Government colleagues to highlight the position and to discuss potential mitigating actions.

Table 5 – Forecast (modelling based on actual position at 31 October 2020)

Forecast Outturn	Run Rate £'000	Offsets £'000	Savings £'000	Risk Share £'000
Acute Services Division	-8,337	2,809	-8,264	0
IJB Non-Delegated	88	0	-33	0
Estates & Facilities	700	312	0	0
Board Admin & Other Services	1,007	51	0	0
Non-Fife & Other Healthcare Providers	604	0	0	0
Financial Flexibility	3,886	0	0	0
Miscellaneous Income	100	0	0	0
Health Board Retained Budgets	**-1,952**	**3,172**	**-8,297**	**0**
IJB Delegated Health Budgets	2,264	3,022	-472	0
Integration Fund & Other Allocations	0	0	0	0
Total IJB Delegated Health Budgets	**2,264**	**3,022**	**-472**	**0**
Risk share	**0**	**0**	**0**	**-7,229**
Total Forecast Outturn	**312**	**6,194**	**-8,769**	**-7,229**

9 Key Messages / Risks

9.1 The month 7 position reflects an overspend of £2.822m; which comprises a core underspend of £2.292m; and unmet savings of £5.114m as a consequence of diversion of resources to deal with the Covid-19 pandemic. All other additional Covid-19 costs for April to October 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 in-year position; however the potential risk share cost assuming no change to the Integration Scheme would mean a full year forecast cost of £7.2m,.

9.3 Further work continues to identify any financial flexibility opportunities (further slippage on key projects/initiatives; review of revenue and balance sheet) which may improve the forecast overspend 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 £2.292m for the 7 months to October
- **Note** that initial funding allocations for Covid-19 reflected in the month 7 position match fund additional costs to month 7
- **Note** the forecast outturn to the year end is a potential worst case overspend of £9.5m. This assumes retention of our offsetting cost reductions to contribute to our unachieved savings; and recognises our current commitment to the IJB risk share as a potential cost to NHS Fife of £7.2m.

Appendix 1: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non-Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
Apr-20	Initial Baseline Allocation	701,537			701,537	Includes 20-21 uplift
May-20	Confirmed Allocations	-1,307		3,413	2,106	
Jun-20	Confirmed Allocations			-534	-534	
Jul-21	Confirmed Allocations			5,614	5,614	
Aug-20	Confirmed Allocations		9,474	1,547	11,021	
Sep-20	Confirmed Allocations	-69	56,750	32,764	89,445	
Oct-20	MPPP Respiratory projects 2			29	29	Specific Project
	Primary Care out of hours funding			340	340	Annual Allocation
	Preparing for Winter			661	661	Share of £10m
	Community Pharmacy Champions		20		20	Annual Allocation
	Mental Health Outcomes Framework		1,363		1,363	Annual Allocation
	Veterans First Point			116	116	Annual Allocation
	PfG School Nursing Service 2nd Tranche			69	69	Specific Project
	Covid-19 additional funding for GPs			1,325	1,325	Payments made to GP as per circular
	£20m (2018-19) tariff reduction to global sum		-1,142		-1,142	As per allocation letter
	£20m (2019-20) tariff reduction to global sum		-1,380		-1,380	As per allocation letter
	£20m (2020-21) tariff reduction to global sum		-1,723		-1,723	As per allocation letter
	6 Essential Actions			457	457	As per letter
	Redesign of Urgent Care			671	671	Share of £10m
	New Medicines Fund		5,390		5,390	Annual Allocation
	Total Core RRL Allocations	**700,161**	**68,752**	**46,472**	**815,385**	
Anticipated	Distinction Awards		193		193	
Anticipated	Research & Development		243		243	
Anticipated	NSS Discovery		-39		-39	
Anticipated	Pharmacy Global Sum Calculation		-204		-204	
Anticipated	NDC Contribution		-840		-840	
Anticipated	Family Nurse Partnership		28		28	
Anticipated	Golden Jubilee SLA		-25		-25	
Anticipated	Primary Care Improvement Fund		277		277	
Anticipated	GP pension		85		85	
Anticipated	COVID 19- GP Payments			233	233	
Anticipated	COVID 19 - 30%			1,370	1,370	
Anticipated	Top Slice NSS		-962		-962	
Anticipated	Cancer Strategy			-381	-381	
Anticipated	Capital to Revenue			6	6	
	Total Anticipated Core RRL Allocations	**0**	**-1,244**	**1,228**	**-16**	
Anticipated	IFRS			8,874	**8,874**	
Anticipated	Donated Asset Depreciation			132	**132**	
Anticipated	Impairment			500	**500**	
Anticipated	AME Provisions			-172	**-172**	
	Total Anticipated Non-Core RRL Allocations	**0**	**0**	**9,334**	**9,334**	
	Grand Total	**700,161**	**67,508**	**57,034**	**824,703**	

Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	12,561	7,374	7,462	-88
Nhs Fife Chief Executive	206	120	163	-42
Nhs Fife Finance Director	6,420	3,734	3,421	313
Nhs Fife Medical Director	7,310	3,652	3,577	76
Nhs Fife Nurse Director	4,105	2,323	2,168	156
Legal Liabilities	8,093	6,367	6,415	-49
Early Retirements & Injury Benefits	814	475	448	27
Regional Funding	272	164	140	25
Depreciation	17,774	10,642	10,642	0
Nhs Fife Public Health	2,119	1,189	1,171	18
Nhs Fife Workforce Directorate	3,146	1,857	1,806	51
Nhs Fife Major Incident - Flooding			69	-69
Total	**62,820**	**37,898**	**37,482**	**416**

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	98	57	55	2
Borders	45	26	32	-6
Dumfries & Galloway	25	14	32	-18
Forth Valley	3,179	1,855	2,072	-217
Grampian	359	210	178	32
Greater Glasgow & Clyde	1,655	966	948	18
Highland	135	79	116	-37
Lanarkshire	114	67	144	-77
Lothian	31,518	18,386	17,136	1,250
Scottish Ambulance Service	101	59	60	-1
Tayside	41,096	23,971	23,707	264
	78,325	**45,690**	**44,480**	**1,210**
UNPACS				
Health Boards	10,627	6,199	6,528	-329
Private Sector	1,245	726	917	-191
	11,872	**6,925**	**7,445**	**-520**
OATS	711	415	77	338
Grants	65	65	63	2
Total	**90,973**	**53,095**	**52,065**	**1,030**

Appendix 4 - Financial Flexibility & Allocations

	CY Budget £'000	Flexibility Released to Oct-20 £'000
Financial Plan		
Drugs	2,869	0
CHAS	0	0
Unitary Charge	100	29
Junior Doctor Travel	35	12
Consultant Increments	23	13
Discretionary Points	205	0
Cost Pressures	3,342	1,152
Developments	4,498	758
Pay Awards	26	0
Sub Total Financial Plan	**11,098**	**1,964**
Allocations		
Waiting List	2,927	0
AME: Impairment	500	0
AME: Provisions	-130	0
Neonatal Transport	12	2
Cancer Access	301	0
Hospital Eye	193	0
Endoscopy	178	0
Advanced Breast Practitioner	31	0
ARISE	68	0
National Cancer Strategy	41	0
Covid 19	7,215	0
MPPP Respiratory Projects	29	0
Winter Funding	661	0
6 essential actions	457	0
Redesign urgent care	671	0
Capital to revenue	6	0
Sub Total Allocations	**13,160**	**2**
Total	**24,258**	**1,966**

Appendix 5 – Initial Covid-19 funding

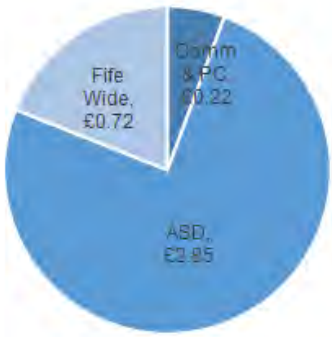
COVID funding	Health Board	Health delegated	Social Care delegated	Total	Capital	Primary Care Funding
	£000's	£000's	£000's	£000's	£000's	£000's
Allocation Q1 to Q4	22,540	6,546	4,458	33,544	999	1,559
Anticipated allocation	1,580		5,287	6,867		
Total funding	**24,120**	**6,546**	**9,745**	**40,411**	**999**	**1,559**
Allocations made for Apr to Oct						
Planned Care & Surgery	1,082			1,082		
Emergency Care & Medicine	1,952			1,952		
Women, Children & Clinical Services	860			860		
Acute Nursing	17			17		
Estates & Facilities	1,277			1,277		
Board Admin & Other Services	2,914			2,914		
Income	642			642		
Test and Protect	228			228		
West Division		1,560		1,560		
Pharmacy Division		65		65		
Fife Wide Division		1,202		1,202		
East Division		757		757		
Primary Care		922		922		1,559
Total allocations made to M6	**8,972**	**4,506**	**0**	**13,478**	**0**	**1,559**
Elective / Planned Care	7,724			7,724		
Capital					999	
Total	**16,696**	**4,506**	**0**	**21,202**	**999**	**1,559**
Balance In Reserves	**5,844**	**2,040**	**4,458**	**12,342**	**0**	**0**

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 £15.417m including anticipated allocations for specific projects. The capital position for the 7 months to October shows investment of £3.789m equivalent to 24.58% 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

Finance, Performance & Resources – Finance

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; an allocation of £0.999k for Covid equipment in the September allocation letter; an allocation of £0.381m for Cancer Waiting Times Equipment and is anticipating allocations of £4.5m for the Elective Orthopaedic Centre, HEPMA £0.025m, Lochgelly Health Centre £0.025m, Kincardine Health Centre £0.025m and Radiology funding of £2.068m. The total capital plan is therefore £15.417m.

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 £3.789m or 24.58% 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	£1.671m
Equipment	£0.780m
E-health	£0.642m
Elective Orthopaedic Centre	£0.582m

4. Capital Expenditure Outturn

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

5. Recommendation

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

note the capital expenditure position to 31 October 2020 of £3.789m and the forecast year end spend of the total capital resource allocation of £15.417m.

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	272	52	272
Statutory Compliance	150	102	150
Capital Equipment	31	31	31
Covid Community Equipment	26	26	26
Condemned Equipment	0	0	0
Total Community & Primary Care	479	212	479
ACUTE SERVICES DIVISION			
Statutory Compliance	3,189	1,509	3,189
Capital Equipment	549	108	549
Covid Acute Equipment	973	524	973
Minor Works	193	40	193
Cancer Waiting Times Equipment	381	0	381
Condemned Equipment	91	91	91
Total Acute Services Division	5,376	2,272	5,376
NHS FIFE WIDE SCHEMES			
Equipment Balance	235	0	235
Information Technology	1,041	642	1,041
Minor Works	33	0	33
Statutory Compliance	100	0	100
Contingency	0	0	0
Asbestos Management	85	0	85
Fire Safety	85	60	85
Scheme Development	60	8	60
Vehicles	60	9	60
Capital In Year Contingency (EDG)	1,220	0	1,220
Total NHS Fife Wide Schemes	2,919	719	2,919
TOTAL CONFIRMED ALLOCATION FOR 2020/21	**8,774**	**3,202**	**8,774**
ANTICIPATED ALLOCATIONS 2020/21			
Elective Orthopaedic Centre	4,500	582	4,500
Radiology Funding	2,068	0	2,068
HEPMA	25	2	25
Lochgelly Health Centre	25	2	25
Kincardine Health Centre	25	0	25
Anticipated Allocation for 2020/21	**6,643**	**586**	**6,643**
Total Anticipated Allocation for 2020/21	**15,417**	**3,789**	**15,417**

Appendix 2: Capital Plan - Changes to Planned Expenditure

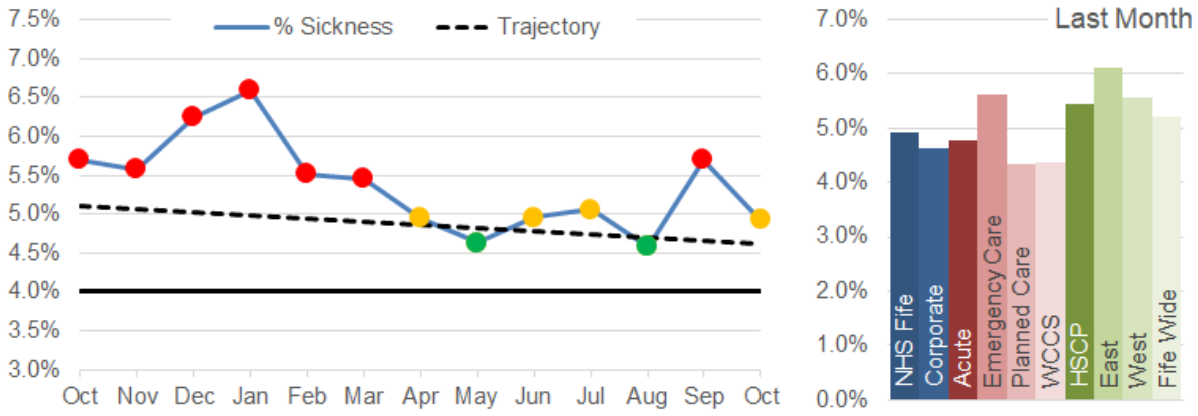
Capital Expenditure Proposals 2020/21 Routine Expenditure	Pending Board Approval £'000	Cumulative Adjustment to September £'000	October Adjustment £'000	Total October £'000
Community & Primary Care				
Capital Equipment	0	31	0	31
Condemned Equipment	0	0	0	0
Minor Capital	0	208	64	272
Covid Equipment	0	26	0	26
Statutory Compliance	0	150	0	150
Total Community & Primary Care	**0**	**414**	**64**	**479**
Acute Services Division				
Capital Equipment	0	549	0	549
Condemned Equipment	0	90	1	91
Cancer Waiting Times Equipment	0	0	381	381
Minor Capital	0	160	34	193
Covid 19 Acute Equip	0	973	0	973
Statutory Compliance	0	3,089	100	3,189
	0	**4,861**	**515**	**5,376**
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,569	-3,469	0	100
Fife Wide Equipment	2,036	-1,800	-1	235
Information Technology	1,041	0	0	1,041
Minor Work	498	-367	-98	33
Fife Wide Contingency Balance	100	0	-100	0
Condemned Equipment	90	-90	0	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	0	0	0
Fife Wide Vehicles	0	60	0	60
Capital In Year Contingency	0	1,220	0	1,220
Total Fife Wide	**7,394**	**-4,276**	**-199**	**2,919**
Total	**7,394**	**999**	**381**	**8,774**
ANTICIPATED ALLOCATIONS 2020/21				
Elective Orthopaedic Centre	4,500	0	0	4,500
Radiology Funding	2,068	0	0	2,068
HEPMA	25	0	0	25
Lochgelly Health Centre	25	0	0	25
Kincardine Health Centre	25	0	0	25
Anticipated Allocation for 2020/21	**6,643**	**0**	**0**	**6,643**
Total Planned Expenditure for 2020/21	**14,037**	**999**	**381**	**15,417**

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						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	5.70%	5.57%	6.25%	6.59%	5.51%	5.46%	4.95%	4.64%	4.96%	5.06%	4.58%	5.69%	4.93%
Scotland	5.69%	5.58%	5.83%	5.99%	5.27%	5.20%	4.57%	4.54%	4.49%	4.57%	4.64%	4.96%	4.93%

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 Workforce Dashboard (delivered via Tableau) has been rolled out to circa 100 users within NHS Fife to date and roll out will continue on a planned basis. This provides Line Managers, Human Resources and Occupational Health staff with timely workforce information, which can be interrogated and drilled down in order to identify trends and priority areas. The Dashboards provide an additional resource to Promoting Attendance and Well@Work Groups, with Review and Improvement Panels utilising trend and priority indicators to target future interventions. Business Units are continuing to utilise trajectory reporting and RAG status reports. Bespoke training on the new Once for Scotland Promoting Attendance policy was offered in November, and will continue with short focussed sessions.
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 given the current COVID-19 pandemic situation, an additional Mental Health Nursing resource was secured within Occupational Health (OH) to provide support to staff who may be struggling with their mental health during the pandemic. This provides OH clinicians the option of referring employees for interventions which will help support them in the workplace. High level feedback is that all staff who have received support to date found it beneficial and some have found it helpful for them to return to work earlier and for others to remain at work. This is based on the number of staff who have completed the full journey. Funding has been secured to enhance the current OH staffing provision and will enable this service to continue on an on-going basis. 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 in April 2020 and is an ongoing feature of the

Staff Governance	
	Promoting Attendance training and a foundation of the COVID-19 resources. This has been supplemented and complemented 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.
21.1 Once for Scotland Promoting Attendance Policy *By Mar-21 (was 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 it, which was just being implemented at the start of the pandemic. Sessions were delivered across Fife when the policy was launched. Note - Having completed the action as initially set out, we can confirm that additional focussed sessions have been offered since November, via MS Teams, to support implementation of the policy. These will conclude in March 2021.
21.2 Review the function of the Promoting Attendance Group *By Dec-20*	The review of the function of the NHS Fife Promoting Attendance Group and associated supporting groups, to improve the governance arrangements of each group and how they interrelate, has commenced. The aim is to provide a Promoting Attendance framework with clear lines of reporting and escalation.
21.3 Restart Promoting Attendance Panels	

CAROL POTTER
Chief Executive
16th December 2020

Prepared by:
SUSAN FRASER

Staff Governance

Associate Director of Planning & Performance

Appendix 1: NHS Fife Remobilisation Activity to end of Nov 2020

Higher than Projected
Lower than Projected

		Quarter End	Month End			Quarter End	Quarter End
		Sep-20	Oct-20	Nov-20	Dec-20	Dec-20	Mar-21
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	2,040	974	1,066	1,004	3,044	3,220
	Actual	2,589	1,056	1,007	0		
	Variance	549	82	-59			
OP Referrals Accepted (Definitions as per Waiting Times Datamart)	Projected	14,042	7,386	7,520	7,659	22,565	21,906
	Actual	15,881	6,058	6,111			
	Variance	1,839	-1,328	-1,409			
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	13,602	6,466	6,997	7,166	20,630	22,208
	Actual	11,844	4,402	5,427			
	Variance	-1,758	-2,064	-1,570			
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,648	848	848	600	2,296	2,544
	Actual	1,110	420	462			
	Variance	-538	-428	-386			
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	10,074	4,000	4,000	3,450	11,450	10,850
	Actual	11,264	3,735	3,634			
	Variance	1,190	-265	-366			
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	21,495	7,190	7,180	7,335	21,705	21,810
	Actual	20,303	6,133	6,005			
	Variance	-1,192	-1,057	-1,175			
Number of A&E 4-Hour Breaches (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	775	280	300	420	1,000	985
	Actual	815	363	426			
	Variance	40	83	126			
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	9,225	3,225	3,375	3,500	10,100	9,970
	Actual	8,755	2,931	2,875			
	Variance	-470	-294	-500			
Admissions via A&E (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	4,354	1,450	1,430	1,470	4,350	4,160
	Actual	4,467	1,492	1,364			
	Variance	113	42	-66			
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,195	690	700	750	2,140	2,320
	Actual	2,097	773	856			
	Variance	-98	83	156			
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	309	103	103	103	309	309
	Actual	291	91				
	Variance	-18	-12				
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	325	132	135	89	356	295
	Actual	274	102				
	Variance	-51	-30				
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	970	702	715	539	1,956	1,985
	Actual	1,233	499				
	Variance	263	-203				

		Month End	Month End			Month End	Month End
		Sep-20	Oct-20	Nov-20	Dec-20	Dec-20	Mar-21
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) [1]	Projected	79	80	90	79	79	74
	Actual	75	65	98			
	Variance	-4	-15	8			

[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

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Date	7 December 2020
Your Ref	
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Dear Alastair

Please find below an update on the requirements and recommendations made following your visit to Victoria Hospital Kirkcaldy on 28th and 29th January 2020.

Detailed progress on the requirements highlighted in the inspection report; confirmation that you have met the requirements by the stated timescale; reasons why a requirement may not have been met (if applicable):

Requirement 1 (Completed) *NHS Fife must be able to demonstrate that the non-medical referrers based in community healthcare have suitable controls in place, access to policies and training to comply with NHS Fife employer's procedures.*

At the visit it was noted that some non-medical referrers based at salaried GP practices are not employed by NHS Fife, and therefore reassurance was sought to ensure that these individuals have access to the same access to policies and training as those employed directly by NHS Fife; this was investigated and confirmed following the visit. Employers Procedures *EP2-1: Entitlement of registered Non Medical/Dental Healthcare Professionals to act as Referrer* and *EP3-NMR11: Procedure for GP Nurse Practitioners requesting Radiological Examinations* were amended to clarify that the process is the same for NHS Fife GP staff and salaried GP practices.

Requirement 2 (Completed) *NHS Fife must revise their employer's procedure regarding the provision of risk and benefit information to a pregnant patient, other than by use of an information sheet. The procedure must detail where this information is recorded, and by whom.*

The employers procedure EP1-2 has been updated to detail that in the case of patients who are known to be pregnant, the referrer must discuss this with the patient and how this is to be recorded on the referral, as there is currently no specific field on Trak to indicate a patient's pregnancy status; the possibility of adding this to TRAK is under discussion. In the meantime the referrers are required to write a sentence on the referral advising that they have checked pregnancy status of the patient they are referring for imaging.

As it is the responsibility of the referrer to provide the information on the risks and benefits to the patient, an advice sheet has been produced listing the effective dose and commensurate risk to the patient and foetus for a range of x-ray examinations commonly performed on pregnant patients. It also provides context for the effective dose, in terms of exposure to an equivalent period of background radiation. This advice note will be presented at the Acute Clinical Governance Committee, to be held on 21/01/2021 and circulated to all those who refer in to NHS Fife services following this.

Requirement 3 (Completed) *NHS Fife must develop an employer's procedure that includes the role of clinical audit for outsourced radiologist services. The policy should include what is to be audited and the frequency*

Employers procedure EP1-9: Provisions for IR(ME)R Audit was updated to reflect the inclusion of clinical audit of outsourced radiologist services. As the frequency and content of the audit program varies according to the provider, this has not been included within the detail of the employers procedure, but further details are available upon request as both services have provided full documentation, on how Clinical Audit is managed within their service, and summary reports fed back to NHS Fife.

Requirement 4 (Ongoing) *NHS Fife must develop a procedure that details the continued education requirements for all who work within the scope of IR(ME)R*

NHS Fife will require staff to complete a mandatory IR(ME)R module on LearnPro. However, the content requires update due to the change in Regulations, but this requires significant resource from IT/e-Health and NHS Fife organisational development teams, who were expected to start work on this in November with a completion date of April 2021. Due to Covid pressures, the start date for updating the learnpro content is expected to be pushed back until April 2021 and as a result, some measures have been proposed to ensure appropriate training of staff in the interim:

1. The MPE will provide a number of IR(ME)R training and refresher sessions which staff must attend. Attendance will be coordinated and managed by the Radiology service leads and recorded in the staff members' electronic competency record.
2. IR(ME)R training will be assessed and discussed at staff members' annual review and recorded electronically within the electronic TURAS record.

The requirements for IR(ME)R training have been added to the training procedure for staff (*EP3-A3: Competency Training Procedure*).

The action you have taken in respect of each recommendation highlighted in the inspection report:

Recommendation 1 (N/A) *It is recommended that the NHS Fife radiology information system is modified to allow the recording of authorising under protocol in a separate box on the radiology information system or equivalent.*

There is already a procedure for recording when authorisation under protocol has occurred on the NHS Fife RIS; this is the Post-Processing Level 3 Procedure *EP3-A23*.

Recommendation 2 (Completed) *It is recommended that NHS Fife review the wording in the employer's procedure EP3-A28 to clearly state what staff must undertake as part of the process for pregnancy checks and documentation.*

Recommendation 3 (Completed) *It is recommended that NHS Fife review the information provided to patients who are possibly or definitely pregnant to ensure it is easily understood and patients can understand the risk and benefit of the exposure*.

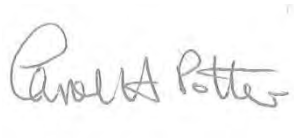
The advice sheet on radiation dose and risks produced for Referrers as per Requirement 2 above was re-formatted into an information sheet which can be provided to the patient to discuss the risks and benefits from undergoing a procedure involving ionising radiation. This will replace the current RCR information sheet which is currently in use, and gives more information to the patient on the radiation dose and risk to both the patient and their baby, and aims to put the radiation risk into context with regards to natural occurrence of adverse effects and exposure to natural background radiation. The leaflet will be tabled at the next Acute Clinical Governance Committee meeting, scheduled for 21/01/2021 and then circulated to referrers and operators.

Recommendation 4 (Completed) It is recommended that NHS Fife align the employer's procedure EP1-9 clinical audits with the programme of clinical audits that are being undertake.

A procedure detailing all audits undertaken as part of the Clinical Audit assurance process has been produced *(EP3-A18 Clinical Audit Procedure).* This details *the audits undertaken, and the frequency for each. For each audit listed, there is a link to the appropriate procedure for undertaking that particular audit. EP3-A18* is referred to in the Level 1 Procedure *(EP1-9: Clinical Audit)*.

I trust that the above information meets your requirements. However, if you have any questions, please do not hesitate to contact Jane Anderson, NHS Fife's Interim Radiology Manager (jane.anderson@nhs.scot) or Christina Stewart (christina.stewart@nhslothian.scot.nhs.uk).

Yours sincerely



Carol Potter
Chief Executive

cc Dr Chris McKenna, IRMER lead

Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report – Ionising Radiation (Medical Exposure) Regulations 2017

Victoria Hospital, Kirkcaldy
NHS Fife

28–29 January 2020

This report is embargoed until 10.00am on Monday 28 September 2020

NHS SCOTLAND

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

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www.healthcareimprovementscotland.org

Contents

About our IR(ME)R inspections

Our approach

Healthcare Improvement Scotland has a statutory responsibility to provide public assurance about the quality and safety of healthcare through its inspection activity.

The quality of care approach and the quality framework together allows us to provide external assurance of the quality of healthcare provided in Scotland.

- **The quality of care approach** brings a consistency to our quality assurance activity by basing all of our inspections and reviews on a set of fundamental principles and a common quality framework.
- **Our quality framework** has been aligned to the *Scottish Government's* Health and Social Care Standards: My support, my life *(June 2017*). These standards apply to the NHS, as well as independent services registered with Healthcare Improvement. They set out what anyone should expect when using health, social care or social work services.

We have aligned the Ionising Radiation (Medical Exposure) Regulations 2017 to the quality framework.

How we inspect services that use ionising radiation for medical exposure

The focus of our inspections is to ensure each service is implementing the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R). Therefore, we only evaluate the service against quality indicators that align to the regulations.

What we look at

We want to find out:

- How the service complies with its legal obligations under IR(ME)R 2017 and address the radiation protection of persons undergoing medical exposures.
- How well services are led, managed and delivered.

After our inspections, we publish a report on how well a service is complying with IR(ME)R and its performance against the Healthcare Improvement Scotland quality of care framework.

More information about the quality framework and quality of care approach can be found on our website:
www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Summary of inspection

About our inspection

We carried out an announced inspection from Tuesday 28 to Wednesday 29 January 2020. We spoke with a number of staff including the chief executive, medical director, radiology and diagnostic imaging services manager, lead consultant radiologist and radiographers. The inspection team was made up of two inspectors.

Victoria Hospital, Kirkcaldy offers plain film, computerised tomography (CT) and nuclear medicine. The focus of this inspection is the imaging department.

What we found

What the service did well

- All staff were fully aware of their roles and responsibilities in relation to radiation protection of persons undergoing medical exposure.
- The NHS board clinical audit provides a good overview of the implementation of IR(ME)R.

What the service needs to improve

- Clinical audit of outsourced radiologist services.

Detailed findings from our inspection can be found on page 8.

What action we expect NHS Fife to take after our inspection

This inspection resulted in four requirements and four recommendations. Requirements are linked to compliance with IR(ME)R. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website. www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare.aspx.

NHS Fife must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at the radiology department, Victoria Hospital, for their assistance during the inspection.

What we found during our inspection

Outcomes and impact

This section is where we report on what key outcomes the service has achieved and how well the service meets people's needs.

Domain 1 – Key organisational outcomes

High performing healthcare organisations identify and monitor key measures that help determine the quality of service delivery and the impact on those who use the service or work with the service.

IR(ME)R requires that those who refer for a patient to be exposed to medical radiation, those who operate equipment and those healthcare professionals (medical and non-medical) who justify that the procedure is necessary, must be adequately trained and entitled to do so. Entitlement is given to each person involved in the process by the employer.

What we found - fulfilment of statutory duties and adherence to national guidelines

Entitlement

Entitlement is a process required by the regulations. The medical director entitles all medical staff in NHS Fife and general practitioners in the NHS board area. This process sets out the scope of practice that an individual can undertake, such as to the type of referrals and clinical evaluations that can be undertaken. An individual's scope of practice is set out in a formal letter from the employer and an individual is required to work within this scope of practice. The scope of practice depends on the qualifications, role, training and experience of an individual. An individual's scope of practice can change over time, such as following additional training or moving to a new role.

We looked at the radiographer spreadsheet that provides an overview of all the practitioners and operators with details of their scope of entitlement.

All radiologists who are Fellows of the Royal College of Radiologists are entitled as a practitioner, to carry out justifications, authorise exposures and undertake clinical evaluations. A radiologist is a doctor who is specially trained to interpret diagnostic images such as X-rays and CT scans and offer an opinion on the most appropriate type of scan, both ionising radiation and non-ionsing radiation.

A practitioner assesses a request for exposure against the clinical data supplied by the referrer. The practitioner must have adequate training and be competent to consider the potential detriment of the exposure against the potential benefits for that individual.

Radiographers are entitled, depending on their training, to:

- act as operators
- carry out certain types of justifications as a practitioner of plain film x-rays, and
- undertake clinical evaluations.

CT radiographers act as a practitioner for some exposures and are authorised under protocol for other exposures. A staff member who is entitled under protocol will authorise an exposure following guidelines with the radiologist remaining responsible for the justification.

To enable radiographers and others to act as practitioners, NHS Fife has a set of criteria that staff must meet. One part of the criteria is to have an assessment of competence conducted, as detailed in their employer's procedure EP2-2, EP2-3 and EP3-A20. Healthcare Improvement Scotland will be undertaking a further review of the assessment process at a future date.

Radiographers are entitled to act as operators and work with a variety of different diagnostic equipment. Each radiographer is trained to work with each specific machine and training records are kept to demonstrate that the training was completed. All the records we reviewed detailed the training provided. Training is monitored through the routine staff appraisal system.

All staff we spoke with were very clear on their roles and responsibilities in relation to their own entitlement. Staff were clear that they would only undertake tasks they were entitled to do so. Radiography staff work across the different hospitals in NHS Fife to ensure that all staff gain the appropriate experience to support their scope of entitlement.

Referral

A referral can only be made by a person who is entitled to do so. Referrals will come into the radiology department from a variety of sources, both within the hospital and from the community. Community referrals are made by dentists, GP's and non-medical referrers. Referrals from hospital staff are made internally to the radiology information system. External referrals are made through an electronic referral system or on cards. The information from card referrals are scanned into the radiology information system.

Medical staff registered with the General Medical Council or dentists registered with the General Dental Council can made referrals. Hospital medical staff can refer for diagnostic examinations including nuclear medicine and interventional examinations. GP's can refer for general radiography and dental practitioners can refer for dental specific examinations. Medical staff in training can make referrals as per referral protocols during the day, but not out of hours.

Non-medical referrers have a specific scope of practice that depends on their qualifications and where they work. A staff member would be nominated by the clinical manager and must meet the criteria in EP2-1. To become a non-medical referrer, it must be demonstrated that there is a clinical need for the staff member to undertake that role. Prior to being entitled as a non-medical referrer, we were told staff have to attend a course run by NHS Fife.

Once a staff member has been entitled as a non-medical referrer they will be sent confirmation in writing with their scope of practice. Their details are added to a spreadsheet which radiographers can access to check their scope of practice. The staff member will then be added to the IT system to allow them to make referrals. The system does not restrict what a non-medical referrer can refer for, except for low and high dose. The role of the radiographer is to check that referrals made by non-medical referrers are within the appropriate scope of practice as part of their pre exposure checks. All radiographers we spoke to could describe the procedure to check non-medical referrers and we were shown the spreadsheet.

The radiographers we spoke with all confirmed that they check referral information as part of their routine checks. We were shown how this would be undertaken. This acts as a control to identify discrepancies with patient identification, duplicate scans, correct part of the body and that there is sufficient clinical information in plain film to justify an exposure.

What needs to improve

We discussed non-medical referrers, including advanced nurse practitioners based in community healthcare. It was not clear if non-medical referrers in the community were NHS Fife staff with full access to the IR(ME)R policies, training and controls as detailed in the employer's procedures or if they were employed by a different health provider, such as a GP practice, and did not have full access to the employer's procedure, training and controls. NHS Fife must be assured that that all non-medical referrers based in the community have controls in place, access to policies and training to comply NHS Fife employer's procedures and with IR(ME)R.

Justification

Radiologists review all referrals, other than standard plain film, to ensure that there is sufficient information to be able to justify the referral. Radiographers review all the standards plain film referrals. A rheumatologist and dental practitioner can also justify exposure within their scope of practice. Both the radiologist and radiographer will review the clinical information and decide if the procedure can be justified. Where there is insufficient clinical information, the radiographer and radiologist may contact the referrer to clarify the referral. If required, a new referral will be requested with more detailed information. They would also select the correct protocol for the medical exposure of ionising radiation. The radiologist or radiographer may also decide that another type of procedure with a lower dose or a non-ionising radiation option would be more appropriate.

When the referral is inappropriate and justification cannot be approved, the referrer will be contacted and informed of the decision.

Radiographers can also authorise exposures under protocol with a named consultant identified as the practitioner. We saw clinical guidelines to support staff who authorise under protocol that clearly explain the parameters under which the radiographer will authorise an exposure. These clinical guidelines identify the lead radiologist as the consultant.

What needs to improve

The radiology information system does not provide an option to record exposures authorised under protocol and therefore a compromise is being made on where to record an authorisation under protocol. NHS Fife must provide clarity on how it will record authorisations under protocol and ensure that the employer's procedure reflects the chosen method. There should be consideration on how staff clearly record an individual's role and modify the radiology information system to allow the recording of authorisations under protocol to be recorded in a separate box.

Records

During our inspection, we looked at the radiography information system and found staff were recording information appropriately, including:

- the correct patient information
- referral information
- details of the entitled referrer, operator and person justifying the exposure
- justification record
- pregnancy checks,
- exposure type and dose, and

- clinical evaluation.

The radiographers we spoke with could confidently explain and demonstrate:

- pre-exposure checks
- non-medical referrers checks
- patient ID checks
- pregnancy status checks
- recording of dose and number of images
- dose reference levels (DRLs)
- the quality assurance records and
- use of the handover form.

Requirement 1

- NHS Fife must be able to demonstrate that the non-medical referrers based in community healthcare have suitable controls in place, access to policies and training to comply with NHS Fife employer's procedures.

Recommendation 1

- It is recommended that the NHS Fife radiology information system is modified to allow the recording of authorising under protocol in a separate box on the radiology information system or equivalent.

Service delivery

This section is where we report on how well the service is delivered and managed.

Domain 5 – Safe, effective and person-centred care delivery

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

What we found - safe delivery of care

NHS Fife has a duty under IR(ME)R to develop written procedures commonly referred to as employer's procedures. These are intended to provide a framework under which professionals can practice. NHS Fife has adopted a level 1, 2 and 3 approach to employer's procedures. Level 1 procedures apply to whole of NHS Fife, level 2 refer to modality and level 3 are specific to departments. NHS Fife has developed procedure in line with schedule 2 of IR(ME)R. As part of the visit we reviewed the level 1 and 2 employer's procedures.

What needs to improve

It was noted that the policy on updating and reviewing employer's procedures did not provide details on the involvement of the medical physics expert and their contribution to radiological practice.

Safety Culture

We spoke to the chief executive, medical director, radiology and diagnostic service manager, radiographers and the lead consultant radiologist, about the culture within the radiology department. Everybody we spoke with was positive about the safety culture within the department. The medical director told us that the organisation has worked hard on the culture and wanted to promote a spirit of learning

Staff told us:

- there is an open culture
- there were good working relationships between consultants
- the radiology team support each other and support learning, and
- there was a learning culture.

Throughout the radiology department we saw patient information posters in place. The posters provide general information on the exposure to ionising radiation and were prominently displayed and accessible in waiting areas and in patient cubicles.

The Society of Radiographers' 'PAUSE' poster was displayed throughout the radiology department. The poster encourages staff to stop and take the time to get everything in place before undertaking an exposure. Staff confirmed that they are supported to take the time needed to complete all the appropriate checks.

Staff also told us how information was communicated through emails, notice boards, communication tools and meetings. The communication would cover a variety of subjects including feedback from audits, learning from events, reported equipment faults and changes to employer's procedures.

Employer's Procedures

We discussed the governance arrangements for the updating and reviewing of employer's procedures, whereby:

- level 1 is authorised by the IR(ME)R lead
- level 2 is authorised by the responsible manager, and
- level 3 is authorised by the departmental managers. The process is detailed in the policy titled IR(ME)R-01.

Making enquiries of individuals who could be pregnant

Radiography staff told us they would ask anyone of child bearing capacity, aged between 12 and 55, the pregnancy status questions for exposures where the lower abdomen and pelvis are directly in the primary beam. They would modify the questions based on the age of the person. A form is used to record that the questions have been asked and the patient signs the form confirming the discussion. The form is then scanned into the patient record. We saw examples of these completed forms.

If a patient knows they are pregnant, or thinks they might be, then consideration is given to postponing the exposure if possible. If the exposure requires to go ahead when pregnancy cannot be excluded, employer's procedure EP3-A28 provides guidance on what information needs to be provided to the patient, who needs to be consulted and what information recorded. The employer's procedure states that a radiologist should be contacted to justify an exposure where pregnancy is possible. The decision to proceed should be documented in the radiology information system by the

consultant radiologist. If the exposure has been justified, staff will provide a patient information sheet explaining the risk-benefit of the exposure. The information sheet used is taken from the Royal College of Radiologists.

What needs to improve

The Royal College of Radiologists' risk-benefit information sheet is not written in plain English and does not provide an opportunity for the patient to discuss the procedure in more depth with the referrer. NHS Fife should review how the risk and benefit information is provided to the patient. In addition, the Royal College of Radiologist information provided for patients should be reviewed to ensure the patient can easily understand it.

Employer's procedure EP 3-A28 states that many of the steps of the process should be undertaken. From the discussion sessions with the senior managers, it is clear that the process is not optional. Therefore, it is recommended that the wording in the employer's procedure is changed to reflect that staff must undertake the process for pregnancy checks and documentation.

Carers and comforters procedures

NHS Fife have a policy on carers and comforters that details the operator's responsibilities and the dose constraints. All staff we spoke to were aware of the policy and procedures to follow.

General duties in relation to equipment

We were shown the equipment inventory for radiological equipment. An employer's procedure is in place for an equipment inventory and quality assurance. As part of the procedure, an assessment will be made on the continued use of any equipment and unintended radiation exposure. This may result in equipment being withdrawn from use. Any equipment identified as a high priority for replacement will be replaced as soon as practicable. The chief executive discussed the process of financing replacement equipment and that process is discussed by the appropriate corporate groups. The radiology and diagnostic imagining manager is a member of the capital replacement and asset management group. This group uses a risk-based approach when discussing the financing of replacing radiology equipment.

As part of our visit we focused on the reporting of faults and procedures for quality assuring equipment. All staff could describe the fault reporting procedure and the procedure for taking equipment out of use, if required. Before an engineer undertakes repairs, there is a formal process of handing over the equipment to the engineer. When repairs are completed, the engineer returns the responsibility of the equipment to the radiology department. The engineer will indicate if any of the work they have undertaken will potentially

affect the dose output. All staff told us that a quality assurance check would be undertaken prior to a machine being used. We saw the handover form used as well as separate quality assurance checks. Routine quality assurance was also undertaken and the appropriate records were in place.

What needs to improve

When we visited the radiology department, the handover records did not indicate if any additional quality control had been undertaken prior to the equipment being put back in use. However, it could be cross-referenced to the quality control records for the machine, which were located in a different location. Consideration should be given to including quality checks that have been completed in the engineer handover record.

Optimisation

Dose optimisation is the balance between the lowest dose and the image quality that is clinically suitable. A dose reference level (DRL) can be set which provides an indicator on the expected dose from an exposure.

DRLs are set following dose surveys and can differ depending on the type of image required and the age of the machine. Dose surveys can be set nationally or locally.

- National DRLs are a result of data being submitted from a variety of NHS boards across the UK. For example, NHS Fife is providing data to support the development of a national pediatric CT head DRL.
- Local dose surveys look at the information gathered in NHS Fife and NHS Lothian.

Following local surveys, local DRLs are set. These levels provide a reference point on what the expected dose from an exposure should be. Any new local DRL will be submitted to the IR(ME)R Board to be authorised. If a dose given is above the DRL, the operator can review the factors that affect the dose, which may account for a different dose, such as the patient's height and weight. If the difference cannot be explained, the radiographer can discuss with their manager and medical physics expert what further checks are needed. Where local DRL's are not available, the Scottish or UK DRLs are adopted, if available. In the radiology department we saw DLR charts for radiography staff to use as a quick reference.

All the operators we spoke with could describe how they would select the correct protocol for the intended purpose. The radiologists we spoke with described how they consider image quality with as low as dose as was

reasonably practical when justifying an exposure. They also told us they would always consider if there was an alternative to ionising radiation.

The equipment used to expose patients to ionising radiation have a variety of protocols that help deliver standardised exposures. Exposures can be modified for adults and children and take account of different body sizes.

NHS Fife and NHS Lothian share an image optimisation group. This beneficial arrangement supports alignment of protocols and reduction of doses from exposures across the two NHS board areas.

Accidental or unintended exposure

When staff members identify an incident or near miss, they are required to report it on DATIX (risk management system). If the incident was due to operator error, they would undertake a reflective practice statement. If it was a referrer error, this would be passed to the clinical team of the referrer to investigate. Reflective practice would be used if the referrer was a doctor in training. It is recommended that reflective practice be used by all referrers and not just the medical staff in training and radiographers. All staff we spoke with could explain the incident reporting process. All DATIX incidents go to the medical physics expert, who provides information on dose and whether the incident needs to be notified to the regulator.

Monthly reports on incidents are sent to the directorate meeting for discussion. We were told monthly reviews are done for incidents and near misses and this is reported at the clinical governance group every 3 months. If a pattern of incidents is attributed to an individual, this will result in further discussions with the individual, such as further training.

Requirement 2

- NHS Fife must revise their employer's procedure regarding the provision of risk and benefit information to a pregnant patient, other than by use of an information sheet. The procedure must detail where this information is recorded, and by whom.

Recommendation 2

- It is recommended that NHS Fife review the wording in the employer's procedure EP3-A28 to clearly state what staff must undertake as part of the process for pregnancy checks and documentation.

Recommendation 3

- It is recommended that NHS Fife review the information sheet provided to patients who are possibly or definitely pregnant to ensure it is easily understood and patients can understand the risk and benefit of the exposure.

Domain 6 – Policies, planning and governance

High performing healthcare organisations translate strategy into operational delivery through development and reliable implementation of plans and policies, and have effective accountability, governance and performance management systems in place.

What we found - policies and procedures

NHS Fife's IR(ME)R-01 policy clearly sets out how the organisation manages the implementation of IR(ME)R. The chief executive has overall responsibility for the compliance with IR(ME)R. The chief executive described the governance arrangements to provide them with assurance that IR(ME)R was being implemented. The IR(ME)R policy, IRMER-01, clearly defines the medical director as IR(ME)R policy lead for NHS Fife. The medical director then authorises clinical directors and general managers to support the implementation of the regulations.

The IR(ME)R Board for NHS Fife meets once each year and provides strategic governance for the implementation of IR(ME)R in NHS Fife. The IR(ME)R Board looks at compliance with the regulations and establishes effective management controls. It provides assurance to the medical director that IR(ME)R is being implemented. The IR(ME)R Board has representation from different professions including the medical physics experts, the radiology and diagnostic imaging service manager and lead radiologist. The IR(ME)R Board links into the annual board radiation protection committee. Both of these groups link to the NHS Fife clinical governance committee, chaired by a non-executive board member. Minutes of the clinical governance committee are shared at the NHS Fife Board meeting. This structure provides a clear route of communication of IR(ME)R issues from the IR(ME)R committee to the NHS Fife Board and chief executive.

What we found - risk management, audit and governance

Outsourced services: governance arrangements

NHS Fife uses a private company to provide radiologist services for the justification process and clinical evaluations for CTs. The medical director, provides oversight of the private company.

As part of the inspection, we reviewed the governance arrangements for the outsourced service and discussed the service with the medical director, lead radiologist and radiographers. All radiologists provided by the private company have to be registered with the General Medical Council. The company undertakes its own quality assurance and clinical audits and provides this information to NHS Fife. This is the only established mechanism of clinical audit of the services provided by the private company. The medical director stated that they received a good service from the private company.

Radiographers and medical staff can contact the company for advice. All justifications are attributed to an individual and their details are recorded on the radiology information system. We saw examples of justifications and clinical evaluations provided by the private company.

What needs to improve

NHS Fife must develop an employer's procedure that includes the scope of clinical audit for the private company providing the radiologist services.

Clinical audit

NHS Fife employer's procedure EP1-9 details the arrangements for clinical audits. All sites throughout NHS Fife using ionising radiation will undertake the same clinical audits. The service manager for diagnostic and imaging manages the delivery of these audits. EP1-9 provides a list of the type of audits that will be undertaken. We were shown a spreadsheet with the audit programme. The scope of audits included:

- staff qualifications
- equipment inventory
- review of DRLs
- staff competency records, and
- review of radiation incidents.

The audit policy states 'results from audits and the corrective action are to be shared with the staff to ensure improvements are introduced and sustained'.

To support the scope of clinical audit, NHS Fife should review the audits published on the Royal College of Radiologists' website. The published audits may provide options for different audits that NHS Fife may want to undertake.

An annex to the employer's procedure EP1-9 provided a good example of a clinical audit that provided an overview on the implementation of IR(ME)R. This audit is completed annually and responsible managers submit the results as part

of an annual report to the IR(ME)R board. The annual audit includes wide ranging checks on the implementation of employer's procedures and includes reviews of a random selection of patient requests and patient records.

We were show an informative audit report on near misses. This is where the intervention of the radiographer prevented a patient from being exposed to unnecessary ionising radiation. It concluded that the radiographers have stopped more incidents than they had missed, demonstrating that the radiographers are well trained and knowledgeable in identifying potential issues.

What needs to improve

The employer's procedure EP1-9 contained a table of clinical audits. There was no detail on the frequency of the audits. We were shown a separate audit spreadsheet as evidence of the audits and their frequency, however, this spreadsheet was not included in the employer's procedure.

Requirement 3

- NHS Fife must develop an employer's procedure that includes the role of clinical audit for outsourced radiologist services. The policy should include what is to be audited and the frequency.

Recommendation 4

- It is recommended that NHS Fife align the employer's procedure EP1-9 clinical audits with the programme of clinical audits that are being undertaken.

Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

What we found - staff recruitment, training and development

Expert advice

NHS Fife contracts medical physics experts from NHS Lothian. The medical physics experts are appointed by letter by the IR(ME)R lead. We were shown the appointment letter. The medical physics experts provide advice to NHS Fife in relation to compliance with IR(ME)R. Their role includes:

- commissioning of new equipment
- quality assurance of equipment
- dose monitoring, training and analysis of events
- providing advice on whether or not an incident requires to be reported to Healthcare Improvement Scotland, and
- creation of an annual report on IRMER compliance.

The medial physics expert told us they were involved in discussions on image quality with radiologists and setting up protocols for the different machines. This ensures consistency amongst radiologists and their adoption of the protocols.

Staff told us the medical physics experts were easily contactable and available for advice and support. The medical physics expert told us that they were on site at least every 2 weeks and attend various groups and that their role complies with the requirements under IR(ME)R.

Training

We found that there were comprehensive training records in place for staff involved in delivering medical exposure to ionising radiation. Once a radiographer qualifies, NHS Fife provides induction and ongoing training. We saw records that demonstrated the training had been provided. There were clear training records for operators of equipment in the department and this included CT and plain film equipment. Student radiographers can only work under the supervision of a qualified radiographer. A radiographer's training record is closely linked to their entitlement. We reviewed a sample of records and the entitlement records corresponded to the training records.

Operators must be trained to use the different types of machines. We were told that anyone operating a machine must be trained on the specific equipment. All the radiographers we spoke with said they had received appropriate training and all training records inspected were up to date. It is the responsibility of the radiographer to maintain their own continual professional development as part of their professional registration.

Radiologist training and continual professional development is managed through their annual appraisals and medical revalidation process.

Locum staff follow the same induction process and follow the same competencies as other staff. They are issued with their letter of entitlement in the same way as other NHS Fife staff.

What needs to improve

There was evidence of continual education for radiologists and radiographers, however, it was not always possible to identify the training that related specifically to IR(ME)R. The policy on continual IR(ME)R education was unclear for those non-radiology staff who still have obligations under IR(ME)R. NHS Fife must develop a procedure that details the continual education requirements for all who work within the scope of IR(ME)R.

Requirement 4

- NHS Fife must develop a procedure that details the continued education requirements for all who work within the scope of IR(ME)R.

- No recommendations.

Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of a service to comply with the Regulations. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 1 – Key organisational outcomes	
Requirement	
1	NHS Fife must be able to demonstrate that the non-medical referrers based in community healthcare have suitable controls in place, access to policies and training to comply with NHS Fife employer's procedures (see page 12). *Regulation 6(2)* *Ionising Radiation (Medical Exposure) Regulations 2017*
Recommendation	
1	It is recommended that the NHS Fife radiology information system is modified to allow the recording of authorising under protocol in a separate box on the radiology information system or equivalent (see page 12).

Domain 5 – Safe, effective and person-centred care delivery	
Requirement	
2	NHS Fife must revise their employer's procedure regarding the provision of risk and benefit information to a pregnant patient, other than by use of an information sheet. The procedure must detail where this information is recorded, and by whom (see page 17). *Regulation 6(8)* *Ionising Radiation (Medical Exposure) Regulations 2017*
Recommendations	

2	It is recommended that NHS Fife review the wording in the employer's procedure EP3-A28 to clearly state what staff must undertake as part of the process for pregnancy checks and documentation (see page 17).
3	It is recommended that NHS Fife review the information provided to patients who are possibly or definitely pregnant to ensure it is easily understood and patients can understand the risk and benefit of the exposure (see page 17).

Domain 6 – Policies, planning and governance	
Requirement	
3	NHS Fife must develop an employer's procedure that includes the role of clinical audit for outsourced radiologist services. The policy should include what is to be audited and the frequency (see page 20). *Regulation 7* *Ionising Radiation (Medical Exposure) Regulations 2017*
Recommendation	
4	It is recommended that NHS Fife align the employer's procedure EP1-9 clinical audits with the programme of clinical audits that are being undertaken (see page 20).

Domain 7 – Workforce management and support	
Requirement	
4	NHS Fife must develop a procedure that details the continued education requirements for all who work within the scope of IR(ME)R (see page 22). *Regulation 6(3)(b)* *Ionising Radiation (Medical Exposure) Regulations 2017*
Recommendations	
	None

Complaints/Concerns

If you would like to raise a concern or complaint regarding any aspect of the inspection then please discuss this with the lead inspector in the first instance.

If there is a concern or complaint about the conduct of an inspector please contact Kevin Freeman-Ferguson, Head of Service Review, kevin.freemanferguson@nhs.net in the first instance to discuss your concerns in more detail.

Alternatively, Healthcare Improvement Scotland has a complaint and feedback service that can be contacted directly. Details can be found on our webpage.

http://www.healthcareimprovementscotland.org/about_us/contact_healthcare_improvement/complaints.aspx

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

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You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email contactpublicinvolvement.his@nhs.net

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To drive improvement

Improvement Action Plan

Healthcare Improvement Scotland: Ionising Radiation (Medical Exposure) Regulations

Victoria Hospital, NHS Fife

28–29 January 2020

Improvement Action Plan Declaration

It is the responsibility of the NHS board Chief Executive and NHS board Chair to ensure the improvement action plan is accurate and complete and that the actions are measurable, timely and will deliver sustained improvement. Actions should be implemented across the NHS board, and not just at the hospital inspected. By signing this document, the NHS board Chief Executive and NHS board Chair are agreeing to the points above.

NHS board Chair

Signature: _____

Full Name: _____

Date: _____

NHS board Chief Executive

Signature: _____

Full Name: _____

Date: _____

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Req 1	NHS Fife have identified that non-medical referrers based at salaried GP practices are not employed by NHS Fife. However, all of these GP practices have access to the same resources as employees of NHS Fife, and must undertake the same training prior to being entitled as a non-medical referrer in to NHS Fife Radiology. *Employers Procedures EP2-1: Entitlement of registered Non Medical/Dental Healthcare Professionals to act as Referrer, and EP3-NMR11: Procedure for GP Nurse Practitioners requesting Radiological Examinations will be amended to clarify that the process is the same for NHS Fife and salaried GP practices.*	4 weeks	JA	Done	14th May 2020
Rec 1	There is already a procedure for recording when authorisation under protocol has occurred on the NHS Fife RIS, the Post-Processing Level 3 Procedure *EP-A23*	N/A	N/A	N/A	N/A
Req 2	*Employers Procedure EP1-12: Communication of Risk to be updated to detail that the Referrer must discuss the risks and benefits of an exposure to the pregnant patient, and the means of recording this.*	N/A	JA	Currently there is no mandatory field on Trak for the referrer to indicate whether the patient is pregnant. The potential to	14th May 2020

	Additionally, an advice sheet giving typical radiation dose/risk from a range of commonly performed procedures will be made available to referrers to facilitate these discussions.	N/A	CS	add this is being discussed with e-Health. Advice sheet has been produced. Will be distributed via Clinical Governance Committee and made available on the NHS Fife Intranet.	14th May 2020
Rec 2	The procedure for checking pregnancy EP3-A28 will be updated to clarify the correct process which must be followed.	N/A	JA	Procedure has been updated to clarify that in cases where pregnancy cannot be ruled out, the operator will consult a Practitioner with input from the referrer as required.	14th May 2020
Rec 3	The advice sheet on Radiation Dose and Risks being produced for Referrers as per Requirement 2 above will be formatted into an information sheet that can be provided to the patient. This will replace the current RCR information sheet which is currently in use.	N/A	CS	Done	
Req 3	Clinical Audit procedure *EP1-9* has been updated to reflect the inclusion of clinical audit of outsourced radiologist services. The frequency and content of the audit program varies according to the provider, and so this has not been included in the detail of the procedure, but further details are available on request.	N/A	CS/JA	*EP1-9* has been updated to include clinical audit of outsourced radiology services. NHS Fife have been provided with the schedule and detail of clinical audit undertaken by each	14th May 2020

				provider.	
Rec 4	A procedure detailing all audits undertaken as part of the Clinical Audit assurance process to be produced *(EP3-A18 Clinical Audit Procedure).* This is referred to in the Level 1 Procedure *(EP1-9: Clinical Audit*.	N/A	JA	*EP3-A18* has been produced; it lists the audits undertaken and their frequency. For each audit listed, there is a link to the appropriate procedure for undertaking that particular audit.	14th May 2020
Req 4	*NHS Fife to mandate completion of IRMER training for staff on the LearnPro platform. This will be in addition to all current methods for ensuring that staff training and records are up to date.* This will be added to the training procedure for staff (*EP3-A3: Competency Training Procedure*).	12 months	JB/JA/CS	Module currently requires update before it can be added to the NHS Fife LearnPro page. This requires significant resource, and due to current situation, work expected to start November 2020, with "go live" at end April 2021. The Level 3 procedure has been updated to include this training requirement and the wording will be amended when the LearnPro module goes live.	

Item 11.2

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**14 January 2021**
Title:	**NHS Fife Equality Outcomes for period 2021-2025**
Responsible Executive:	**Helen Buchanan**
Report Author:	**Dianne Williamson Equality and Human Rights Officer**

1 Purpose

This is presented to the Board for:
- Decision

This report relates to a:
- Legal requirement

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

2 Report summary

2.1 Situation

The NHS is founded in equality, it involves every staff member, patient, contractor, visitor, volunteer ,etc and applies to every area of NHS Fife's day-to-day activities; shaping its policies, delivering its services and implementing its employee practices and, assists in developing its workforce.

The Equality Act (2010) and the public sector duty (2011) legally require NHS Fife to devise, monitor and publish a set of equality outcomes and mainstreaming activities every four years. NHS Fife is also required to publish a final progress report at the end of each four year period. Both papers are attached and are legally required to be published prior to end of March 2021. The Board is asked to approve and agree the new set of outcomes and the mainstreaming report for the period 2017-2021.

2.2 Background

The Public Sector General Duty 2011 (PSED) of the Equality Act 2010 requires NHS Fife to:

1. Eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited under this Act.
2. Advance equality of opportunity between people who share a protected characteristic and those who do not.

3. Foster good relations between people who share a relevant protected characteristic and those who do not share it.

The core areas of The Equality Act 2010 (Specific Duties) (Scotland) Regulations (2012) requires NHS Fife to:

- Report on progress on mainstreaming the equality duty
- Publish equality outcomes and report on progress
- Gather and use employee information
- Publish gender pay gap information
- Publish statements on equal pay including occupational segregation information

Actions the requirements of the Fairer Scotland duty (2018). We have taken steps to ensure that the Fairer Scotland Duty (2018) is embedded into our Equality Impact Assessments however we are duty led to pay attention to addressing the effects of poverty in our business across all functions. Further actions to coordinate this activity and report on the range of work undertaken to reduce health inequalities and address poverty requires further consideration. A decision as to how this is reported on will support the return to the Scottish Government in our two yearly progress report and final subsequent reporting at the end of the four year period, against the Fairer Scotland duty (2018).

Scotland is set to become the first country in the UK to directly incorporate the UNCRC into domestic law. The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill was introduced to the Scottish Parliament on 1 September 2020.
The UNCRC (Incorporation) (Scotland) Bill will make it unlawful for public authorities to act incompatibly with the incorporated UNCRC requirements, giving children, young people and their representatives the power to go to court to enforce their rights.

Children's and Young People Rights Impact Assessment is now an integral part of NHS Fife Equality Impact Assessments (EQIA) and a process for publishing is established between Equality and Human Rights and Children's Services.

2.3 Assessment

2.3.1 Quality/ Patient Care

As detailed in the document

2.3.2 Workforce

As detailed in the document. The gender pay gap information will be published separately at the same time as these papers before end of March 2021, this will ensure as accurate and up to date information is published.

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

If both reports are not published by end of March 2021 NHS Fife will not meet its legal duty, with the risk of legal action being taken by Scottish Equality and Human Rights Commission

2.3.5 Equality and Diversity, including health inequalities

A health impact assessment will be completed on each outcome as detailed in the plan. These will be drafted once the outcomes are approved. The purpose for the EQIA being completed as part of the outcome planning process is to ensure we identify and mitigate arising issues for patients, staff and public as part of the delivery of the work. A full EQIA is not required on the papers at this stage.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

NHS Fife recognise the value and contribution that our service users, patients (either representing them or others in their communities) and staff bring in helping to shape and inform our services, functions and policies.

Learning from local and national organisations, reflecting on the known evidence bases, learning from local complaints, comments and feedback have enabled the new setoff outcomes to be established. Referencing local needs assessments along with the information and knowledge we have at this current time, including public health data, led to the identification of these outcomes (2017-2021). All outcomes must be evidence based. NHS Fife acknowledges that outcomes must also be achievable and at this time, the outcomes are not set to pose onerous tasks, especially at this time of uncertain health service demands.

Public engagement and consultation has taken place using the NHS Fife structure for participation and engagement including the NHS Fife participation and engagement directory. This has helped to reach a wide range of individuals and groups.

2.3.8 Route to the Meeting

Equality and Human Rights strategic group
Person Centred Care steering group and
Clinical Governance groups.

2.4 Recommendation

- **Decision** – Reaching a conclusion after the consideration of options.

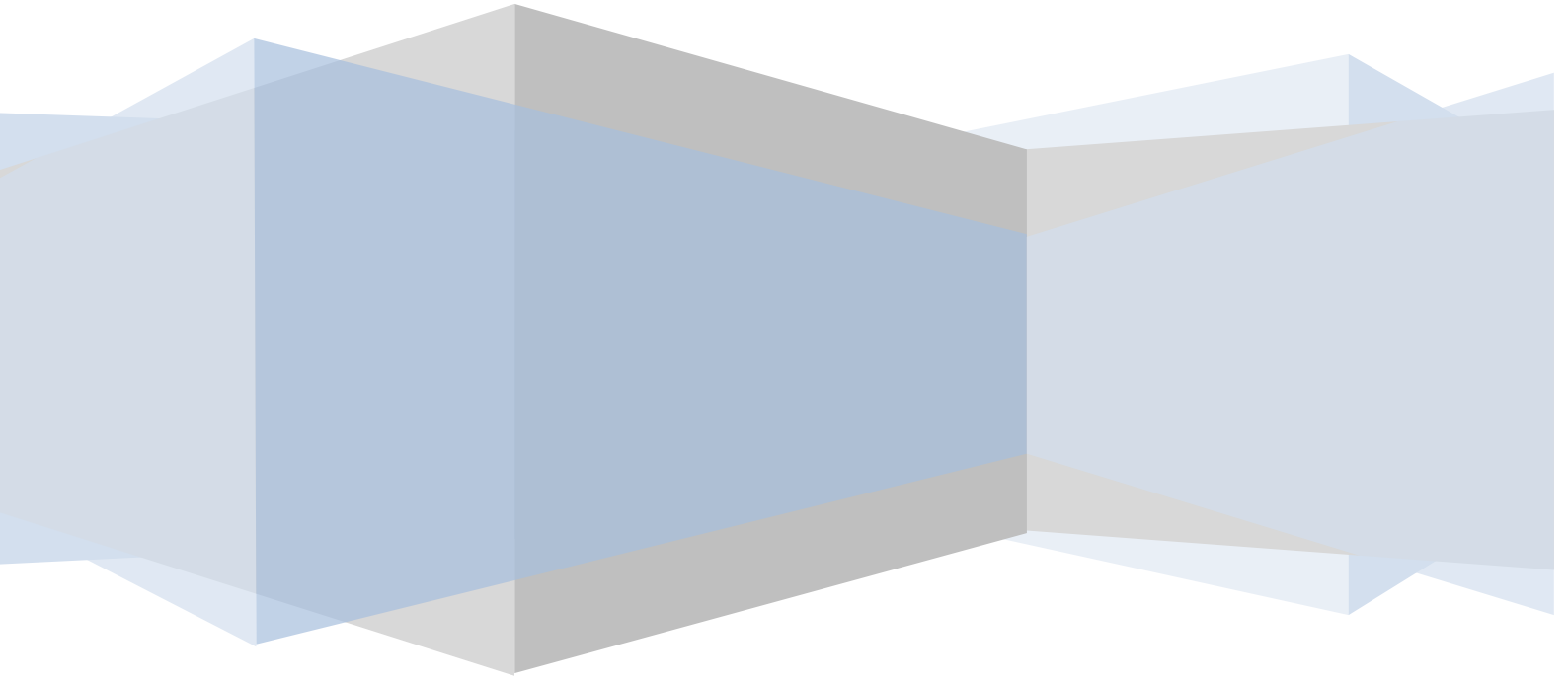
3 List of appendices

The following appendices are included with this report:

Equality and mainstreaming report for period 2017-2021
Equality and mainstreaming outcomes for 2021-2025

Report Contact
Dianne Williamson
Lead for Equality and Human Rights
Email: dianne.williamson@nhs.scot

NHS Fife Equality Outcomes 2021-2025



NHS Fife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If you require this information in a community language or alternative format e.g. Braille, audio, large print, Easy Read please contact the Equality and Human Rights Team at: email: fife-UHB.EqualityandHumanRights@nhs.net or phone 01592 729130.

If you have a hearing or speech impairment please contact NHS Fife via SMS text service number 07805800005

If you would like assistance to access this plan or with help please also contact our partner agencies at:

Deaf Communication Service
Townhouse
2 Wemyssfield
Kirkcaldy, KY1 1XW
Phone: 03451 551503
Email: swinfo.deafcommunications@fife.gov.uk
Internet : Deaf Communication Service

The Fife Centre for Equalities
New Volunteer House
16 East Fergus Place
Kirkcaldy, KY1 1XT
Phone: 01592 645310
Email: info@centreforequalities.org.uk
Internet: Fife Centre for Equalities

Welcome to NHS Fife Equality Outcomes for the period 2021-2025.

NHS Fife is committed to making health and care accessible by eliminating discrimination, promoting inclusion and ensuring a Human Rights based approach underpins all our functions and services.

Aithris Chorporra NHS Fhìobha air Cò-ionannachd agus Còraichean Daonna
Is e rùn NHS Fhìobha cothroman cùram-slàinte fhosgladh le bhith a' cur às do leth-bhreith, a' brosnachadh in-ghabhail agus a' dèanamh cinnteach gu bheil còraichean daonna mar bhun-stèidh nar n-uile gnìomh agus seirbheis.

Welcome

Welcome to NHS Fife Equality Outcomes and mainstreaming plan for the next period 2021-2025.

Equality Outcomes are specific areas of work aimed at addressing particular inequalities for different groups and across certain services. The Equality Outcomes listed in this document do not limit our actions which address inequality but provide a certain focus for the organisation as identified from patient feedback and national and local evidence, and of which supports the legislative duties as set out in the Equality Act 2010. NHS Fife mainstreaming approaches also continues to include further development of our Equality Impact Assessments including the joint integration of our Children's Rights Impact Assessment, policy and planning and governance. In particular, to ensure a fair and equitable NHS Fife, we have created a robust and measureable public engagement and participation process, accountable and governed by Person Centred Care leadership.

It is NHS Fife intention to continue to build on the progress already made and to focus on the areas as identified in this report. NHS Fife looks forward to working across all services and functions and with our wide and diverse communities over the next four years.

NHS Fife Board Membership; Board Diversity Statement

NHS Fife makes a clear and consistent commitment to Equality and Human Rights throughout the organisation by demonstrating diversity at a senior level and amongst Board members.

NHS Fife has appointed a Non Executive Board member to support Equality and Human Rights throughout the organisation.

NHS Boards form a local health system, with single governing bodies responsible for improving the health of their local populations and delivering the healthcare required. The overall purpose of the Board is to ensure the efficient, effective, and accountable governance of NHS Fife and to provide strategic leadership and direction for the system as a whole, focussing on agreed outcomes.

NHS Fife is managed by a Board of Executive and non-Executive Directors who are accountable to the Scottish Government through the Cabinet Secretary for Health and Sport.

The role of the Board is specifically to:

- Improve and protect the health of local people
- Improve health services for local people
- Focus clearly on health outcomes and people's experience of their local health system
- Promote integrated health and community planning by working closely with other local organisations
- Provide a single focus of accountability for the performance of the local NHS system

The functions of the NHS Board comprise;

- Strategy development
- Resource allocations
- Implementation of an annual delivery plan; and
- Performance review and management

The Board comprises 18 members, as follows:

- a Chairperson (Female)
- nine non-executive members, including the designated whistleblowing champion- (5 are Female and 4 are Male)
- two stakeholder members (1 Female and 1 Male)
- a member of Fife Council (Male)
- the chief executive of NHS Fife (Female)
- four executive directors (4 Female)

NHS Fife Equality Outcomes 2021-2025

These are NHS Fife Equality Outcomes for the period 2021 - 2025.

These outcomes are focussed on areas which will advance equality and reduce unfair health inequalities for our communities so focus on both organisational and community health improvement outcomes.

Strong leadership in the area of Equality and Human rights ensures the organisation will work hard to fully meet their legal duties and ethical obligations.

NHS Fife will continue to provide strong leadership and in doing so demonstrate a commitment to equality.

NHS Fife has set out the following outcomes for the next reporting period between 2021-2025;

Outcome 1 Person centred care

Outcome 2 Corporate Services

Outcome 3 Corporate Management

Outcome 4 Human Resources

Outcome 1 Person Centred Care ; fostering good relations and eliminating discrimination.

Mental Health Services Over 65 Services

Acute Services Discharge Planning

Corporate Services Volunteering

The physical health and mental health of those over the age of 65 and involved in adult older people mental health services will be improved.

Improve discharge planning for adult patients leaving hospital care.

Integrate pathway for adults to improve access to health and social support services.

Evidence

‘Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse. ... Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution’. United Nations Principles for Older People, 1991.

‘A Fairer Scotland for Older People a framework for Action’. Scottish Government, 2019.

Fairness Matters, 2015
Fairer Scotland Duty, 2018

Life expectancy in Scotland for the period 2015–2017 was 77.0 years for men and 81.1 years for women,6 which lags behind the UK as a whole, and is also one of the lowest in Western Europe.

Age is a protected characteristic under the Equality Act 2010, however age discrimination still exists. The way we think about older people may be one which reduces and limits their contribution to society and one which believes older people use significant resources within health.

Volunteering can have significant benefits for older people including reducing loneliness, providing meaning and purpose in people’s lives and keeping people physically active.

NHS Fife will improve physical health for those involved in 65+ services within Mental Health, by providing a more sensitive and inclusive person centred care practice. We will provide opportunities for people to participate or volunteer with us to maintain and support health and wellbeing.

- All communication is provided in a format defined and agreed by the patient, carer or representative
- Patients with a cognitive impairment and who need support to communicate are given more time during appointments
- All patients are offered a physical health check as part of a specific programme of work aimed at addressing physical health needs alongside mental health needs
- Staff understand the patients mental and physical health needs including ensuring patients are provided with support to access income maximisation services
- Patients who need community language communication support whilst in long term in patient care receive this regularly via access to interpreting
- NHS Fife will increase patient engagement and participation, using a range of methods appropriate to the subject and these opportunities will be provided in supportive and accessible ways for all.
- Increase opportunities for older people to volunteer with NHS Fife.
- NHS Fife will ensure that all patients upon discharge will not leave our care without adequate support, shelter and food in place. In particular, we will learn from those with a cognitive impairment, and explore ways that they can give feedback about their care in order to improve discharge and other services.

Outcome 2 Corporate Services; advancing equality of opportunity, fostering good relations and eliminating discrimination.

Public Health and Health Promotion

The health of the Black and Minority Ethnic (BAME) Community will be improved.

Evidence

A Scottish Government Expert Reference Group on Ethnicity and COVID work are taking forward the following actions from the initial emerging findings. The expert reference group have made a commitment to;

* Undertaking an audit of past and current initiatives to tackle systemic racism
* Take actions to tackle the barriers faced by our minority communities in work, education, health, and housing

Specifically on data, they committed to:
* Making ethnicity a mandatory field for health databases
* Developing a linkage to the census
* Embedding the process of ethnicity data collection in the culture of the NHS in Scotland

We aim to support this work locally and improve the health of the BAME communities by;

- Improving data collection relevant to BAME communities taking a wide public health view and ensuring this is part of service development..
- Embedding an equality focus for BAME communities into our health promotion and prevention plans.
- Improving the range of health related and self help materials; communities will identify the health subjects, and following review of current publications, we will aim to make them more accessible in a way identified by the community.
- Continuing to expand, develop and ensure patients receive communication support from interpreting and translation, and achieve the best quality and value for our patients and NHS Fife.

Outcome 3 Corporate Management; advancing equality of opportunity, fostering good relations and eliminating discrimination.

Senior Management will be equality focussed.

We will aim to improve and embed knowledge and skills at senior management level by learning, development, mentoring and leadership.

- NHS Fife board will host two equality focussed development sessions at board level each year.
- NHS Fife will be presented with service level breakdown of health issues affecting disadvantaged or minority communities.
- Senior Management will embed equality data and reporting into all governance.
- Further e learning modules suitable for senior managers will be sourced and hosted by NHS Fife.

Outcome 4 Workforce advancing equality of opportunity, fostering good relations and eliminating discrimination.

Human Resources

The health and welfare of BAME staff groups will be improved.

- We will aim to improve our engagement with particular staff groups, ensuring their voice is heard.
- We will support staff groups to establish net works and forums or other means identified by staff, to enable their voices to be heard.
- We will act on the listened to recommendations and issues faced by institutionalised behaviours that affect certain protected characteristics staff groups.
- We will provide a mechanism for feedback from BAME staff groups to be directly heard at board level.

Participation, engagement and consultation

NHS Fife Participation and Engagement strategy has supported the process for the consultation and engagement aspect of setting the new equality outcomes. Consultation and feedback was requested from the 'Directory'' of public members

which contains details of many different groups, patients, relatives or individuals interested in health in Fife.

To find out more you are welcome to contact us at fife.participationandengagements@nhs.scot

NHS Fife Equality and Human Rights team is located within patient relations, which is managed by the Head of Patient Centred Care. This strategic position has enabled the team to keep listening to patient views, comments and complaints. These patient experiences, have allowed us to also identify themes from the feedback and these have then also supported the determining of our equality outcomes.

A range of services and departments were invited to comment, and to establish their own equality outcomes, for example Outcome one, 'Improving the mental health of those over 65 and involved with mental health services'. Mental health services will take the lead for this outcome over the next four years, and will set in place a monitoring and evaluation framework.

The Equality and Human rights strategic group gathered together to discuss the outcomes proposed, and to further consult with their staff groups.

An equality Impact Assessment was completed as a table top exercise but drawing from the range of comments and feedback processes as described.

Measurements

Measurements will be determined by senior leadership, senior management and service / department/ or teams and as also part of a Board development session. Support from Clinical Governance will help lead the teams through the learning and development sessions, whilst identifying key measures and indicators. Identification of the baseline and measures to demonstrate progress will then be taken forward in an action plan, which will be monitored by the Equality and Human Rights Strategy group, reportable to Person Centred Care Strategy group.

NHS Fife is committed to making Fife a healthier place.

NHS Fife strives to improve our equality and human rights practice in all that we do for patients, public and staff.

NHS Fife Equality and Mainstreaming Report

Period 2017-2021

NHS Fife's Corporate Equality and Human Rights Statement

NHS Fife is committed to making health and care accessible by eliminating discrimination, promoting inclusion and ensuring a Human Rights based approach underpins all our functions and services.

Aithris Chorporra NHS Fhìobha air Cò-ionannachd agus Còraichean Daonna
Is e rùn NHS Fhìobha cothroman cùram-slàinte fhosgladh le bhith a' cur às do leth-bhreith, a' brosnachadh in-ghabhail agus a' dèanamh cinnteach gu bheil còraichean daonna mar bhun-stèidh nar n-uile gnìomh agus seirbheis.

If you require this information in a community language or alternative format
e.g. Braille, audio, large print, Easy Read please contact the Equality and Human Rights Team at: email: fife-UHB.EqualityandHumanRights@nhs.net or phone 01592 729130.

If you have a hearing or speech impairment please contact NHS Fife via SMS text service number **07805800005**
If you would like assistance to access this plan or with help please also contact our partner agencies at:

Deaf Communication service
Townhouse
2 Wemyssfield
Kirkcaldy, KY1 1XW
Phone: 03451 551503
Email: swinfo.deafcommunications@fife.gov.uk
Internet : Deaf Communication Service

The Fife Centre for Equalities
New Volunteer House
16 East Fergus Place
Kirkcaldy, KY1 1XT
Phone: 01592 645310
Email: info@centreforequalities.org.uk
Internet: Fife Centre for Equalities

Contents

Welcome

Welcome to NHS Fife Equality Outcomes final report covering the past 4 year period, 2017-2021.

It is the responsibility of NHS Fife, its employees and all those that work with us providing services or products, to ensure that we comply with The General Equality Duty 2011 and the Specific Duties (Scotland) Regulations 2012 of the Equality Act 2010.

One of the most important developments during this four year period has been the strategy for participation and engagement and the structure, guidance and processes that we have put in place to support our communities and services working together.

This has enabled a clear and inclusive approach to engaging and involving a diverse range of communities and individuals and has helped us to ensure we are more transparent and accountable in the way we involve individuals and communities.

NHS Fife is pleased to produce this report which tells us how we have met those legislative duties and made progress towards making a fair and equitable NHS for all. And how we intend to continue to mainstream these activities and more over the next four years.

1. Summary of progress

NHS Fife has a population of 368,080 (approx) with a diverse mix of communities of interest and socio-economic groups.

There is one Health Board and one Local Authority, Fife Council. Fife's Health and Social Care Partnership (including Primary Care) sits between the two parent organisations.

In March 2017, NHS Fife published their second set of Equality outcomes along with details of how we intended to embed equality and human rights into practice. This report provided an update on the progress made towards NHS Fife Equality mainstreaming plan set of outcomes and work undertaken to improve and expand our efforts to achieve equality in health, during this period. This report summarizes actions taken to meet our equality and public sector duties for the period 2017-2021. The following outcomes were set during this period:

Equality Outcome 1

Patients living with a disability are supported to effectively manage their own health.

Equality Outcome 2

Spiritual needs of patients are met.

Equality Outcome 3

Health of the Gypsy Traveller Community is improved.

Equality Outcome 5

The workforce reflects the diversity of the local population.

Equality Outcome 4

LGBTi + people experience improved services.

Summaries of key improvement areas

- Interpreting and Translation Services
- Equality Plan – Embedding Equality Practice in our Daily Work; Violence, Aggression and Hate Crimes**,** Violence against women, Training and Development
- Improving Access and Information for British Sign Language (BSL) Speakers to Eliminate Unlawful Discrimination
- Promoting Health of Looked after Children to Ensure Improved Health Outcomes, by Advancing Equality of Opportunity and Eliminating Discrimination.
- Improving Patient and Community Relations; Fostering Good Relations; including work with the third sector; Advocacy and Carers
- Reducing Stigma of Mental Illness to Eliminate Unlawful Discrimination
- Improving Access to Services for People Experiencing Discrimination on the Grounds of Poverty
- Providing Ethically Sourced Goods and Services.
- Equality Impact Assessments

2. Interpreting and Translation services

Interpretation

NHS Fife recognises the need for good communication for everyone. This ensures that our patients, public and staff alike are able to understand and express themselves clearly. Providing support to communicate is a legal and ethical obligation of NHS Fife and is enforced by legislation in the form of the Equality Act 2010 and Public Sector Duties Act 2011.

NHS Fife is committed to providing the most appropriate and effective communication method for the patient, which enables the workforce to deliver services that are person-centred, safe, effective, timely, responsive and equitable. Provision of a range of communication supports are available such as boogie boards, white boards, voice amplifiers and crescendos, along with interpreting and translation service for those who speak community languages.

NHS Fife provision of interpreting services includes face to face interpreting; along with telephone, audio and visual via an on line APP called 'Insight'.

We did;

We record, monitor and responded to any interpreting related complaints. By, working with our providers we ensure and improve the services offered.

Example; A patient asked that in future his communication could be better supported by offering him a 'boogie board' which he would use to write down his questions etc. These were purchased and one placed in the department in question.

We have increased our joint work with local agencies such as our local Deaf Communication Service to support patients who need additional help to get to appointments, we worked with them to review our loop systems and improve signage and we actively engage with a public participation group, listening to concerns and comments raised by our deaf / Deaf community.

To support patients across all our services, NHS Fife purchased 80 ipads, which we added our service providers interpreting APP onto, thereby providing instant access to interpreting in both visual and audio formats between patient and staff. Staffs is encouraged to use the ipads and the interpreting APP for general conversations during their ward stay, making them feel less isolated and more included in ward life and during their hospital stay. These have also supported people to remain connected with their families whilst visiting times have been limited. Use of the ipads for communicating with home life will continue and remain as part of patient centred care.

A review of interpreting by service helped us to determine the areas which needed more equipment to help interpretation and communication with patients. An increased amount of 'Interpreter on wheels' devices has been made available across various wards and departments.

More recently, these have enabled the continuation of interpreting to be provided during more restricted times and have ensured particular services established for the purpose of COVID 19 have had access to interpreting. The devices minimise the need for face to face interpreting, and in circumstances where a face to face is not always necessary.

Near me is an online appointment and consultation platform. A full local Equality Impact Assessment was undertaken and localised trials have resulted in staff and public guides being produced which detail how to use interpreting as part of this on line service. The staff guide informs our teams of the appropriate use of on line interpreting. And a patient guide supports patients to use Near Me when they have an appointment. These guides are available from NHS Fife website, and are also provided in a British Sign Language version. The guides have also been shared with partners to help patients find the support they need to use Near me.

Translated documents for patients detailing in a range of languages how to use Near Me are available and we will continue to look at ways of improveing access to support guides and the range of guides for new systems being introduced as they become available.

Translation

NHS Fife provides translation for

Type of Documents:

- Consent Form
- Immunisation Record
- Inpatient Resource
- Leaflet
- Letter
- Patient Record (Medical Record)
- Police Check (HR)
- Poster
- Power point Slides
- Questionnaire
- Reference (HR)
- Report
- Social Story Board

The top 3 languages frequently requested are: Arabic**,** Polish**,** and Romanian.

And of course many documents are translated back into English for patients having moved here or returning from travelling abroad. Overall, for the period between July 2016 and July 2020, we accommodated over 435 requests.

NHs Fife has put in place an out of hour's agreement to provide translation 24 hours a day.

3. Embedding Equality Practice in our Daily Work

Hate Crimes and incidents, Violence against Women, Training and development

Violence and Aggression; Zero Tolerance

Following lengthy discussions and consultation with staff about the continued use of the national campaign and strap line 'Zero tolerance', feedback suggested that staff and patients understood this to refer primarily to violence and aggression caused or related to drugs, domestic abuse, anti social behaviour. As a result the general feedback led to a decision that in more recent time this statement had become somewhat diluted.

NHS Fife continues to use the following pledge;

- To treat patients with dignity and respect
- That all staff have the right to be treated with dignity and respect and to work in a safe and non hostile environment
- That physical or verbal abuse or disruptive behaviour in any form will not be tolerated
- That any such incident will be treated seriously
- That support will be given to staff who wish to pursue legal action where appropriate

NHS Fife wished to retain this 'Pledge' but that it be supported by clear terms of reference for the future action. Furthermore, 'Zero' is impossible to attain, so for monitoring and improvement of such an outcome a new measureable statement was put in place.

The forming of a strategic group,' **Violence and Aggression Management Forum** to effectively manage, monitor and minimise acts of Violence and Aggression towards staff, including 'hate incidents' within NHS Fife which will ensure that patients, staff and the general public feel safe and secure.

Hate Crimes

NHS Fife has seen an improvement in recording of racially motivated Incidents.
Specific provision has been made within the DATIX recording system, through a range of drop down options, which enable staff to highlight their perception that the incident is motivated by hatred. These incidents are flagged for the NHS Fife Lead Officer for Community Safety and the Equality and Human Rights Officer, who can advise staff and managers and where necessary signpost them to Occupational Health services or referral to external support agencies or the NHS Fife staff listening service.
This information is then fed back to the Violence and Aggression Forum and Equality and Human Rights Strategy Group for discussion and recommendations.


Violence Aggression Terms of Reference.d


Final pledge 2017.doc

Violence against women

NHS Fife works closely in partnership with various local and national organizations. Fife Violence against Woman (VAW) Committee steers the agenda to eliminate violence against women and girls across all partners in Fife. The aim is to provide a “Scotland where all individuals are equally safe and respected, and where women and girls live free from all forms of violence and abuse-and the attitudes help perpetrate it”.

NHS Fife has and will continue to support delivery of the local VAW action plan by providing training and advice to staff predominately within the NHS and other 3rd sector agencies through the MARAC training, Female Genital Mutilation (FMG) AND Zero Tolerance training and also participating in Multiagency Risk Assessment Conferencing (MARAC) by supporting joint working where the individual requires ongoing care or treatment.

We have also commenced and aim to establish action planning within our present roles to promote equality across Fife so all agencies are working and establishing the same outcomes.

The Gender Based Violence Nurse Advisor Specialist also provides a holistic support service for any individual who has sustained a rape or sexual assault. This is completed with Police, Forensics Services and also FRASAC (Fife Rape and Sexual Assault Centre) to provide a continuum of care.

NHS Fife has and will continue to promote positive gender roles in appropriate project work and seek to early identify any patient or staff domestic abuse throughout services, by focusing on particular settings such as mental health, addictions, and women’s services and at Accident and Emergency. At present NHS Fife have 3 trained members within our GBVNAS (Gender Based Violence Nurse Advisory Service) who have completed the necessary trauma informed training within our colleagues within the partnership for response to any individual or member of staff who have sustained any form of inequality and abuse.

NHS Fife has and will continue to conduct campaigns in accordance with all the Fife Violence against Women Partnership agencies and work to achieve transparent networking and social campaigning.

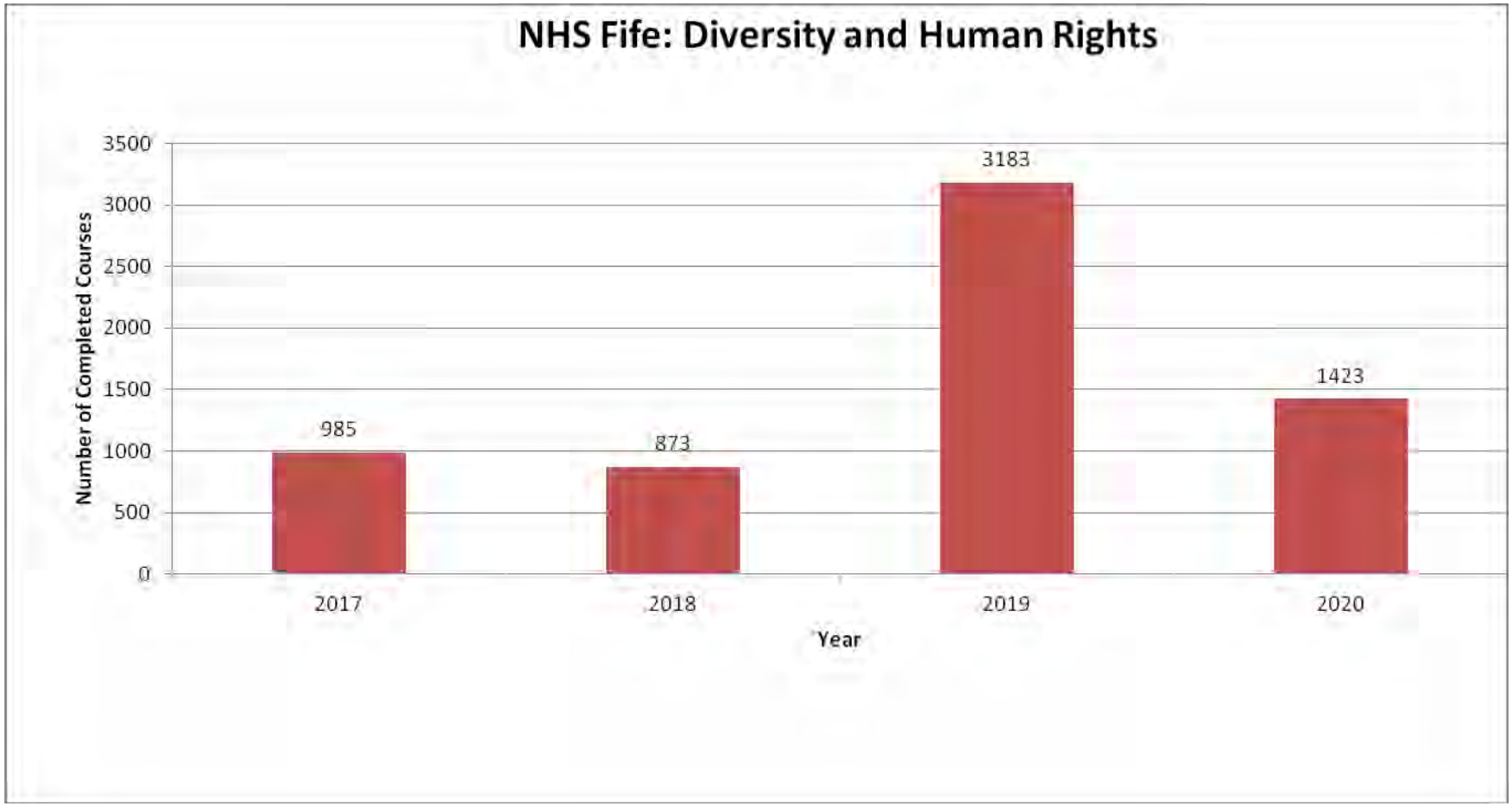
Training and development

NHS Fife continues to develop a suite of learning and training opportunities on various aspects of Equality and Human Rights for all disciplines and professions and at all grades. We would like to extend and expand this over the next four years as part of our mainstreaming work. We aim to include a more diverse on line training provided by partners and also by promoting NES learning opportunities.

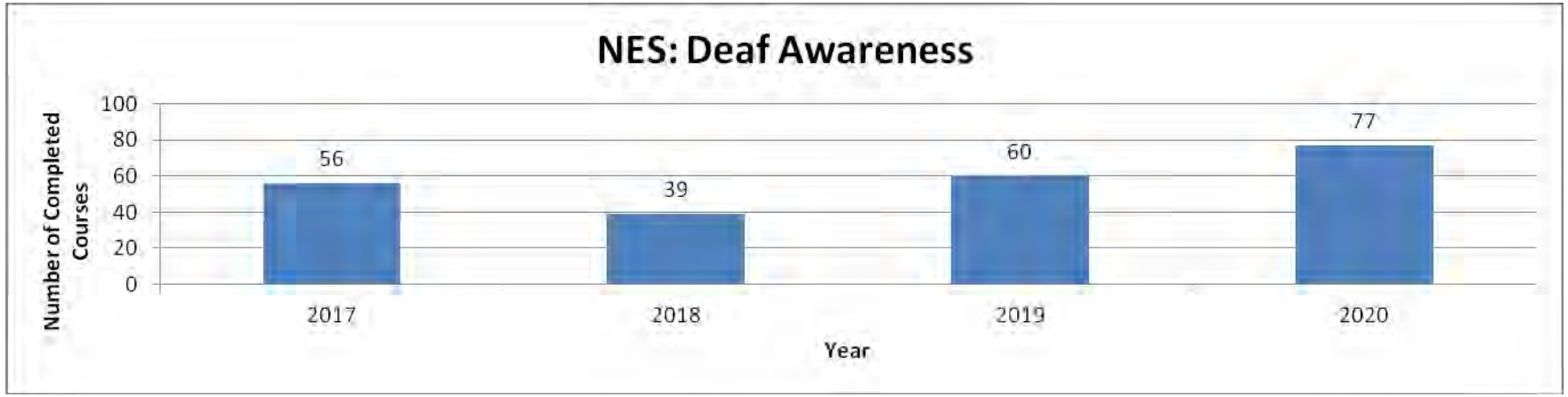
Locally NHS Fife and our partners devised and provided 25 Deaf awareness sessions. The sessions included a mixture of sessions, bespoke to department needs and ranging from between 30 minutes to 60 minutes, with over 128 staff members attended tsessions across various NHS sites.

Report on Deaf Awareness Sessions f

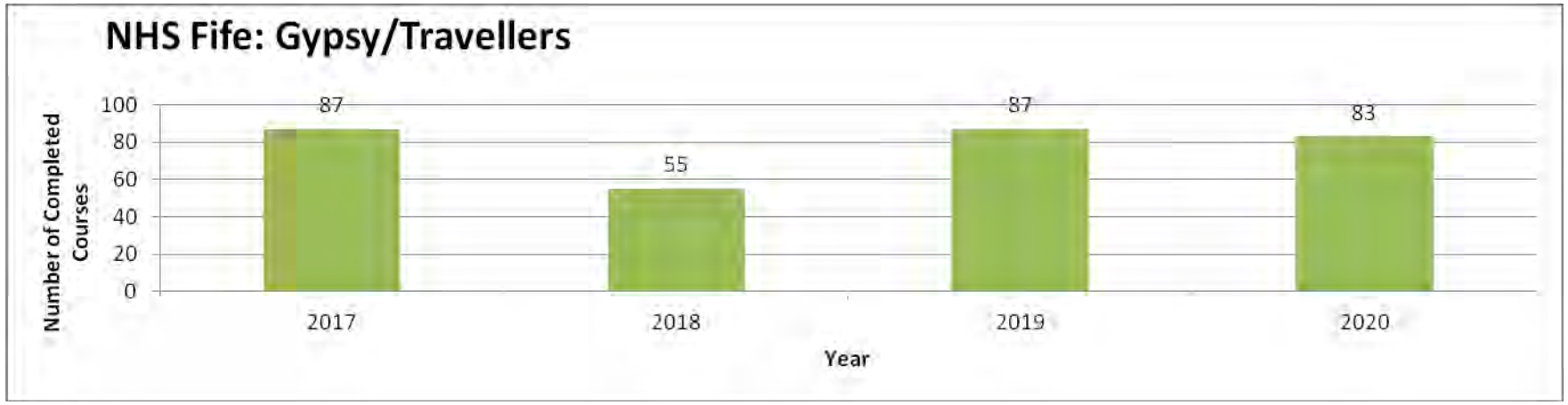
NHS Fife also hosts the following e learning modules with the following completed over the past 4 years. A noticeable difference in the amount of staff completing these modules is demonstrating staff awareness of equality and human rights and learning needs on these subjects. Recently we have promoted the new e learning module on TURAS ‘Gender reassignment’.


NHS Fife: Diversity and Human Rights
Number of Completed Courses
3500
3000
2500
2000
1500
1000
500
0
985
873
3183
1423
2017
2018
2019
2020
Year

Course: NES: Deaf Awareness course



Course: NHS Fife: Gypsy / Travellers course



Stonewall LGBT Good Practice course

Health Promotion Training Programme

The 2019-2020 edition of the Health Promotion Training Program features a wide range of free training courses aimed at helping people working in Fife to contribute towards preventing ill-health, improving health and wellbeing and reducing inequalities in health across Fife.

Focusing on prevention and tackling inequalities is a key strategic priority for Fife Community Planning Partners. The training opportunities offered through the program directly support many of the ambitions and priority themes set out in Fife Local Outcome Improvement Plan 2017 -2027 'Plan4Fife'. NHS Fife is pleased to support this agenda on behalf of the Fife Communities and Wellbeing Partnership.

This program is produced by the Health Promotion Service, part of Fife's Health & Social Care Partnership. NHS Fife is delighted that many of our colleagues from various different organisations in Fife continue to work with us to share their expertise and ideas through the delivery of this program. Programs also receive funding and support from Fife's Health and Wellbeing Alliance.

NHS Fife offer an extensive suite of Mental Health Training courses which directly support delivering the priorities in Fife's Mental Health Strategy 2019-2023 "Lets Really Raise the Bar". Some of the courses such as safeTALK, Reducing Health Inequalities and Steps for Stress can be delivered in-house to meet the needs of specific services.

Each year a new Health Promotion training program is devised and the range of training provided for NHS and partners increases. In particular, and to continue with progress made towards our outcome to improve LGBT experiences of healthcare as set out in the 2017-2021 outcome paper, we intend to expand on the LGBT and Transgender training for staff to increase and improve confidence of staff and trust for LGBT communities in health care services. This is underdevelopment with our local LGBT partners and NHS Lothian.

HP-Training-Programme-2019-2020.pdf

4. Improving Access and Information for British Sign Language (BSL) Speakers to Eliminate Unlawful Discrimination

NHS Fife set out its intentions to do the following during the period 2017-2021.

- We will continue to learn from and understand the needs of the British Sign Language (BSL) community by regularly meeting with BSL speakers and involving them in the work of the Participation and Engagement network and forum.
- We will draft and monitor the BSL patient experience, presenting these to services and corporate functions with the aim to raise awareness and make service improvements.
- We aim to improve the range of materials available to our BSL community, ensuring they have equal access to health information.

These outcomes still continue to be taken forward and indeed we aim to continue to involve and listen to our BSL speakers in order to improve the care and experiences of those patients. We will continue to provide accessible items to make the patient stay more comfortable, including providing a 'kit bag' in the next year of mainstreaming, which will give patients a range of support items to help with their communication whilst with us, and when they return home.

In addition, we will monitor and report specifically on complaints made by people who are Deaf or hard of hearing and learn from those complaints, taking forward improvement plans and tests of change.

NHS Fife provided hard of hearing awareness stands for information, awareness and advice on local services at various locations across Fife. Staff, patients and public popped by to find out more and pick up further information.

Following the British Sign language Act of 2015, NHS Fife has had an BSL operational action plan (2018-2024) in place and worked closely with partners including our BSL interpreting provider and our local Deaf Communication Service to do the following;

- deliver more information in an accessible format –information translated into BSL,
- to engage in a group forum to allow us to have direct communication with Deaf and hard of hearing individuals,
- to continue to improve access to services by improving our communication routes such as making improvements to our text messaging system.
- Monitor feedback and complaints and take action to address these

An example; a forum member raised a concern about the use of online BSL interpreting via a technological device (interpreter on wheels), for a visit to the hospital. NHS Fife reviewed the guidance for the use of the on line devices for BSL interpreting and by working with the group forum and the individual we redrafted the guidance and criteria for use.

NHS Fife provides a public/patient drop in session once a month, which helps our BSL speakers and hard of hearing patients to talk with us directly, raise any issues, provide a comment and give us feedback and tell us about their experiences. See further actions undertaken in the attached health section of the action plan.

health BSL action plan section.docx 1.docx

5. Promoting Health of Looked after Children to Ensure Improved Health Outcomes, by Advancing Equality of Opportunity and Eliminating Discrimination.

NHS Fife key actions listed in the 2017-2021 plan was; as follows;

- NHS Fife will provide a Looked after Child (LAC) Health Assessment for all LAC children, supporting access to adult services and addressing immediate health needs.
- NHS Fife will ensure a competency framework is in place for all nursing provision for LAC, to ensure the best standard of care is provided for the most vulnerable children.

NHS Fife has put in place a competency framework for undertaking Health Needs Assessments for the school nurses.

The school nurse service offers a Health Needs Assessment for all those individuals newly received into care, within the recommended 4 weeks. NHS Fife completed these LAC health assessments during the period between April 2017 and March 2020.

Also this does not include completed permanence medicals.

01.04.17 - 31.03.18 179 completed
01.04.18 - 31.03.19 193 completed
01.04.19 - 31.03.20 138 completed

The summary of the Health Needs Assessment is provided to Fife Council Social Work.

We will continue to highlight the need for all Looked after Children to have an advocate to support them in their choices, reducing disadvantage and discrimination in access to services, support and health.

We will ensure that the voices of those young people and children are actively encouraged and specifically engaged with as part of the children and young people participation mechanisms.

6. Improving Patient and Community Relations; Fostering Good Relations

NHS Fife stated they would;

- Establish a forum to take responsibility for driving the participation and engagement agenda and ensuring alignment and coordination across all work streams, really embedding the patient and public viewpoint.
- We will ensure that the new forum will include a wide range of stakeholders.
- We will source ‘Ambassadors’ from our planning areas across Fife to ensure that many different views are heard.
- And we will have structures which enable those voices to be heard.
- NHS Fife will ensure that services become aware of the role of the ‘Local Area Coordinators’ and that health services are able to sign post appropriately.

A revised model for public participation and engagement

NHS Fife has established a working model for participation and engagement. The model supports services to involve, consult, engage and participate at the right level. Partners come together with NHS Fife to provide an advisory group which helps services to engage effectively, and supports their participation work to be more inclusive. The advisory group works to service public interests across both NHS Fife and Fife Health and Social Care Partnership. A large directory of public contacts has been established with individual's interests and lived experience recorded. An advisory group guides the process and provides an inclusion focus for any service requesting participation or engagement with those involved in the directory. We work in partnership with local agencies to also seek views and experiences. A fairer and more representative participation and involvement approach is also supported by participant forums and network meetings.

NHS Fife will continue to make progress to engaging with and involving our diverse communities, we will ask them how they would best like to be more involved and we will establish new ways of working to include people in our operational work. NHS Fife will establish patient forums or networks, linking in to local community based organisations and activity to ensure people can be more involved.

Advocacy

NHS Fife continues to be a joint partner in the development and delivery of Fife Advocacy Strategy.

Here are Amelia (Citizens Advocate) and Elaine (Citizen partner), just one of our Fife advocate partnerships.

NHS Fife participated in joint advocacy development sessions with local providers aimed at establishing a joint working statement and to set the future plans for the drafting of a new Advocacy strategy.

Ipads, which are held on each ward, have also provided the patient with access to their advocate, thereby continuing the advocacy support for the individuals and helping to maintain that important relationship, whilst in hospital. Staff facilitated access to the patient advocate. Keeping in touch with home life and the supports that enable you to have a good quality of like is valued and we would aim to keep this arrangement strong and in place for the time when the patient is able to return home.

This work will continue to progress and additional communication arrangements between third sectors, community based services and acute settings will be explored, in order to ensure all patients are able to return home with access to food and shelter, and improving financial access.

Advocacy continues to support patients to effectively make comments, complaints and raise concerns. Close working arrangements are in place with our local professional advocacy provider to support those who wish to raise a patient relations experience. A policy and procedural guidance is being written which will support access to complaints and comments processes.

A series of pop ups were held across NHS Fife premises during 2018. Patients, staff and public were offered information and details of how to access advocacy services.

Advocacy-Strategy-2018-2021.pdf

Children's services

Children's Services has made a commitment to ensure that its responsibility of the United Nation Convention on the Rights of the Child (UNCRC) requirements to the Scottish Government is undertaken effectively and have developed a number of steps to ensure that they are embedded into day to day practice.

Children's Services has prioritised promoting the needs and rights of children, young people and their parents and carers, recognising that they should be central to all assessments, interventions and planning.

Children, young people and families' views are listened to, valued and respected .Best practice recognises and values the importance of working with children and young people and their families in a manner that supports them to feel empowered and meaningfully engaged in any assessments and planning for them.

The following developments have been undertaken:

- Development of Children and Young People's Engagement and Participation Framework' to support services to consider how they can engage children and young people in decision making processes
- Implementation of Children's Rights & Wellbeing Impact assessment
- Development of Wellbeing / Rights Wheel
- elearning module and 7 minute briefing to increase awareness of all staff across services.
- Undertaken consultation with children , and young people to inform new priorities for Children's Services Plan
- Undertaken further engagement with young people and families to review services delivery during COVID 19
- Use of digital platforms to share accessible information
- School Nursing, Health Visiting and Family Nurse Partnership undertook test of change to support Excellence in Care developments.

EiC leaflet YP April 19 TM220519.pdf

Children's services have paid particular focus to participation of children young people and families, using the 'What Matters to you' program to further engage and listen to individuals and groups. This opportunity helps develop closer working relationships with families in order for children's services to learn more about how they can provide better care and support. The use of 'what matters to you?' will continue.

These person centred care approaches aim to improve outcomes for patients. Here is a copy of the report from NHS Fife Children's services 'What matters to you?' work.

WMTY CYP summary 2020.docx

7. Reducing Stigma of Mental Illness to Eliminate Unlawful Discrimination

Walk a Mile 2019

One of the main purposes of Walk a Mile is to bring together professionals, cares and people with lived experience so they can get to know each other and walk a mile in each other's shoes. It's an activity that aims to tackle stigma that stops people speaking about their mental health.

2019's Walk A Mile was on the 25th of June across 3 venues in Fife - Silverburn Park, Stratheden Hospital and Queen Margaret Hospital with over 150 participants taking part. During the walk participants were asked to discuss questions from the Conversation Cards that were given out. "What difference can it make if someone asks if you're okay and really listens?" and "How do you care for your own mental health?"

At the end the walkers were asked to fill out the back of the Conversation Cards, which asked if they had been inspired by the day and if so, what they were going to do. Some of the comments returned were:

- More exercise. Speak to son more about mental health, Once monthly walk a mile would be great.
- On the walk I couldn't tell who was 'ill' and who wasn't. The gap is not so big. I need to remember that.
- Talk about mental health more. Not just at work but personally too.

- It inspired me to reflect on current meant health services and how they can be improved.
- How good walking is for mental health as well as physical health!
- Keep challenging stigma at every opportunity
- Try to not be afraid to discuss when things aren't going well and foster environments where people feel comfortable to discuss their mental health.


Walk a Mile 2019 report.docx

8. Improving Access to Services for People Experiencing Discrimination on the Grounds of Poverty.

Poverty

In practice, NHS Fife said they would;

- Focus efforts which enable staff to recognise the combined negative impact and nature of both the characteristic of the individual and situation in generating inequalities and strategies for them to adopt to address this.

Poverty affects a significant proportion of the Fife population and can have a big impact on many areas of peoples' lives. This can include their mental health and wellbeing, their ability to develop skills and learn, find or maintain employment and can threaten basic needs such as access to health, food and housing.

The Fairer Scotland Duty 2018, Part 1 of the Equality Act 2010, came into force. This duty requires us to pay 'due regard' as to how we reduce health inequalities and negative outcomes arising from any social or economic disadvantage, when making decisions. This duty is now an integral element to the Equality Impact Assessment process for NHS Fife, and, as such the impact of poverty and financial exclusion is considered with any potential impacts recognised and a reasonable adjustment made. This area of work is embedded into many areas across the whole system, including training, joint work between health and community planning, locally provided community support and developments, and food and heating provision.

Across some NHS Fife services there are Citizens Advice and Rights Fife (CARF) staffs that are located on site in the departments, such as in Midwifery, to support individuals with financial concerns. This model offers direct and inclusive access to financial help. Alongside this way of working and in addition to this model of direct access, NHS Fife addresses social and economic disadvantage by training staff to identify financial poverty.

Additional work will be mainstreamed into service supporting those who use addiction services. In addition work will be taken forward to provide a pop up on Gypsy Travellers sites to provide access to financial support.

The Poverty Awareness Training Programme 2019/20 offered free training to support all public and voluntary sector workers in Fife. This training programme is funded by Fife Partnership, through the Plan 4 Fife to tackle inequality and work towards a fairer Fife. Courses were suitable for people who had little experience of supporting service users with these issues and/or those who wished to update their knowledge and skills in these areas. The range of courses, gives staff the confidence and communication skills to sign post and support individuals to local financial services. *These training programs will continue into the next planning cycle.*

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Fife Health & Social Care Health Promotion Training Team carried out the operational organisation and coordination of the programme while Fife Council, Child Poverty Action Group (CPAG) Scotland, Citizens Advice and Rights Fife (CARF), Education Scotland, Fife Gingerbread and Health Promotion were involved in the delivery and facilitation of each course.

Poverty Awareness Training Programme 2

The following courses were available:

- Introduction to understanding Households in Financial Crisis
- In-work Poverty Training for Managers
- Supporting Low-Income Households to Manage Benefit Changes
- Steps for Stress Workshop
- Hey Girl - Period Poverty
- Universal Debit
- Pimp my Purse
- Do your bit – help to reduce Child Poverty
- Supporting Hard Up Households (eLearning)
- Welfare Reform: What you need to know (eLearning)

A total of 15 face to face courses were offered. A total of 125 participants were in attendance.

A Poverty Awareness Training Programme 2019-2020 audit report has been published.

Poverty Awareness Training Programme 2

- We will continue to develop our partnerships across community planning and within the 'locality' arrangements, providing support for public health initiatives and efforts to improve the local infrastructure which is in the spirit of sustaining and optimising health and wellbeing.

Locality planning; established across the 7 committee areas in Fife, have a core group and a wider stakeholders group, which meet twice a year. The localities groups meet to address locally identified priorities and establish new joint ways of working. The aim is to extend the membership of these groups, by involving the public by creating locality forums.

- It is envisaged that many partnerships between services will develop in the 'community hub' setting. These 'hubs' will aim to address social disadvantage for the patient (NHS Fife Clinical Strategy, 2016-2021).

Community health and wellbeing hubs are now open and running across Fife in different locations. These provide a source of contact for the public with housing, social work and health. The 'hubs' have supported many people to access further help and support..

The NHS Fife 'Carers and Patients Information Point' will support signposting thereby advancing equality of opportunity.

The Carers and Patients Information Point (CPIP) has supported many patients, relatives, visitors and staff to source information, help with referrals to partner organisations and find a local community support group. The CPIP is manned by organisations such as the Carers Centre, Fife Young Carers, MS Society, Fife Disability Housing Association, etc, A rota is in place and operated with each organisation hosting their service on a monthly basis. The main information requested is for dementia and mental health.

9. Providing Ethically Sourced Goods and Services.

NHS Fife procurement is committed to comply with the Equality Act 2010 and will ensure procurement services are delivered in a non-discriminatory manner that ensures fairness and equality to all stakeholders. NHS Fife procurement will work towards preventing and eliminating discrimination between people on grounds of race, disability, gender, sexual orientation, age and faith or religion by making sure that we build equality and diversity into all our working practices.

NHS Fife procurement will:

- Make sure that we purchase goods, services and facilities in line with our equalities and diversity commitments.
- Not use suppliers or organisations who do not share our values on equality of opportunity and diversity.
- Ensure all businesses from diverse communities have an equal opportunity of competing for NHS Fife procurement contracts.
- Ensure SMEs have an equal opportunity of competing for NHS Fife procurement contracts.

NHS Fife pledged to purchase goods and services from ethical providers, continuing to build on our original outcome from our Equality Mainstreaming plan of 2013-2017. This outcome is now embedded, as ethical procurement must be an integral element of

the operational partnerships and agreements with providers. All documentation has a requirement to request a copy of the providers' equality policy or statement of such equivalent with regard to the Equality Act (2010). Fairness Matters, The Fairer Fife Commission, November 2015 supports the need for NHS Fife to further embed its ethical practice to reduce health inequalities at a local level by increasing local procurement from local sources. Our intention to commission and procure local services by NHS Fife also enables us to contribute to addressing inequalities for local population by securing employment and local economic growth for all.

NHS Fife continues to work within given NHS Services Scotland National Procurement Policy.

10. Equality Impact Assessments

Equality Impact Assessment

A full review of the EQIA toolkit was undertaken during the period between 2017 and 2021. The revised documentation ensured that the Public Sector Duty (2018) to address social and economic impacts was included. The Children and Young People's Rights Impact assessment is in place and has also been embedded into the Equality Impact Assessment documents and toolkit. All Equality Impact Assessments will prompt staff to consider the rights of children and young people in the policy or plan that they are assessing.

The Children and Young People's Rights impact assessment includes reference and structure to enable NHS Fife to engage and involve young people, as referenced under 'Improving Patient and Community Relations; Fostering Good Relations'. An appointed children's participation officer is in post to support services to include young people and children and a joint participation and engagement structure and process is in place with Fife Council. This provides us with the assurances that children and young people are included in the Equality Impact Assessment process and that we implement, consider and address as identified any impact of service change upon young people, with young people.

Attached is a copy of the revised NHS Fife Equality Impact Assessment toolkit.

Equality Impact Assessment Toolkit v1

Attached is a copy of NHS Fife Children and Young People's Rights Impact Assessment.

Childrens rights and wellbeing impact asse

11. Equality outcomes 2017-2021

<u>Equality Outcome 1</u> Patients living with a disability are supported to effectively manage their own health.

NHS Fife have increased the range of information in British Sign Language (BSL) and promoted access to these films via our local BSL interpreting provider, including on their websites, our websites and utube availability. Mental health information has increased over a range of subjects including expanding the resources available to support positive mental health and wellbeing; these are now hosted onto a new NHS Fife website called Access Therapies Fife. A separate section on NHS Fife website hosts up to date information, easily accessible by the public. NHS Fife will continue to prioritise BSL health information in video formats.
Self help for social anxiety, coping with trauma and depressions, are three of the recently published resources supporting mental health.

A test and trial location for the use of a ‘coaster’ system which helps hard of hearing patients to know their appointment is being called, is ready to take forward. This work will take place in an audiology clinic. The coaster system will offer the patient the security of moving about, going for a rest break etc whilst waiting. This service improvement has been led by patient feedback, complaints and involvement from local hard of hearing groups.

Not all disabilities are visible

For ‘What Matters to You Day’ in 2018, NHS Fife worked with the Fife Branch of the National Ileostomy (Fife IA)and Internal Pouch Association to help raise awareness of the condition.

Person Centred Care; NHS Fife brought the issue of a ‘hidden disability’ to the staff and public attention. The awareness work centred on an experience that the Chair of the Fife National Ileostomy association group shared at a public participation network

meeting. The Chair talked about someone with a hidden disability being challenged after using a 'disabled toilet' (the toilet had a wheelchair symbol on it). The person using the disabled toilet had been verbally abused and felt very distressed after the experience.

The Fife IA support group and the Equality and Human Rights team worked together and in conjunction with Grace Warnock (Scots Young Person of the Year 2018) to promote 'Grace's Sign', the sign promotes accessible toilet signage in public areas. We linked the planning and activity for this work to 'What Matters to You Day' for 2018. Fife IA designed a questionnaire and a poster for their pop-up session, NHS Fife helped with the design and the content of the various communications.

NHS Fife continues to work closely with the local support group, to ensure adaptations and signage improves throughout all NHS Fife locations. Recent patient information stands have highlighted the campaign to improve awareness about hidden disabilities.

Equality Outcome 2 Spiritual needs of patients are met.

The Department of Spiritual Care set out to complete two major developments in 2018. One was the completion and launch of NHS Fife's first Fife-wide Spiritual Care Policy.

The policy promotes person-centred Spiritual Care that is safe, accessible, caring and compassionate. The policy also affirms the importance of spiritual care and outlines the responsibilities of all staff.

This ensures that staff has awareness of: the religious and cultural needs of patients should be adhered to; personal beliefs and faith of the patient are respected; and highlights the importance of spiritual care as a core dimension of Person Centred Care; integral to a patient's journey and quality experience.

Following the publication of NHS Fife Spiritual Care Policy, there have been requests form a number of Health Boards in Scotland and two Health Trusts in England requesting permission to include the Policy as part of the revision of their own policy.

Over the past 12 months, the UK Board of Healthcare Chaplaincy has been undertaking a revision of its Professional Standards for Healthcare Chaplains. NHS Fife's Head of Spiritual Care has participated fully in these discussions and

the development of Professional Standards for Scotland (Spiritual Care). Many of the key principles contained within NHS Fife's Policy are reflected in these recently approved standards.

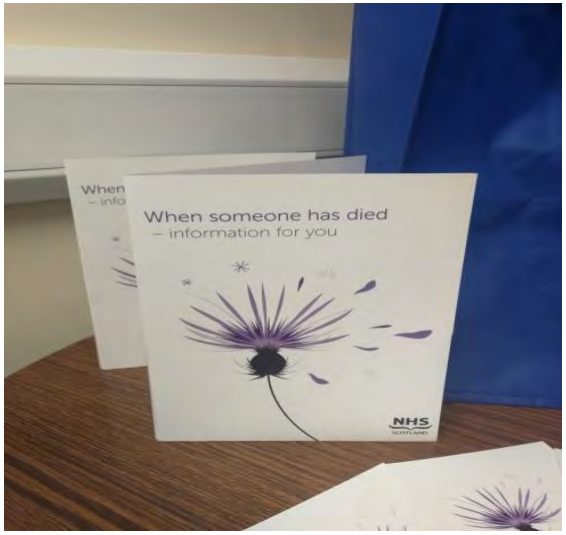
The second major development was the launch of a set of Bereavement Resources, including the provision of the national information pack to support those who experience bereavement. The pack contains a booklet highlighting the practical steps the bereaved are required to undertake following a death, as well as information about support groups and other useful resources. The Bereavement resources support the delivery of sensitive care of the deceased, the bereaved and staff. As a result of the work in this area, the Department was asked to make a presentation to NHS Scotland's first ever National Bereavement Conference in November 2019. Subsequently, the Department was invited to participate and contribute to the development of Scotland's new national "Bereavement Charter for Adults and Children" which was published in June 2020. This has been translated into the main languages used within Fife.

The Respect Resources can help those who are bereaved to start that process of grieving, and as a resource to help focus and open up a conversation about bereavement and loss which is part of the grieving process. 'Respect Resources' including 'Respect Cards' have been created as a visual indicator to 'visiting staff' that a death has occurred on the ward. 'Respect Bags' for the deceased's possessions have also been produced and range from a small pocket sized bag for personal items such as jewellery, to larger bags for items such as clothing. These Resources have made a positive impact in clinical areas and have been well received by both staff and the bereaved. Following a generous grant from Fife Health Board Endowment Fund, we have been able to secure a further stock of these resources. The resources were also well received nationally and a number of Health Boards have developed their own resources based on those used within Fife.

The Department of Spiritual Care developed a number of additional resources, during 2020, to support staff working with the bereaved. Due to changes in the way that Boards were required to issues Medical Certificates of Cause of Death and the way in which the bereaved are required to register the death, work was undertaken with the Patient Relations Team to develop a central team to support clinical staff and the bereaved during these unprecedented times. As a result, those experiencing bereavement continue to receive a national information pack and information about local support groups based in Fife, as well as being signposted (where appropriate) to other sources of support.

What difference is it making?

The Spiritual Care Policy raises awareness to all NHS Fife staff of the importance of Spiritual Care for patients, service users and staff. Spirituality is an important part of a person's journey and can impact a person's wellbeing. As such the policy and procedures explains why Spiritual Care is essential, and why staff should recognise and support appropriate spiritual care. This is keenly seen when there is a wide recognition about the importance of spiritual care and that despite restrictions that NHS Fife has had in place, NHS Fife has continued to meet the religious and cultural needs of patients.



The Department of Spiritual Care works closely with local belief communities to identify specific needs, especially around end of life care. Regular joint meeting and consultations with representatives of the main belief communities takes place and is hosted by NHS Fife.

<u>Equality Outcome 3</u> Health of the Gypsy Traveller Community is improved.

NHS Fife Gypsy Travellers Steering group is a partnership which continues to make progress to reduce inequalities for Gypsy Travellers living and travelling through Fife, by working together.

Following successful locally held national meetings with various health boards and wider organisations, Fife supported the drafting of the national Gypsy Travellers health and social care delivery plan. The local steering group action plan is reflective of the national plan. As a result of this national leading role Fife secured funding for one of the national test of change as detailed in the national delivery plan. The project was a one year funded test of change called ‘Mums matter’.

The ‘Mums matter’ project aimed at addressing disadvantage caused by financial and social inequality. Mums matter was fully evaluated and has been able to demonstrate a development of trust and mutual respect between health and Gypsy Travellers mums. In particular for the first time in Scotland, Fife has seen mums being part of the Family Nurse Partnership.

NHS Fife continues to have good links with the community with the aim to continue to improve our engagement with them.

Gypsy Travellers
Steering group Action

<u>Equality Outcome 4</u> LGBTi + people experience improved services.

The establishment of the Fife LGBTI network has provided much opportunity to engage further with the community and involve them in our patient centred care activity.

Working with the LGBTI network has also given NHS Fife opportunity to engage further and explore the needs of those who are Transgender.

A local working group has been set up and involves participants from the local transgender community. This has enabled NHS Fife to listen more effectively to their experiences and understand inequalities for this community. NHS Fife has taken a project planning approach, and using 'The Voice' tool kit we have worked with Healthcare Improvement Scotland, Participation and Engagement Team, NHS Fife Sexual Health Services and LGBTI network coordinator. A project plan is in place which would take forward enquiry into the health inequalities experienced by Transgender community.

The aims of the work include;
To find out more about the needs of the transgender population to inform future developments
To find out more about what works well and where service improvements are required
To increase our engagement practices with key stakeholders
To increase our knowledge, practice and skills around community

Our mainstreaming activity will embed skills, knowledge and confidence in staff to support people transitioning. Specific training will be provided according to team training needs. A patient network or forum will be established and working alongside NHS Lothian and local partners we will improved the experience of our transitioning patients.

Sexual Health Fife commissioned a survey of LGBTI people in Fife. This explored the sexual health needs and experiences of LGBTI community when using sexual health services. This was carried out by our partners, The Terrence Higgins Trust, and was due to be disseminated as lockdown restrictions were implemented. A short life working group is now being set up to look at the implications of the survey for service delivery in the future. Attached is the final report, a partnership working group is now established to take forward recommendations.

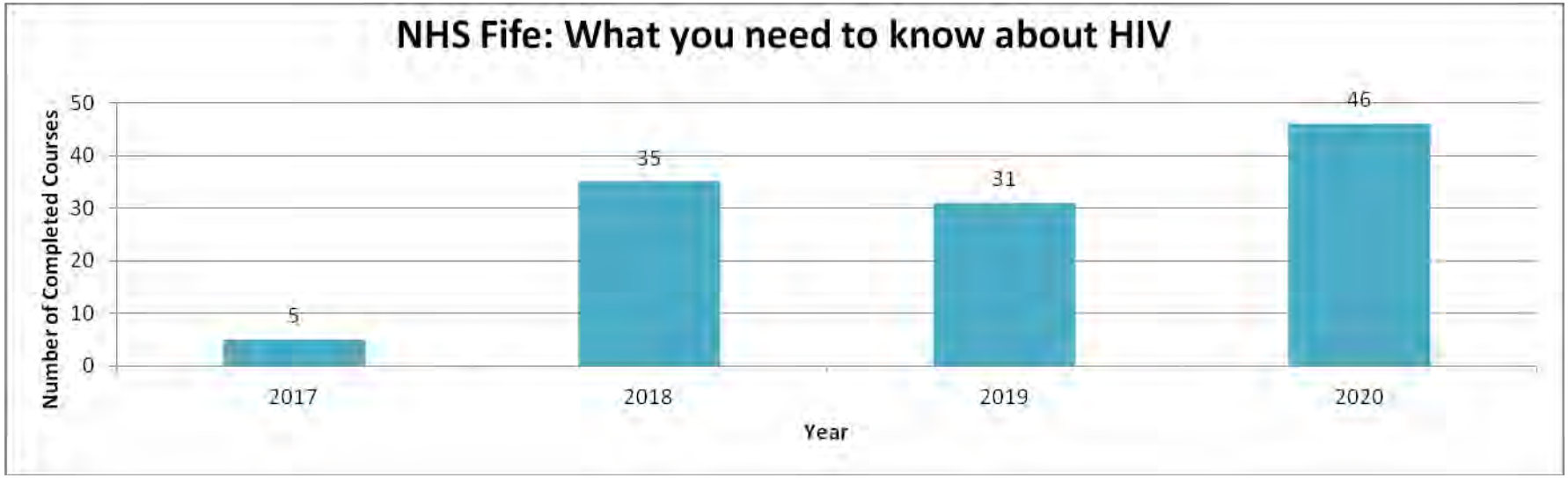
AIDS awareness day was hosted by NHS Fife at both sites, providing information for both staff and public across these sites; Victoria Hospital and Queen Margaret Hospital. Sexual Health and Blood Borne Virus teams from Sexual Health Fife attended and provided information for the public who were keen to engage and ask questions.

Fife LGBT Health Needs AssessmentTH

NHS Fife has increased its LGBTI training opportunities, providing the online training Course: NES: Stonewall: LGBT Good Practice.

Over 149 members of staff across all disciplines have completed this module to date.

And ‘what you need to know about HIV e learning module has had 117 completed modules.



- Increased the number of engagement and consultation opportunities taken up by Transgender Fife Group.

Example of participation and engagement; working to be more inclusive NHS Fife has increased LGBTI engagement. The local LGBTI network are now part of the directory of public interest, included in participation and engagement structure, and receives requests via the processes for participation and engagement, on a range of health subjects and topics. Surveys are shared via our networks and lead partners.

<u>Equality Outcome 5</u> The workforce reflects the diversity of the local population.

- To improve access to work for those members of the local population who are distant from the labour market as a consequence of factors including age or health status.

  Active member of Fife's Developing Young Workforce Board, work with key partners to identify opportunities to support Youth Employment within Fife.

  Youth Employment Strategy agreed within NHS Fife, with commitment to 16 Modern Apprenticeships (MA) by 2020.
  Deliver NHS Career Events for S2, S4 and prospective MA's in Schools across Fife

- Strengthen the employment experience of minority groups represented in the workplace

  Communication strategy developed and implemented to support EU27 nationals throughout NHS Fife.

External specialised support offered to EU27 national employees though Citizens Advice and Rights Fife. Ongoing review of Brexit transitional arrangements during ongoing negotiations between UK Government and other 27 EU Nations.

- Foster a culture which improves the understanding and relations between people who share a protected characteristic(s) and those who do not

Monitor and scrutinise Violence and Aggression plus Dignity at Work complaints relating to Protected Characteristics via Violence and Aggression Management Forum.

Scrutinise results of annual Staff Survey and iMatter reports to ensure incidents of bullying and harassment are identified and corrective measures are embedded

Expand training and support offered to (Dignity at Work) Confidential Contacts, ensuring their training covers Equality and Diversity agenda.

A concerted effort has been made to support youth employment within NHS Fife. Supported by our Workforce Strategy 2019-2022, a commitment was made to appointing 16 Modern Apprenticeships as part of the Youth Employment Strategy. A number of these Apprentices have been appointed however our ability to appoint to all posts has been curtailed as a consequence of the Covid-19 Pandemic. This work will be progressed in the remainder of 2020 and will form the basis of additional initiatives to support other under-represented groups in our workforce such as those with underlying medical conditions, and those distant from the labour market due to other social or economic reasons.

The outcome of the Referendum on the UK's membership of the European Union has meant that the majority of our efforts to strengthen the employment experience of minority groups have focused on our non UK EU workforce. Working with the Scottish Government, a communication strategy was delivered during 2018/19 to recognise and reinforce the valuable contribution they and other employees make to the NHS in Scotland, and prepare them for the likely changes to their rights to remain in the UK from January 2021. This strategy included a series of road shows involving the EU Settlement Support Service Worker employed by Citizens Advice and Rights Fife to ensure the provision of expert advice to our employees and their families. This work will be reviewed as the UK approaches the scheduled date of departure from the EU. Supporting the employment experience of other minority groups within the workforce will be a focus of our activities during 2020 and 2021.

The positive work of the Violence and Aggression Management Form in scrutinising recorded incidents of inappropriate behaviour towards employees continues. This group play an important role in analysing the effectiveness of the application of policy, identifying areas for improvement and in ensuring staff that are subject to inappropriate behaviours are provided with support. This work is supplemented with the provision of wider support to our employees which focuses on enhancing our organisational culture through initiatives such as iMatter surveys and the Dignity at Work Policy.

NHS Fife is committed to making Fife a healthier place.

NHS Fife strives to improve our equality and human rights practice in all that we do for patients, public and staff.

Item 11.3

NHS Fife

Meeting:

Meeting date:

Title:	**Equality and Human Rights Mainstreaming final report for period 2017-2021, NHS Fife Equality Outcomes for period 2021-2025**
Responsible Executive:	**Helen Buchanan**
Report Author:	**Dianne Williamson Equality and Human Rights Officer**

1 Purpose

This is presented to the Board for:

- Information and Decision

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The NHS is founded in equality, it involves every staff member, patient, contractor, visitor, volunteer ,etc and applies to every area of NHS Fife's day-to-day activities; shaping its policies, delivering its services and implementing its employee practices and, assists in developing its workforce.

The Equality Act (2010) and the public sector duty (2011) legally require NHS Fife to devise, monitor and publish a set of equality outcomes and mainstreaming activities every four years. NHS Fife is also required to publish a final progress report at the end of each four year period. Both papers are attached and are legally required to be published prior to end of March 2021.

The Commission for Equality and Human Rights regularly monitors authorities' including Health Boards compliance with the Equality Act 2010.

The attached documents provide;

1. A report giving information and detail of the work taken over the past four years to progress the agreed set of equality outcomes for the period 2017-2021. This report also contains details of our mainstreaming activity across different services (although not exhaustive) and how we intend to continue to make progress against these actions during the next four year period.
2. Our Equality Outcome plan for the next four year period, 2021-2025.

NHS Fife is asked to agree these documents in anticipation of these being published prior to end of March 2021, so we are able to publish these in line with the requirements of the Equality Act 2010.

2.2 Background

The Public Sector General Duty 2011 (PSED) of the Equality Act 2010 requires NHS Fife to:

1. Eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited under this Act.

2. Advance equality of opportunity between people who share a protected characteristic and those who do not.

3. Foster good relations between people who share a relevant protected characteristic and those who do not share it.

The core areas of The Equality Act 2010 (Specific Duties) (Scotland) Regulations (2012) requires NHS Fife to:

- Report on progress on mainstreaming the equality duty
- Publish equality outcomes and report on progress
- Gather and use employee information
- Publish gender pay gap information
- Publish statements on equal pay including occupational segregation information

Actions the requirements of the Fairer Scotland duty (2018). We have taken steps to ensure that the Fairer Scotland Duty (2018) is embedded into our Equality Impact Assessments however we are duty led to pay attention to addressing the effects of poverty in our business across all functions. Further actions to coordinate this activity and report on the range of work undertaken to reduce health inequalities and address poverty requires further consideration. A decision as to how this is reported on will support the return to the Scottish Government in our two yearly progress report and final subsequent reporting at the end of the four year period, against the Fairer Scotland duty (2018).

Scotland is set to become the first country in the UK to directly incorporate the UNCRC into domestic law. The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill was introduced to the Scottish Parliament on 1 September 2020.
The UNCRC (Incorporation) (Scotland) Bill will make it unlawful for public authorities to act incompatibly with the incorporated UNCRC requirements, giving children, young people and their representatives the power to go to court to enforce their rights.

Children's and Young People Rights Impact Assessment is now an integral part of NHS Fife Equality Impact Assessments (EQIA) and a process for publishing is established between Equality and Human Rights and Children's Services.

2.3 Assessment

2.3.1 Quality/ Patient Care

As detailed in the documents

2.3.2 Workforce

As detailed in the documents

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

If both reports are not published by end of March 2021 NHS Fife will not meet its legal duty, with the risk of legal action being taken by Scottish Equality and Human Rights Commission

2.3.5 Equality and Diversity, including health inequalities

An Impact Assessment is not required on this report.

2.3.6 Other impact

2.3.7 Communication, involvement, engagement and consultation

NHS Fife recognise the value and contribution that our service users, patients (either representing them or others in their communities) and staff bring in helping to shape and inform our services, functions and policies.

Learning from local and national organisations, reflecting on the known evidence bases, learning from local complaints, comments and feedback have enabled the new setoff outcomes to be established. Referencing local needs assessments along with the information and knowledge we have at this current time, including public health data, led to the identification of these outcomes (2017-2021). All outcomes must be evidence based. NHS Fife acknowledges that outcomes must also be achievable and at this time, the outcomes are not set to pose onerous tasks, especially at this time of uncertain health service demands.

Public engagement and consultation has taken place using the NHS Fife structure for participation and engagement including the NHS Fife participation and engagement directory. This has helped to reach a wide range of individuals and groups.

2.3.8 Route to the Meeting
Equality and Human Rights strategic group,
Person Centred Care steering group and
Clinical Governance groups.

2.4 Recommendation

- **Decision** – Reaching a conclusion after the consideration of options.

3 List of appendices

The following appendices are included with this report:

Equality and mainstreaming report for period 2017-2021
Equality and mainstreaming outcomes for 2021-2025

Report Contact
Dianne Williamson
Equality and Human Rights Officer
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NHS FIFE
CLINICAL GOVERNANCE COMMITTEE

DATE OF MEETING:	December 2020
TITLE OF REPORT:	NHS Fife/H&SCP Child Protection Annual Clinical Governance Report 2020
EXECUTIVE LEAD:	Helen Buchanan
REPORTING OFFICER:	Cicilie Rainey

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

SBAR REPORT

NHS Fife/H&SCP has a duty to safeguard children and young people. This is reflected in Fife's Children's Services Plan where child protection is one of the key priorities. The Child Protection (CP) Team is a dedicated resource/service within health to promote and support optimal safeguarding practice.

This annual report provides an overview of the CP Team's core performance and quality assurance data, this year with a COVID context in terms of service impact, and what was done to mitigate this.

The report will also provide some insight into how the lives of children and young people appear to have been affected during the pandemic, through the lens of IRD activity and MCN medical data.

A progress update is also included with respect to Case Reviews (aka ICR/SCRs), as well as collaborative developments the CP team are currently involved in with respect to the Promise (The Independent Care Review)

Background

Due to a number of child deaths and significant injuries to infants and children in Fife over several years there has been a strong learning and development culture to promote a competent and confident workforce that is supported by evidence informed guidance and protocols.

NHS Fife Child Protection(CP) team has a key role in '*supporting those protecting others'* and amongst its functions include representing Health at the daily Inter-agency Referral Discussions (IRD), providing support and advice, supervision, training and quality assurance. Although there have been a number of serious cases this year, there has been no Initial/Significant Case Reviews (ICR/SCRs)

The drive to strengthen quality assurance and self evaluation activity remains key for Children's Services and has continued to do so this year, in the endeavour to ensure Fife's children and young people are safe and get the support and protection they need when they need it.

The provision of forensic medicals has remained unchanged throughout the pandemic. From a medical perspective the Child Protection Managed Clinical network (MCN) oversees performance data with respect to forensic medicals, report writing etc and drives some of the improvement work and clinical protocols, which Fife team actively contributes to.

For the CP team COVID 19 has resulted in adaption of most of our core service delivery to mainly a virtual platform. This has proven challenging but effective, although the delivery of training has been a challenge this year, compounded by the vacant posts of both the Child Protection Committee (CPC) Learning and Development Officer and the Lead Officer.

Assessment

2020 has been an unusual year due to COVID-19, and national and local attention focused particularly on the vulnerable population. Within safeguarding and protection, Scottish Government predicted increased risks to children and young people (C&YP) isolated at home, with nurseries and schools closed and professional input severely restricted.

A number of initiatives took place over the summer, i.e. the opening of Child activity centres for vulnerable families as well as for children of key workers, humanitarian aid to address food poverty and resourcing families to enable virtual connectivity with schools. NHS/H&SCP Children's services, in partnership with education, social work and SCRA (Scottish Children Reporter Administration) worked closely together from the outset, in order to jointly identify vulnerable C&YP, coordinate interventions whilst minimising footfall

Maybe unsurprisingly, the CP team experienced a significant reduction in child protection activity when Scotland went into lockdown, and as a result 2 of the nurses were deployed into health visiting for a month, where they undertook more front facing work, supporting an at that point stretched workforce.

The CP team has adapted to the changing landscape throughout this year and our resilience as a service was particularly evident following the extended absence of our child protection lead consultant. We benefitted from ongoing professional support by our child protection colleagues in Lothian, the MCN and by one of our part time associate specialists, who has been able to cover many of the CP medicals as well as proving an input into IRDs and taking forward more complex cases.

Nevertheless the temporary absence of a consultant paediatrican lead has impact in terms of strategic leadership from a medical perspective, but current stop gap measures goes some way in mitigating potential impact.

From a strategic perspective the Lead Nurse worked closely with Social Work and Education in aligning interim guidance and measures that enabled a coordinated approach of targeting services towards the most vulnerable, both on an intensive but also universal (named person) level.

This included the development of a joint C&YP (in full) operational dashboard, communication strategy and revised interim guidance that reflected adjustments to referral criteria to social work and SCRA.

From a health perspective our guidance was informed by Scottish Government papers – including the Coronavirus Act, interim child protection guidance and practice guidance for community child health, the latter providing the crucial practice steer for the named persons and specialist midwives.

Due to the rapid changes to practice guidance we developed a real time chronology of national and local practice guidance and resources. This has remained a live document available on our website for staff to access via Blink.

We ensured that national public awareness initiatives were well publicised via Blink, such as Child Protection Committee Scotland 'Eyes and Ears' (more recently known as 'See something, say something') as well as the various Domestic Abuse campaigns.

CP team's core functions

CP supervision: The first of a new suite of CP Supervision Standard Operating Procedures (SOP) has recently been approved by the Child Protection Health Steering Group, in an endeavour to ensure a consistent and high quality provision of supervision. There was a significant drop in uptake to supervision sessions provided by the CP team. This was possibly due to workforce capacity issues and

a transient period with less cause for concern cases, likely attributed to some children and families remaining unseen, especially during lockdown. This is in keeping with IRDs which also dropped in April and into May, then gradually increased to above average by the end of this year. The development of SOPs will enable setting of clear standards re requirements to seek supervision – at present this is voluntary, albeit strongly recommended.

Support and advice: We have received an above average number of calls this year and It may be that staff resorted to calling the team when needed rather than attending scheduled supervision sessions, and indeed some of the calls were effectively a supervision session – possibly enabled by MS Teams connectivity.

146 calls were received by the team between January and October 2020, which is en par with last year's numbers, but likely to be higher when November and December stats are also included. We are now also capturing any emerging themes which we will monitor year on year. From a quality assurance perspective this core function remains highly valued, although response rate to our feedback loop remains low - varying between 6 and 30% returns.

Comments included:

- *Really helpful and clear advice. I was given time to reflect on my concerns. I feel a really considered plan was put in place and call was followed up by a detailed report of discussion. I shared details of this service to my team"*
- *" An invaluable service that we can't do without. Nurse Advisor was extremely helpful and pleasant to speak with"*
- *" Helpful to have someone to listen to concerns, summarise and give advice. This ensures nothing is missed and all risks are identified"*
- *"This was the first time raising a concern for a child and I was unsure if I had informed all the correct people. The advice was very helpful and kept me on the right track, who to contact and the forms required. This was all done in a very caring manner which reassured me that I was doing the right thing"*
- *"Excellent service to help me think things through, much appreciated"*
- *"As a newly qualified health visitor, I make fairly regular contact with the Child Protection team for advice or support. I have always found the advice extremely beneficial to my decision making and general practice. The summary of conversation they email you following the call is gratefully received- it not only saves us valuable time writing records but also helps summarize often complex cases which helps focus decision making and planning. I really value this service and would recommend colleagues (both newly qualified and experienced) to utilize it"*

Child Protection training: This is the area we have seen the most significant impact in terms of service delivery. It is likely that some staff may not have managed to meet CP training requirements this year, although there are virtual training options available. Leading up to COVID staff attended the monthly training programme as set out in the CP training framework, however already multi-agency training had been cancelled due to vacant L&D post.

We also held a one off session on Non Mobile Infant Bruising which was attended by more than 100 practitioners and very well received.

We also held the first of GP twilight sessions, which was also well received but with only approximately 15 GPs attending. Unfortunately we have had to cancel the autumn session due to CP Consultant's absence, however we intend to continue providing this 6 monthly, and consider widening it out to primary care emergency services too.

The CP team has pulled together an overview of virtual training that staff can access via Blink, and we have started to provide smaller group sessions via Teams. The team is working hard to pull together a

programme for 2021, this will be available by the end of January

IRDs: We have been monitoring IRDs closely in anticipation of possible hidden harm, but to date IRD data is fairly reassuring. In spite of a fall in activity at the beginning of lockdown IRDs are higher than 2019 (828 compared to 661 in 2019).

Number of children subject to joint paediatric forensic medical examination (JPFME) are lower in 2020, with a mean of 13.3%, compared to 20.7% in 2019. There is a substantial fall in April – June where only 8.2% were subject to JPFMEs. We scrutinised this data and discussed with CP social work team, and concluded that there maybe was a possible COVID influence for a small amount of children with minor injuries who would in 'normal' times have been scheduled for a medical, however likely to be small number.

Of relevance is that IRDs for physical abuse have decreased, whilst child sexual exploitation rose sharply – which includes on-line offending and self generated exposure. Victims of on-line abuse/exploitation would not generate a JPFME. This increase rise fits with Police Scotland national data too and has been highlighted as an emerging theme in Scotland.

In Fife there has also been a rise in children witnessing domestic abuse, which again would not result in medical examinations if the child themselves were not injured. These two categories of abuse are also in keeping with early predictions. Many children and young people remain 'unseen' however, with a sharp rise in children being 'homeschooled', there continues to be concerns about possible hidden harm.

Child Sexual Abuse (CSA) . Fife remains part of a regional Out of Hours rota for CSA examinations which is coordinated by NHS Lothian Children's Services. There have been 5 cases of Child Sexual Abuse this year that all required Joint Paediatric Forensic Examination (6 in 2019).

One required seen at RHSCH out of hours whilst the other 4 were examined locally. All were examined by paediatrican/forensic medical examiners who are CSA trained.

Of note is that the East Region MCN now has 3 years of data from the Standards of Service Provision and Quality Indicators for the Paediatric Component of CP Services in Scotland. Overall the audits show that the East Region is performing well. Regular CSA peer reviews are facilitated by the MCN.

The MCN is also part of a Children and Young Peoples Expert Group, convened by the Chief Medical Officer (CMO) Taskforce for the 'Improvement of Services for Adults and Children Who Have Experienced Rape and Sexual Assault Taskforce'. The expert group provide national oversight and clinical expertise to focus specifically on supporting NHS Boards to make improvements to services for children and young people. The group proposed and got approval for the development of a new advocacy role, known as a Child Family Support Worker, as the first stage of addressing much needed support as families negotiate the child protection process.

Fife has welcomed the opportunity to work with a dedicated Child Family Support Worker and Fife Child Protection Social Work team is currently in the process of reaching an agreement for the Family Support Worker to engage directly with victims of child abuse and act as their advocate, but also provide us with rich learning regarding children's own experience of our service delivery.
Fife continues to provide data to the regional MCN (embedded)

Annual Report Final 19-20 V12.pdf

Governance

Paediatricians - RCPCH Level 3 competencies*:* This data is not available due to the absence of our CP Consultant Lead. However, for the wider medical and nursing workforce (including acute paediatrics and Emergency Department) the monthly peer reviews in conjunction with Royal Hospital for Sick Children has continued throughout this year.

Key audit work led by the CP Consultant Lead includes an annual review of management of under 2 fractures and non mobile infant bruising guidance. One of the paediatric registrars has kindly agreed to undertake this piece of work which will commence January 2021

CP team huddle: we have stopped data collection relating to the huddle as this has become an established daily process which works well. Our CP paediatricians tend to join the huddle too, ditto occasionally Acute Consultants on call for child protection

As part of the scrutiny and assurance regarding learning from ICR/SCRs an analysis of case reviews over the last 6 years illustrated sharply some recurrent themes, of which GIRFEC and the Child Wellbeing Pathway stood out.

The launch of the Child Protection Quality Assurance framework, highlighted to the Board in the 2019 annual report, was delayed due to COVID. However senior managers within Children's Services have already embarked on a rolling programme of audit work together with practitioners, with the aim of not just to undertake quality assurance work but utilising the framework as a consultation vehicle and action learning for staff. It is anticipated there will be a direct correlation between findings from the QA work and improvement work relating to the Child Wellbeing Pathway.

Furthermore, there has been a substantial investment by key managers including CP Lead Nurse to participate in an externally commissioned service redesign within Children and Families Social Work. This partnership activity may provide us with an opportunity to take a whole systems approach to improvement and relational working and, generate a joint approach to addressing Health & Social Care Partnership with respect to the Promise.

The Promise outlines a number of improvements required by Health &Social Care Partnership. This includes strengthening early and effective intervention, in order to mitigate risk of children and young people entering the care system in the first place or improve outcomes for those that are Care Experienced by providing the right services when they need it. It is likely that this work will also enable a collaborative approach to review of the Child Wellbeing Pathway.

Recommendation

Information - note the information presented within this update in particular the significant steps being undertaken to sustain and support strong safeguarding practice within the context of the pandemic

Objectives: (must be completed)	
Healthcare Standard(s):	This proposal reflects the standards of the three Quality Ambitions as set out in the Healthcare Quality Strategy for Scotland
HB Strategic Objectives:	This proposal meets the HB objectives to pursue quality improvement across health and social care integration in accordance with the National Health and Wellbeing Outcomes Indicators. This proposal supports attainment of outcomes 3, 4, 5, 7, 8 and 9

Further Information:	
Evidence Base:	Children and Young People (Scotland) Act 2014 Children's Hearing (Scotland) Act 2011 Data Protection Act 2018 Human Rights Act, 1998 Children (Scotland) Act 1995; United Nations Convention on the Rights of the Child, 1991 Fife Inter-agency Child Protection Guidance 2016 Fife Children's Services Plan Updated March 2016 Getting it Right in Fife Framework National Guidance for Child Protection in Scotland Scottish Government (2013) Child Protection Guidance for Health Professionals Vincent (2010) Learning from Child Deaths and Serious Abuse
Glossary of Terms:	CSA: Child Sexual Abuse CPC: Child Protection Committee ED: Emergency Department GIRFEC – Getting it Right for Every Child ICR: Initial Case Review IRD: Inter-agency Referral Discussion MCN: Managed Clinical Network SCR: Significant Case Review
Parties / Committees consulted prior to Health Board Meeting:	Children's Services Senior Manger – Chair of Child Health Protection Steering Group

Impact: (must be completed)	
Financial / Value For Money	No financial commitment.
Risk / Legal:	Risk assessment completed and recorded within children's services risk register. Will be updated once decision is made at Board level.
Quality / Patient Care:	No impact on patient care. Interventions promote safeguarding of patients.
Workforce:	Training needs have been identified and will be met through committed support. Regular updates at child health management team / child health protection steering group including support from NHS Fife's legal team.
Equality:	The Board and its Committees may reject papers/proposals that do not appear to satisfy the equality duty (for information on EQIAs, click here EQIA Template click here • Has EQIA Screening been undertaken? No (If yes, please supply copy, if no please state

	reason) • Has a full EQIA been undertaken? No (If yes please supply copy, if no please state reason) • Please state how this paper supports the Public Sector Equality Duty – further information can be found here • Please state how this paper supports the Health Board's Strategic Equality Plan and Objectives – further information can be found here • Any potential negative impacts identified in the EQIA documentation - Yes/No (if yes please state) N/A

Item 13.2

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**14 January 2021**
Title:	**Medical Appraisal and Revalidation Annual Report 2019/2020**
Responsible Executive:	**Dr Chris McKenna, Medical Director, NHS Fife**
Report Author:	**Alison Gracey, Medical Appraisal and Revalidation Coordinator**

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 Medical Staff Revalidation and Appraisal report for 2019-2020 is being brought to the Clinical Governance Committee for their awareness. The reports provides the committee with an assurance that doctors in NHS Fife are up-to-date and are practising to the appropriate professional standards.

2.2 Background

Any doctor wishing to practise medicine in the UK must be registered with the General Medical Council (GMC) and hold a licence to practise which needs to be revalidated every 5 years. This is to assure patients, employers and other healthcare professionals that licensed doctors are up-to-date and are practising to the appropriate professional standards.

2.3 Assessment

NHS Fife responds well to the challenges of Medical Revalidation and Appraisal with few problems, is managing to meet the requirements of the GMC and are actively making efforts to improve the quality of Appraisal through local training sessions. However, Secondary Care have struggled to recruit and retain sufficient NES Trained Appraisers and continue to advertise the role, liaising with NES to gain additional places on courses and enlisting the assistance of Clinical Directors, Clinical Leads etc. for the recommendation and support of suitable candidates and those already in the role.

2.3.1 Quality/ Patient Care

Medical appraisal ensures that licensed doctors are up-to-date and are practising to the appropriate professional standards.

2.3.2 Workforce

The last few months have been challenging for all those working in the health and care services. As a result of this pandemic, appraisal and revalidation activities were temporarily put on hold so that colleagues could focus on helping with the pandemic.

The national data collection for 2019/2020 was cancelled by National Education Scotland (NES) due to the Covid 19 pandemic. An abbreviated version of the data usually collected and submitted to NES is noted within the report.

2.3.3 Financial

- not applicable

2.3.4 Risk Assessment/Management

There may be a risk of being unable to meet the GMC requirements for Medical Revalidation and Appraisal if unable to recruit and retain sufficient numbers of NES Trained Appraisers.

2.3.5 Equality and Diversity, including health inequalities

- Not applicable

2.3.6 Other impact

- Not applicable

2.3.7 Communication, involvement, engagement and consultation

NHS Fife has a Medical and Appraisal Revalidation Group, who assess and implements any changes which need to be made to current system to keep in line with the national enhanced appraisal process.

NHS Fife meets with representatives of the GMC twice yearly. These meetings cover feedback on actions from the last meeting; GMC and local updates, current GMC cases, closed GMC cases, GMC related press enquiries for NHS Fife doctors and the opportunity for the RO to discuss any other issues such as revalidation.

2.3.8 Route to the Meeting

- Not applicable.

2.4 Recommendation

- Awareness – For Members' information only.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – NES Appraisal and Revalidation Quality Assurance Review 2019/2019

Report Contact

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NHS Fife

Medical Appraisal and Revalidation Annual Report 2019/2020

Consultants, Career Grade Doctors and General Practitioners

Produced: 9 December 2020

Contents

Medical Appraisal and Revalidation 2019/2020

Consultants, Career Grade Doctors and General Practitioners

Background

Any doctor wishing to practise medicine in the UK must be registered with the General Medical Council (GMC) and hold a licence to practise which needs to be revalidated every 5 years. This is to assure patients, employers and other healthcare professionals that licensed doctors are up-to-date and are practising to the appropriate professional standards.

Revalidation requires annual appraisal, including feedback from colleagues and patients at least once during the five year period. Evidence of the doctor's range and volume of practice, such as the number of operations carried out or prescribing patterns is also reviewed.

Responsible Officer

Every doctor wishing to practise medicine in the UK must be linked to a Designated Body and its' Responsible Officer referred to as a "prescribed connection". Recommendations for the revalidation of all doctors is achieved through each Health Board's Responsible Officer.

In line with national policy Dr Chris McKenna is NHS Fife's Responsible Officer, Dr Robert Cargill and Dr Helen Hellewell are NHS Fife's Deputy Responsible Officers. This responsibility covers all Consultants, Career Grade Doctors and General Practitioners employed by NHS Fife.

Annual Appraisal

The Scottish Government agreed that for doctors in Scotland, revalidation is achieved by using a standardised bespoke "**Enhanced Appraisal"** system designed by the National Appraisal Leads Group for Scotland (NALG). All doctors in both Primary Care and Secondary Care are required to participate in an annual appraisal

NHS Fife has a Medical and Appraisal Revalidation Group (MARG), who assess and implements any changes which need to be made to current system to keep in line with the national enhanced appraisal process.

Although enhanced appraisal remains a largely formative process there is an element of assessment although documents make it clear that this is not the forum for performance management. The national guidance recommends that an Appraisee has a new Appraiser every three years.

NHS Fife has a Medical Revalidation and Appraisal Policy/Procedure for Doctors in Primary and Secondary Care to provide a standardised procedure for the annual appraisal of doctors. This policy/procedure covers key elements of the appraisal process and is reviewed on a regular basis with the policy/procedure last reviewed October 2018.

Appraisers

In Primary Care there are 13 NHS Fife appointed NES trained Appraisers. This allows every General Practitioner (GP) to have an annual appraisal. GP Appraiser recruitment is undertaken locally.

The Fife GP Appraisers group holds a meeting three times per year at which Appraisers exchange ideas and discuss scenarios from their own experiences and from cases provided. In addition to local meetings. GP Appraisers are required to attend at least 50% of all training activities over one year, i.e. two training events per year.

In Secondary Care there are 41 NES trained appraisers. NHS Fife has faced difficulties with recruitment and retention of appraisers in Secondary Care and enlisted the help of a small bank of retired appraisers to help undertake appraisals. NHS Fife has 7 retired appraisers on the bank. Three Educational Supervisors within Emergency Medicine have also now undertaken NES appraiser training to allow them to carry out appraisals for the Clinical Fellows in their department as the needs of the Clinical Fellow is slightly different to that of a consultant or career grade doctor.

The number of trained appraisers in Secondary Care has fluctuated over the years, however, NHS Fife continues to advertise, on an ongoing basis, for additional trained members of medical staff to undertake this training in an effort to ensure there are sufficient trained Appraisers to share the appraisal workload.

In 2019 three half day training sessions for appraisers were provided giving guidance on good practice with regards to the appraisal process, the opportunity to raise and discuss any issues or concerns they may have and to share their experiences. These were primarily for Secondary Care, however GP Appraisers were invited, some of whom attended, adding their perspective and valuable networking opportunities. In 2020, these have been postponed due to the Covid 19 pandemic.

Appraisers are also encouraged to attend any training provided by NES whether that be a specific training session or in conference format.

In accordance with national guidance NHS Fife only uses NES trained Appraisers for doctors' appraisals.

Appraisal System/Documentation

Scottish On-line Appraisal Resource (SOAR)

SOAR collects interview details such as date/location/Appraiser, etc and is used to aid the appraisal process for both GPs and secondary care doctors working in Scotland, maintained by the Appraiser and the local admin teams. The Medical Appraisal & Revalidation Coordinator checks the system on a regular basis to ensure everyone has their annual appraisal. Guidance is available on-line for all users.

A signed Form 4 (appraisal summary) is proof that an individual has successfully engaged in the Appraisal process for that year.

GMC Connect

GMC Connect allows the Responsible Officer to view and manage the list of doctors who have a prescribed connection to their designated body and submit revalidation recommendations when they are due.

NES reached agreement in 2013 with the GMC over linking their IT system so that ROs in Scotland can also make Revalidation recommendations via SOAR.

Clinical Governance, Activity, Outcome and Organisational Information/Data for Appraisal

During annual appraisal doctors use supporting information to demonstrate that they are continuing to meet the principles and values set out in "Good Medical Practice". Access to this information relies on effective Clinical Governance and information systems being in place.

In NHS Fife, a wealth of information is collected for national reporting and for operational reasons. There is significant variation across specialties regarding what information is available at individual doctor level to support the process of appraisal and job planning both at local and national level. Work is ongoing to provide doctors with a minimum data set to use to support appraisal and revalidation. Currently those working within Secondary Care are provided with information on incidents, complaints and medical legal statements by the Medical Appraisal and Revalidation Coordinator.

Supporting information required of all doctors also includes feedback from colleagues and, **where they have direct patient contact**, from patients. All doctors are expected to seek such feedback at least once in every revalidation cycle (5 years).

NHS Fife has adopted the GMC Patient Questionnaire and has pulled together guidance on its use. Primary Care clinicians (General Practitioners) and Secondary Care clinicians (Acute Division, Health & Social Care Partnership and Public Health) use this questionnaire and the MSF tool, on SOAR, for colleague feedback. NHS Fife has also allowed Anaesthetists and OHSAS clinicians to use patient questionnaires adapted for their specialty.

Governance Structure

Medical Revalidation is overseen by the Medical Appraisal and Revalidation Group chaired by Dr Chris McKenna, Medical Director/Responsible Officer – NHS Fife. This group reports to NHS Fife's Clinical and Staff Governance Committees.

NHS Fife meets with representatives of the GMC twice yearly. These meetings cover feedback on actions from the last meeting; GMC and local updates, current GMC cases, closed GMC cases, GMC related press enquiries for NHS Fife doctors and the opportunity for the RO to discuss any other issues such as revalidation.

The GMC has a handbook for boards and governing bodies – "Effective governance to support medical revalidation".

Quality Assurance

On behalf of the Scottish Government, NHS Education for Scotland (NES) are responsible for providing external quality assurance (EQA) of the revalidation process and for reporting on this. They monitor all healthcare organisations' progress towards meeting the agreed revalidation targets. This is a stepped process to allow organisations to:

- ensure they have the systems and processes in place to support revalidation,

and

- sufficient trained Appraisers.

The data collected allows NES to compare information between and within healthcare sectors and on a national basis. Their report, NES Medical Appraisal and Revalidation Quality Assurance (MARQA) Review 2018/2019 can be seen in **Appendix 1**.

Update on Appraisal within NHS Fife for Period 1 April 2019 – 31 March 2020

The data collection for 2019/2020 was cancelled by NES due to the Covid 19 pandemic. An abbreviated version of the data usually collected can be seen in the tables below for 2019/2020.

Table 1: Doctors with a Prescribed Connection

	Primary Care	Secondary Care	Total
Total number of doctors with a prescribed connection to NHS Fife on 31 March 2020	**325**	**377**	**702**

Table 2: Doctors with valid reason for not having appraisal 2019/2020

Total number of doctors who were unable to be appraised for a valid reason (those issued with Form 5A)	**Primary Care**	**Secondary Care**	**Total**
Long term sick	**1**	**3**	**4**
Maternity leave	**5**	**7**	**12**
Sabbatical	**0**	**1**	**1**
Other **(details below)**	**36**	**35**	**71**
Primary Care - 1 suspended by GMC, 26 given Form 5A for Covid, 9 first trained post not due appraisal until 2020/2021 **Secondary Care** - First trained post - joined Board during 2019/2020 and are not expected to have their appraisal until 2020/2021 (includes 12 clinical fellows).			

Table 3: Doctors Eligible for Appraisal 2019/2020

Number of primary and secondary care doctors eligible for appraisal with a prescribed connection to NHS Fife on 31 March 2020 The appraisal period for all eligible doctors under review is 1 April 2019 - 31 March 2020. DOES NOT include doctors with a Form 5A: Exemption from Appraisal.	Number of doctors eligible for appraisal	Number of completed appraisals
Primary Care	283	283
Secondary Care	331	290*
TOTAL	**614**	**573**

*23 appraisals delayed due to Covid

Table 4: Revalidation

	Primary Care	Secondary Care	Total
Number of doctors with a prescribed connection to NHS Fife on 31 March 2020 that were identified by the GMC for revalidation between 1 April 2019 and 31 March 2020.	**107**	**109**	**216**
Of these, how many positive recommendations were made?	**102**	**96**	**198**
Of these, how many non-engagement notifications were made?	**0**	**1**	**1**
Of these, how many deferral requests were made?	**7**	**25**	**32**
How many individual doctors were deferred within the period 1 April 2018 and 31 March 2019?	**7***	**22****	**29**

* 2 PC doctors who were deferred were also revalidated later in same period.
** 9 SC doctors who were deferred were also revalidated later in same period.

Summary

The key issues for 2019/2020

1. NHS Fife continues to respond well to the challenges of Medical Appraisal and Revalidation.
2. The GP Appraisal scheme in Fife continues to run well with little or no problems identified therefore no further action is required at this time.
3. The Appraisal process in Secondary Care continues to run well with few problems identified other than recruitment and retention of Appraisers.
4. MARG continues to be instrumental in overseeing the appraisal and revalidation processes and ensuring any issues/challenges that arise are resolved.

The key actions for 2019/2020

1. Continue to maintain an up-to-date record of all Consultants, Career Grade Doctors and General Practitioners with whom NHS Fife has a "prescribed connection".
2. Continue to advertise for doctors to become NES trained Appraisers to ensure that NHS Fife continues to have sufficient NES trained Appraisers to meet the number of Appraisees within NHS Fife.
3. Continue to provide appraisal and revalidation support to those doctors not employed or contracted to NHS Fife but who still have a prescribed connection.
4. Continue to provide training sessions for both Appraisers and Appraisees.
5. Action NES Feedback as appropriate.

Alison Gracey
Medical Appraisal and Revalidation Coordinator
NHS Fife
9 December 2020

Appendix 1

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NHS Education for Scotland

MEDICAL APPRAISAL & REVALIDATION QUALITY ASSURANCE

(MARQA) REVIEW 2018/2019

CONTENTS

KEY FINDINGS

1 Overall Appraisal rate in Scotland for all designated bodies during 2018/2019 is 96%, up 4% from 2017/2018.

2

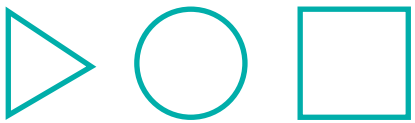
Sector	Appraisal completion
Primary Care	99%
Secondary Care	93%
Total	96%

3 Of the 2811 doctors identified for revalidation in 2018/2019, a positive recommendation was made for 2631 (94%). The comparable figure for 2017/2018 was 84%.

4 The revalidation decision was deferred for 198 doctors (7%). The comparable figure for 2017/2018 was 16%.

5 This year further sub-analysis of the data was undertaken for both primary and secondary care doctors, to better understand whether there are any challenges for specific sub-groups of doctors. In particular, Clinical Fellows were considered as a separate group for the first time. The appraisal rate for this group was 76%.

6 Last year's report identified a small number of designated bodies where performance could be improved. The review panel particularly wishes to commend the work that has been undertaken by these designated bodies to ensure that these organisations now meet their requirements for appraisal and revalidation.



KEY DATA FOR 2018/2019

Key Data Comparison	2018/2019		2017/2018		Variance
Number of doctors with a prescribed connection	13355		13171		1%
Number of doctors not eligible for an appraisal	715	5%	686	5%	0%
Number of doctors eligible for an appraisal	12640	95%	12485	95%	0%
Number of doctors who completed an appraisal	12068	96%	11508	92%	4%
Number of doctors due for revalidation	2811		515		
Number of doctors who were recommended for revalidation	2631	94%	432	84%	10%
Number of doctors whose revalidation was deferred	198	7%	82	16%	-9%
Number of non-engagement notifications	1		1		0

More doctors were revalidated in 2018/2019 than in the previous year. This is because the structure is such that the majority of the doctors are revalidated within the first three years of the 5-year cycle. The final two years are used predominantly to deal with outstanding issues and doctors who have complex circumstances.

This explains why only 515 were eligible for revalidation in 2017/2018, of whom 84% were revalidated. In comparison in 2018/2019, 2811 doctors were eligible for revalidation, and 2631 (93%) were revalidated.

INTRODUCTION

MEDICAL REVALIDATION

Doctors practising in the UK are required to hold a licence to practise issued by the General Medical Council (GMC) and subject to renewal every 5 years. This is known as medical revalidation and is the process by which medical doctors are legally required to demonstrate that they are up-to-date and fit-to-practise.

Revalidation was introduced as a legal requirement across the UK from December 2012, with the GMC providing the oversight, including advice and support to stakeholders:

https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation

Revalidation is based on annual appraisals undertaken in the workplace by trained appraisers. The appraisal must include all aspects of a doctor's work and is based on the GMC's core guidance for doctors, Good Medical Practice:

https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice

INTRODUCTION

For the purpose of revalidation a doctor requires to be registered (affiliated) with a designated body as per The Medical Profession (Responsible Officers) Regulations 2010 and 2013. The designated body is required to appoint a responsible officer (RO). The RO has a number of legal responsibilities including a requirement to make a recommendation to the GMC as to whether a doctor should be revalidated based on the outcome of appraisal and any other information that is available. Based on this information the GMC determine whether a doctor's "Licence" should be renewed. In Scotland all the Health Boards are Designated Bodies; with the medical director having the role of RO. The vast majority of doctors are affiliated to their Health Boards for revalidation purposes. A small number of doctors are affiliated to non-NHS bodies who meet the criteria to declare themselves a designated body.

MEDICAL APPRAISAL

Medical Appraisal in Scotland, undertaken by trained appraisers, is not designed to be a pass or fail process, but one that helps a doctor to reflect on their practice and achievements in the past year, and assists them to identify areas for improvement. It does however, include and consider important aspects of a doctor's practice including continuing education, complaints and significant incidents.

"When well delivered I have yet to hear anyone suggest Appraisal is not a worthwhile use of their time. In a stressed world, the benefit of having a protected session to look in on yourself and your professional practice is essential."

Dr Mike Winter *(former chair of MARQA Review Panel)*

Doctors are assisted in preparing for appraisal by having access to SOAR (Scottish Online Appraisal Resource) which has been developed and hosted by NES. This is available to all doctors in Scotland. It allows doctors to complete their appraisal forms, upload the necessary supporting information and submit them for sharing with their Appraiser. It also allows Responsible Officers (ROs) to make revalidation recommendations directly from SOAR to GMC.

INTRODUCTION

REVALIDATION RECOMMENDATIONS

The RO can make one of the following three recommendations regarding a doctor to the GMC:

- Positive Recommendation
- Deferral
- Non-Engagement

Deferral of revalidation is a neutral act and can arise for a number of reasons, including ill health or when a doctor has a prolonged period of leave. Most doctors are recommended for revalidation at the end of the period of deferment. Doctors who do not engage with appraisal and revalidation may have their licence to practise revoked by the GMC.

REVALIDATION DELIVERY BOARD SCOTLAND (RDBS)

The Revalidation Delivery Board was convened by Scottish Government (SG) to oversee the development and implementation of revalidation in Scotland and to ensure consistency of the process. The Board issues guidance as required. The Board is chaired by Professor Ian Finlay and includes key partners and stakeholders. An important function of the Board is to commission and then consider an independent annual review of appraisal and revalidation across Scotland.

INTRODUCTION

THE MARQA REVIEW

A review of appraisal and revalidation has been commissioned by RDBS on behalf of SG since 2010. This was initially undertaken by Health Improvement Scotland (HIS) but since 2017/2018 it has been produced by NES, when it was re-named "Medical Appraisal & Revalidation Quality Assurance (MARQA) Review".

REVIEW METHODOLOGY

In the first instance, a self-assessment pack (consisting of a data sheet of appraisal and revalidation completion rates; and a declaration of appraisal and revalidation governance arrangements) is sent to all designated bodies in Scotland for their completion.

This year the self-assessment pack was sent to 47 Designated Bodies, one more than last year.

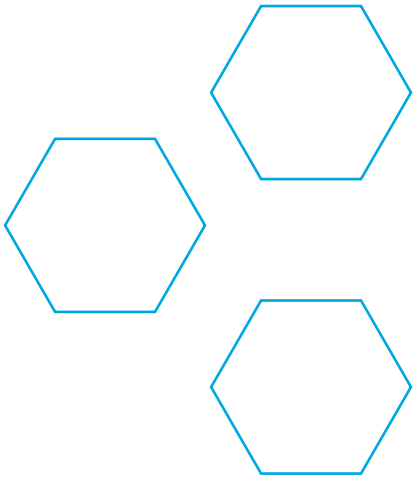
At the conclusion of the first 5-year Revalidation cycle, NES undertook a review of the existing questionnaire pack and consulted with NHS Scotland Health Boards' Appraisal Leads and Administration teams. As a result, a number of changes were made to the data questionnaire this year.

These included the following:

- The data for primary and secondary care were separated,
- Clinical fellows were identified separately as a sub group and,
- Questions relating to the support of Appraisers were added.

Designated Bodies were also asked to provide a detailed description of their Governance Arrangements.

A panel is convened to review the submitted returns. The Panel can seek further information and where necessary there is an escalation procedure carried out by Healthcare Improvement Scotland.



OUR FINDINGS

REVALIDATION RATES

This year, there were 2811 doctors due for Revalidation; of whom 2631 were Revalidated (94%). This is an increase of 10% from last year.

DEFERRALS

There was a substantial decrease in deferrals this year. In Scotland 7% of doctors were deferred (down from 16% in 2017/2018).

Whilst this was a welcome trend, the nature of the data collection does not include an analysis of the reasons for deferral. The GMC has recently introduced new and more detailed deferral categories, which have been added to SOAR. This will allow the review panel, in the future, to better understand why doctors are deferred.

APPRAISAL COMPLETION RATES: PRIMARY AND SECONDARY CARE FINDINGS

There is a consistently higher appraisal rate in primary care than secondary care.

The overall appraisal rates for all designated bodies and the comparable figures for last year are shown in full in appendix 3.1.

APPRAISER TRAINING & SUPPORT

The submissions indicated that all Appraisers in Scotland are NES-trained, but show that the support provided for Medical Appraisers varied between designated bodies.

The panel agreed that providing continuing support for Appraisers is as important as supporting their initial training in maintaining a high quality and consistent appraisal process. Examples of continuing support include:

- Attendance at NES Appraiser Refresher training (once every 5 years)
- Attendance at local Appraisers' meetings and development days
- Attendance at the NES run annual Scottish Medical Appraisers Conference

APPRAISAL OF CLINICAL FELLOWS

The panel has identified that Clinical Fellows comprise a growing sub-group of doctors who require an appraisal. Health boards are encouraged to ensure that this group of doctors are identified and supported to undergo appraisal.

OUR FINDINGS

DOCTORS WITH A MISSED APPRAISAL IN 2018/2019

Most designated bodies reported that a percentage of the doctors with a prescribed connection to them had not been appraised, having been exempted on specific grounds. Having reviewed those instances where there were significantly higher rates of non-appraisal, the panel was satisfied overall with the additional information and reasons given.

ACKNOWLEDGEMENTS

NES would like to thank all designated bodies for completing and submitting the questionnaires.

The review panel wishes to recognise the efforts made by the following health boards who have shown improvements this year:

- NHS Dumfries & Galloway
- NHS Fife
- NHS Highland
- NHS Tayside

CONCLUSION AND NEXT STEPS

1. It has been a successful year for Medical Appraisal and Revalidation in Scotland with the highest appraisal completion rate to date at 96%.

2. Appraisal rates are generally higher in primary care than in secondary care.

3. The data suggests that the appraisal and revalidation process is firmly embedded in Scotland.

4. In 2018/2019 all appraisals in Scotland were undertaken by a NES trained appraiser.

5. Deferral rates in Scotland are falling; the rate for 2018/2019 is 7%. The new GMC deferral categories (replicated in SOAR) will allow more detailed analysis of the reasons for deferral next year.

6. Clinical fellows are included as a separate category this year for the first time. The appraisal rates for this group are lower than those for other groups of doctors. Designated bodies are encouraged to ensure that they have processes in place to identify and support this group of doctors who are not in formal training.

RECOMMENDATIONS

1 Designated bodies have been required to achieve an overall appraisal rate of 90% (including both primary and secondary care doctors). In some designated bodies, the high appraisal rates in primary care have offset poorer appraisal rates in secondary care. The panel recommended that the 90% threshold for appraisal completion rates should be applied separately to primary and secondary care.

2 Designated Bodies should be mindful that there are an increasing number of doctors who are designated as "clinical fellows" and are employed outwith recognised junior doctor training pathways. DBs should ensure that there are systems in place to identify and support these doctors and to provide them with an appraisal.

3 All appraisers in Scotland must undergo core training to equip them with skills to undertake appraisal. This training also ensures consistency of the appraisal process and is provided by NES.

In addition to core training, continuing support should be given to appraisers to ensure that they maintain their appraisal skills. Examples of this continuing support include:

- Attendance at appraiser Refresher Training Courses
- Organising local appraisers meetings
- Attendance at annual Scottish Medical Appraisers Conference

Details of the Medical Appraiser training programme is available on the Medical Appraisal Scotland website: **www.appraisal.nes.scot.nhs.uk**

APPENDICES

APPENDIX 1:
Panel and Observers

Names	Role/Organisation
Frances Dow (Chair)	Lay Member
Sharon Baillie	Programme Manager, Healthcare Improvement Scotland
Niall Cameron	GP, NHS Greater Glasgow & Clyde
Rosie Dixon	Primary Care Appraisal Lead, NHS Borders and NHS Lothian
Alison Graham	Medical Director, NHS Ayrshire & Arran
William Liu	Training Manager (Medical Appraisal), NES
Elizabeth Muir	Clinical Effectiveness Co-Ordinator, NHS Fife
Sue Robertson	Specialty and Associate Specialist (SAS) Doctor, NHS Dumfries and Galloway
Christiane Shrimpton	Associate Postgraduate Dean for Appraisal and Revalidation, NES
Robyn Smith	Anaesthetist, Golden Jubilee Centre
Elizabeth Tait	Professional Lead for Clinical Governance, NHS Grampian
Jim Walker	Lay Member
Ian Finlay (Observer)	Scottish Government
Sally White (Observer)	Scottish Government

APPENDICES

APPENDIX 2:
Organisations involved in 2018-2019 review

NHSScotland

- Ayrshire & Arran
- Borders
- Dumfries & Galloway
- Fife
- Forth Valley
- Grampian
- Greater Glasgow & Clyde
- Highland
- Lanarkshire
- Lothian
- Orkney
- Shetland
- Tayside
- Western Isles
- National Waiting Times Centre
- The State Hospitals Board for Scotland
- NHS 24
- NHS Education for Scotland
- Healthcare Improvement Scotland
- NHS Health Scotland
- Scottish Ambulance Service
- NHS National Services Scotland

Hospices

- ACCORD Hospice
- Ardgowan Hospice
- The Ayrshire Hospice
- Bethesda Hospice
- Children's Hospices Across Scotland (CHAS)
- Highland Hospice (part of NHS Highland's submission)
- Marie Curie Edinburgh
- Marie Curie Glasgow
- The Prince & Princess of Wales Hospice
- St Andrew's Hospice (part of NHS Lanarkshire's submission)
- St Columba's Hospice
- St Margaret of Scotland Hospice
- St Vincent's Hospice
- Strathcarron Hospice
- Surehaven Glasgow Hospital (part of NHS Dumfires & Galloway's submission)

APPENDICES

APPENDIX 2:
Organisations involved in 2018-2019 review

Non-NHS Organisations

- Assured Occupational Health Ltd (New Designated Body)
- Castle Craig Hospital
- DHI Scotland
- Glasgow Memory Clinic
- Loudon Surgical Consulting Ltd
- MP Locums Healthcare Ltd
- Mental Welfare Commission for Scotland
- Scottish Government
- TauRx Pharmaceuticals

APPENDICES

APPENDIX 3: Data submission breakdown

Less than 85% | Between 85% and 90%

APPENDIX 3.1:
Overview of Appraisal completion rates for Primary and Secondary Care doctors across Scotland

Sector	NHSScotland Boards		Hospices		Non-NHS Organisations		TOTAL (2018/2019)				Variance	
	Prescribed Connection	Eligible	Prescribed Connection	Eligible	Prescribed Connection	Eligible	Prescribed Connection	Eligible	Appraised	%	2017/18	+/-
Primary Care	5555	5233	3	3	1	1	5559	5237	5190	99%	97%	2%
Secondary Care	7667	7280	52	48	77	75	7796	7403	6878	93%	89%	4%
TOTAL	**13222**	**12513**	**55**	**51**	**78**	**76**	**13355**	**12640**	**12068**	**96%**	**92%**	**4%**

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APPENDIX 3.1.1:
Primary Care Staff Groupings across Scotland

Eligible GPs (i.e. on Performers List) and Completed Appraisals	NHSScotland Boards		Hospices		Non-NHS Organisations		TOTAL (2018/2019)			Variance	
	Eligible	Appraised	Eligible	Appraised	Eligible	Appraised	Eligible	Appraised	%	2017/18	+/-
Principal GP	3302	3280	0	0	0	0	3302	3280	99%	-	-
Employed GP	111	111	0	0	0	0	111	111	100%	-	-
Retainee	50	50	0	0	0	0	50	50	100%	-	-
Sessional (Locum)	985	970	2	2	0	0	987	972	99%	-	-
Associate	4	4	0	0	0	0	4	4	100%	-	-
Retired	2	1	0	0	1	1	3	2	67%	-	-
Salaried	729	722	1	1	0	0	730	723	99%	-	-
Other	50	48	0	0	0	0	50	48	96%	-	-
TOTAL	**5233**	**5186**	**3**	**3**	**1**	**1**	**5237**	**5190**	**99%**	**97%**	**2%**

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APPENDIX 3.1.2:
Secondary Care Staff Groupings across Scotland

Eligible Doctors and Completed Appraisals	NHSScotland Boards		Hospices		Non-NHS Organisations		TOTAL (2018/2019)			Variance	
	Eligible	Appraised	Eligible	Appraised	Eligible	Appraised	Eligible	Appraised	%	2017/18	+/-
Consultants (including honorary contract holders)	5508	5204	19	19	5	5	5532	5228	95%	89%	6%
Staff, Associate Specialists, and Specialty Doctors	981	896	26	25	13	13	1020	934	92%	87%	5%
University employed staff with a licence to practice	21	20	0	0	0	0	21	20	95%	85%	10%
Secondary Care Locums (employed for 2 months or more in the 12 months up to 31 March)	321	284	1	1	25	25	347	310	89%	88%	1%

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APPENDIX 3.1.2:
Secondary Care Staff Groupings across Scotland (continued)

Eligible Doctors and Completed Appraisals	NHSScotland Boards		Hospices		Non-NHS Organisations		TOTAL (2018/2019)			Variance	
	Eligible	Appraised	Eligible	Appraised	Eligible	Appraised	Eligible	Appraised	%	2017/18	+/-
Independent healthcare providers only (doctors with practising privileges who have a prescribed connection to the organisation)	3	2	2	2	5	5	10	9	90%	100%	-10%
Clinical Fellows	388	295	0	0	0	0	388	295	76%	-	-
Others (doctors in leadership roles, civil service, in wholly independent practice, and doctors not directly employed)	58	55	0	0	27	27	85	82	97%	91%	6%
TOTAL	7280	6756	48	47	75	75	7403	6878	92%	97%	-5%

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APPENDIX 3.1.3:
Appraisal completion rates for Primary Care (PC) and Secondary Care (SC) staff per Designated Body

NHSScotland Health Boards	Eligible doctors		Completed appraisals				Total		Variance	
	PC	SC	PC	%	SC	%	PC + SC	%	2017/18	+/-
Ayrshire & Arran	340	440	340	100%	400	91%	740	95%	94%	1%
Borders	116	157	114	98%	150	96%	264	97%	95%	2%
Dumfries & Galloway	151	176	151	100%	171	97%	322	99%	86%	13%
Fife	314	328	310	99%	301	92%	611	95%	87%	8%
Forth Valley	275	273	275	100%	261	96%	536	98%	98%	0%
Grampian	550	701	550	100%	653	93%	1203	96%	98%	-2%
Gt Glasgow & Clyde	1105	2082	1095	99%	1941	93%	3036	95%	94%	1%
Highland	435	303	426	98%	278	92%	704	95%	87%	8%
Lanarkshire	477	667	470	99%	559	84%	1029	90%	92%	-2%
Lothian	951	1311	941	99%	1252	96%	2193	97%	95%	2%
Orkney	34	20	33	97%	16	80%	49	91%	89%	2%
Shetland	28	21	28	100%	21	100%	49	100%	95%	5%
Tayside	418	594	415	99%	557	94%	972	96%	74%	22%
Western Isles	33	25	32	97%	20	80%	52	90%	96%	-6%

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APPENDIX 3.1.3:
Appraisal completion rates for Primary Care (PC) and Secondary Care (SC) staff per Designated Body (cont.)

NHSScotland Health Boards	Eligible doctors		Completed appraisals				Total		Variance	
	PC	SC	PC	%	SC	%	PC + SC	%	2017/18	+/-
National Waiting Times Centre	0	101	0	0%	95	94%	95	94%	100%	-6%
The State Hospitals Board for Scotland	0	14	0	0%	14	100%	14	100%	77%	23%
NHS 24	0	0	0	0%	0	0%	0	0%	100%	0%
NHS Education for Scotland	4	7	4	100%	7	100%	11	100%	67%	33%
Healthcare Improvement Scotland	2	8	2	100%	8	100%	10	100%	100%	0%
NHS Health Scotland	0	4	0	0%	4	100%	4	100%	67%	33%
Scottish Ambulance Service	0	0	0	0%	0	0%	0	0%	0%	0%
NHS National Services Scotland	0	48	0	0%	48	100%	48	100%	100%	0%
TOTAL	**5233**	**7280**	**5186**	**99%**	**6756**	**93%**	**11942**	**95%**	**92%**	**3%**

APPENDICES

APPENDIX 3.1.3:
Appraisal completion rates for Primary Care (PC) and Secondary Care (SC) staff per Designated Body (cont.)

Hospices	Eligible doctors		Completed appraisals				Total		Variance	
	PC	SC	PC	%	SC	%	PC + SC	%	2017/18	+/-
ACCORD Hospice	0	2	0	0%	2	100%	2	100%	100%	0%
Ardgowan Hospice	0	2	0	0%	2	100%	2	100%	100%	0%
The Ayrshire Hospice	0	4	0	0%	4	100%	4	100%	100%	0%
Bethesda Hospice	0	2	0	0%	2	100%	2	100%	100%	0%
Children's Hospices Across Scotland (CHAS)	0	3	0	0%	3	100%	3	100%	0%	100%
Highland Hospice	*Submitted as part of NHS Highland's returns*									
Marie Curie Edinburgh	0	7	0	0%	7	100%	7	100%	100%	0%
Marie Curie Glasgow	2	2	2	100%	2	100%	4	100%	100%	0%
The Prince & Princess of Wales Hospice	0	4	0	0%	4	100%	4	100%	100%	0%
St Andrew's Hospice	*Submitted as part of NHS Highland's returns*									
St Columba's Hospice	0	8	0	0%	8	100%	8	100%	100%	0%

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APPENDIX 3.1.3:
Appraisal completion rates for Primary Care (PC) and Secondary Care (SC) staff per Designated Body (cont.)

Hospices	Eligible doctors		Completed appraisals				Total		Variance	
	PC	SC	PC	%	SC	%	PC + SC	%	2017/18	+/-
St Margaret of Scotland Hospice	1	4	1	100%	4	100%	5	100%	100%	0%
St Vincent's Hospice	0	3	0	0%	3	100%	3	100%	67%	33%
Strathcarron Hospice	0	7	0	0%	6	86%	6	86%	100%	-14%
Surehaven Glasgow Hospital	*Submitted as part of NHS Dumfries & Galloway's returns*									
TOTAL	3	48	3	100%	47	98%	50	98%	97%	1%

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APPENDIX 3.1.3:
Appraisal completion rates for Primary Care (PC) and Secondary Care (SC) staff per Designated Body (cont.)

Non-NHS Organisations	Eligible doctors		Completed appraisals				Total		Variance	
	PC	SC	PC	%	SC	%	PC + SC	%	2017/18	+/-
Assured Occupational Health Ltd	0	0	0	0%	0	0%	0	0%	n/a	n/a
Castle Craig Hospital	0	4	0	0%	4	100%	4	100%	100%	0%
DHI Medical Group Scotland	0	6	0	0%	6	100%	6	100%	n/a	n/a
Glasgow Memory Clinic	0	4	0	0%	4	100%	4	100%	100%	100%
Loudon Surgical Consulting Ltd	0	1	0	0%	1	100%	1	100%	100%	0%
MP Locums Healthcare Ltd	0	25	0	0%	25	100%	25	100%	100%	100%
Mental Welfare Commission for Scotland	0	3	0	0%	3	100%	3	100%	100%	0%
Scottish Government	0	31	0	0%	31	100%	31	100%	97%	3%
TauRx Pharmaceuticals	1	1	1	100%	1	100%	2	100%	100%	0%
TOTAL	**1**	**75**	**1**	**100%**	**75**	**100%**	**76**	**100%**	**99%**	**1%**

APPENDICES

APPENDIX 3.2:
Overview of Doctors Identified for Revalidation across Scotland

Designated Body Type	Due Revalidation in 2018/19	Positive Recommendations	%	Deferrals	%	Non-Engagement
NHS Scotland Health Boards	2785	2607	94%	196	7%	1
Hospices	10	10	100%	0	0%	0
Non-NHS Organisations	16	14	88%	2	13%	0
TOTAL	**2811**	**2631**	**94%**	**198**	**7%**	**1**

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APPENDIX 3.2.1
Breakdown of Doctors Identified for Revalidation per Designated Body

NHSScotland Health Boards	Due Revalidation in 2018/19	Positive Recommendations	%	Deferrals	%	Non-Engagement
Ayrshire & Arran	145	140	97%	8	6%	0
Borders	57	50	88%	7	12%	0
Dumfries & Galloway	85	76	89%	9	11%	0
Fife	125	117	94%	17	14%	0
Forth Valley	111	107	96%	5	5%	0
Grampian	280	264	94%	16	6%	0
Gt Glasgow & Clyde	656	622	95%	37	6%	0
Highland	203	191	94%	12	6%	0
Lanarkshire	254	228	90%	27	11%	0
Lothian	476	451	95%	26	6%	1
Orkney	8	7	88%	1	13%	0
Shetland	9	8	89%	1	11%	0
Tayside	323	300	93%	23	7%	0
Western Isles	13	11	85%	2	15%	0

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APPENDIX 3.2.1
Breakdown of Doctors Identified for Revalidation per Designated Body (cont.)

NHSScotland Health Boards	Due Revalidation in 2018/19	Positive Recommendations	%	Deferrals	%	Non-Engagement
National Waiting Times Centre	28	24	86%	4	14%	0
The State Hospitals Board for Scotland	2	2	100%	0	0%	0
NHS 24	0	0	0%	0	0%	0
NHS Education for Scotland	3	3	100%	0	0%	0
Healthcare Improvement Scotland	1	1	100%	0	0%	0
NHS Health Scotland	1	0	0%	1	100%	0
Scottish Ambulance Service	0	0	0%	0	0%	0
NHS National Services Scotland	5	5	100%	0	0%	0
TOTAL	**2785**	**2607**	**94%**	**196**	**7%**	**1**

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APPENDIX 3.2.1
Breakdown of Doctors Identified for Revalidation per Designated Body (cont.)

Hospices	Due Revalidation in 2018/19	Positive Recommendations	%	Deferrals	%	Non-Engagement
ACCORD Hospice	1	1	100%	0	0%	0
Ardgowan Hospice	0	0	0%	0	0%	0
The Ayrshire Hospice	1	1	100%	0	0%	0
Bethesda Hospice	2	2	100%	0	0%	0
Children's Hospices Across Scotland (CHAS)	0	0	0%	0	0%	0
Highland Hospice	*Submitted as part of NHS Highland's returns*					
Marie Curie Edinburgh	3	3	100%	0	0%	0
Marie Curie Glasgow	3	3	100%	0	0%	0
The Prince & Princess of Wales Hospice	0	0	0%	0	0%	0
St Andrews Hospice	*Submitted as part of NHS Lanarkshire's returns*					
St Columba's Hospice	0	0	0%	0	0%	0

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APPENDIX 3.2.1
Breakdown of Doctors Identified for Revalidation per Designated Body (cont.)

Hospices	Due Revalidation in 2018/19	Positive Recommendations	%	Deferrals	%	Non-Engagement
St Margaret of Scotland Hospice	0	0	0%	0	0%	0
St Vincent's Hospice	0	0	0%	0	0%	0
Strathcarron Hospice	0	0	0%	0	0%	0
Surehaven Glasgow Hospital	Submitted as part of NHS Dumfries & Galloway's returns					
TOTAL	**10**	**10**	**100%**	**0**	**0%**	**0**

APPENDICES

APPENDIX 3.2.1
Breakdown of Doctors Identified for Revalidation per Designated Body (cont.)

Non-NHS Organisations	Due Revalidation in 2018/19	Positive Recommendations	%	Deferrals	%	Non-Engagement
Assured Occupational Health Ltd	0	0	0%	0	0%	0
Castle Craig Hospital	0	0	0%	0	0%	0
DHI Medical Group Scotland	0	0	0%	0	0%	0
Glasgow Memory Clinic	1	1	100%	0	0%	0
Loudon Surgical Consulting Ltd	0	0	0%	0	0%	0
MP Locums Healthcare Ltd	1	0	0%	1	100%	0
Mental Welfare Commission for Scotland	0	0	0%	0	0%	0
Scottish Government	14	13	93%	1	7%	0
TauRx Pharmaceuticals	0	0	0%	0	0%	0
TOTAL	**16**	**14**	**88%**	**2**	**13%**	**0**

APPENDICES

APPENDIX 3.3

Overview of 5-year Appraisal Completion trends *Number (and percentage) of completed appraisals from 2014/15 to 2018-2019*

NHSScotland Health Boards	2014/15	%	2015/16	%	2016/17	%	2017/18	%	2018/19	%
NHSScotland Health Boards	10972	93%	11029	92%	11158	94%	11380	92%	11942	95%
Hospices	39	83%	47	96%	52	96%	54	97%	50	98%
Non-NHS Organisations	55	81%	69	88%	76	96%	71	99%	76	100%
TOTAL	**11066**	**93%**	**11145**	**92%**	**11286**	**94%**	**11505**	**92%**	**12068**	**96%**

APPENDICES

APPENDIX 3.3.1

Breakdown of 5-year Appraisal Completion trends per Designated Body

NHSScotland Health Boards	2014/15	%	2015/16	%	2016/17	%	2017/18	%	2018/19	%
Ayrshire & Arran	699	96%	727	99%	712	96%	729	94%	740	95%
Borders	244	87%	235	89%	271	95%	273	95%	264	97%
Dumfries & Galloway	300	92%	258	80%	296	89%	256	86%	322	99%
Fife	562	92%	551	84%	557	94%	547	87%	611	95%
Forth Valley	492	95%	516	92%	537	99%	562	98%	536	98%
Grampian	1114	98%	1175	98%	1207	98%	1236	98%	1203	96%
Gt Glasgow & Clyde	2735	92%	2778	94%	2854	95%	2908	94%	3036	95%
Highland	699	91%	670	90%	687	94%	633	87%	704	95%
Lanarkshire	916	89%	934	93%	893	92%	956	92%	1029	90%
Lothian	1992	92%	2021	92%	2099	95%	2203	95%	2193	97%
Orkney	59	98%	51	94%	47	100%	49	89%	49	91%
Shetland	38	84%	42	95%	43	96%	37	95%	49	100%
Tayside	925	94%	852	89%	732	81%	761	74%	972	96%
Western Isles	53	95%	49	82%	49	98%	51	96%	52	90%

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APPENDIX 3.3.1
Breakdown of 5-year Appraisal Completion trends per Designated Body (cont.)

NHSScotland Health Boards	2014/15	%	2015/16	%	2016/17	%	2017/18	%	2018/19	%
National Waiting Times Centre	77	85%	95	95%	97	93%	108	100%	95	94%
The State Hospitals Board for Scotland	14	100%	14	82%	13	93%	10	77%	14	100%
NHS 24	2	100%	2	100%	2	100%	1	100%	0	0%
NHS Education for Scotland	7	70%	8	100%	7	100%	4	67%	11	100%
Healthcare Improvement Scotland	3	100%	8	100%	8	100%	8	100%	10	100%
NHS Health Scotland	4	100%	4	100%	3	75%	2	67%	4	100%
Scottish Ambulance Service	0	0%	0	0%	0	0%	0	0%	0	0%
NHS National Services Scotland	37	100%	39	100%	44	100%	46	100%	48	100%
TOTAL	**10972**	**93%**	**11029**	**92%**	**11158**	**94%**	**11380**	**92%**	**11942**	**95%**

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APPENDIX 3.3.1
Breakdown of 5-year Appraisal Completion trends per Designated Body (cont.)

Hospices	2014/15	%	2015/16	%	2016/17	%	2017/18	%	2018/19	%
ACCORD Hospice	2	100%	2	100%	2	100%	2	100%	2	100%
Ardgowan Hospice	0	0%	1	100%	2	100%	1	100%	2	100%
The Ayrshire Hospice	4	100%	4	100%	5	100%	6	100%	4	100%
Bethesda Hospice	2	100%	2	100%	2	100%	2	100%	2	100%
Children's Hospices Across Scotland (CHAS)	0	0%	2	100%	2	100%	0	0%	3	100%
Highland Hospice	*Submitted as part of NHS Highland's returns*									
Marie Curie Edinburgh	5	71%	7	100%	7	100%	8	100%	7	100%
Marie Curie Glasgow	NA		7	88%	6	100%	4	100%	4	100%
The Prince & Princess of Wales Hospice	7	78%	3	100%	4	80%	6	100%	4	100%
St Andrew's Hospice	*Submitted as part of NHS Lanarkshire's returns*									
St Columba's Hospice	5	100%	4	100%	8	100%	9	100%	8	100%

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APPENDIX 3.3.1
Breakdown of 5-year Appraisal Completion trends per Designated Body (cont.)

Hospices	2014/15	%	2015/16	%	2016/17	%	2017/18	%	2018/19	%
St Margaret of Scotland Hospice	5	100%	4	100%	3	100%	4	100%	5	100%
St Vincent's Hospice	2	100%	1	100%	2	67%	2	67%	3	100%
Strathcarron Hospice	7	78%	10	91%	9	100%	10	100%	6	86%
Surehaven Glasgow Hospital	*Submitted as part of NHS Dumfries & Galloway's returns*									
TOTAL	**39**	**83%**	**47**	**96%**	**52**	**96%**	**54**	**97%**	**50**	**98%**

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APPENDIX 3.3.1
Breakdown of 5-year Appraisal Completion trends per Designated Body (cont.)

Non-NHS Organisations	2014/15	%	2015/16	%	2016/17	%	2017/18	%	2018/19	%
Assured Occupational Health Ltd									0	0%
Castle Craig Hospital	7	100%	7	100%	3	60%	2	100%	4	100%
DHI Medical Group Scotland					5	100%			6	100%
Glasgow Memory Clinic	0	0%	1	100%	1	100%	2	100%	4	100%
Loudon Surgical Consulting Ltd							1	100%	1	100%
MP Locums Healthcare Ltd	5	42%	15	65%	26	96%	25	100%	25	100%
Mental Welfare Commission for Scotland	4	80%	4	100%	3	100%	5	100%	3	100%
Scottish Government	32	97%	32	97%	33	100%	32	97%	31	100%
TauRx Pharmaceuticals					3	100%	2	100%	2	100%
TOTAL	**55**	**81%**	**69**	**88%**	**76**	**96%**	**71**	**99%**	**76**	**100%**

APPENDICES

APPENDIX 3.4
Revalidation of Doctors in Training

Year	Doctors in Training	Due Revalidation	%	Revalidated	%
2014/2015	5920	552	9%	511	93%
2015/2016	5673	643	11%	643	100%
2016/2017	5723	570	10%	570	100%
2017/2018	5783	691	12%	691	100%
2018/2019	**5683**	**560**	**10%**	**560**	**100%**

APPENDICES

APPENDIX 4 - GLOSSARY

Terminology	Description
Annual Appraisal	The formative process of preparing, collating and reflecting on information relating to the doctor's whole practice; followed by a discussion with an appraiser at a formal, confidential meeting. The appraisal meeting between the appraisee (the doctor) and appraiser should take place every year. The appraisal year for both primary and secondary care has been aligned to the financial year (1 April–31 March). An appraisal is considered to be completed when the summary of the appraisal discussion and Personal Development Plan have been recorded and signed off by the appraiser and appraisee (Appraisal Form 4), within 28 days of the appraisal meeting. Where an appraisal is not signed off or did not take place, a Form 5 should be used in lieu of a Form 4. Form 5A is used where there is a legitimate reason for not being appraised (e.g. maternity leave, long term sick, sabbatical etc); and Form 5B is used for non-engagement.
Clinical Fellows	This group of doctors are employed on contracts that are neither recognised training positions nor career grade posts. They have a range of experience and responsibility for direct patient care. For example, some may be taking time out of their training programme to acquire teaching or research experience and others may be employed directly for service purposes. Some of the latter group can be at a relatively early stage in their medical careers and some may be international medical graduates; both groups would be unfamiliar with the UK appraisal process.

APPENDICES

APPENDIX 4 - GLOSSARY

Terminology	Description
Designated Body	An organisation that employs or contracts with doctors and is designated in The Medical Profession (Responsible Officer) Regulations 2010, as amended by The Medical Profession (Responsible Officer) (Amendment) Regulations 2013.
General Medical Council (GMC)	The public body that maintains the official register of medical practitioners within the UK. Its chief responsibility is 'to protect, promote and maintain the health and safety of the public' by controlling entry to the register and suspending or removing members when necessary.
Good Medical Practice (GMP)	Good Medical Practice, published by the GMC, sets out the principles and values on which good practice is founded; these principles together describe medical professionalism in action. The guidance is addressed to doctors, but it is also intended to let the public know what they can expect from doctors: **www.gmc-uk.org/guidance/good_medical_practice.asp**
Independent Healthcare Provider	An NHS term for a healthcare services provider (a term which, as used in the UK, refers to an organisation, not an individual healthcare professional) that operates independently of the NHS.

APPENDICES

APPENDIX 4 - GLOSSARY

Terminology	Description
Licence to Practise	To practise medicine in the UK, all doctors are required by law to be both registered and hold a licence to practise. This applies to practising full time, part time, as a locum, privately or in the NHS, or employed or self-employed. Licences are issued, renewed and withdrawn by the GMC.
Prescribed Connection	The formal link between a doctor and their Designated Body. It is the route by which doctors are able to find their Responsible Officer. Regulation 10 and 12 in The Medical Profession (Responsible Officer) Regulations 2010 set out the 'prescribed connection' between designated bodies and doctors and these are explained in more detail in the Responsible Officer guidance.
Remediation	The overall process agreed with a practitioner to redress identified aspects of underperformance. Remediation is a broad concept varying from informal agreements to carrying out some re-skilling, to more formal supervised programmes of remediation or rehabilitation.
Responsible Officer (RO)	A licensed doctor with a least five years' experience who has been nominated or appointed by a Designated Body. In Scotland, Medical Directors have been appointed as Responsible Officers and they have a key role in developing more effective liaison between organisations and the GMC as the regulatory body for all doctors. They also oversee the arrangements for medical revalidation, including all methods of evaluating fitness to practise. The GMC will make the final decision on revalidation of any doctor.

APPENDICES

APPENDIX 4 - GLOSSARY

Terminology	Description
Revalidation	Medical Revalidation is the 5-yearly process to renew a doctor's licence to practise. Recommendations are made by the doctor's Responsible Officer to the GMC.
Revalidation Recommendation: Positive	A "positive" recommendation to revalidate is a formal declaration from a Responsible Officer to the GMC that a licensed doctor remains up-to-date and fit to practise. The Responsible Officer has to be assured that doctors have: • met the GMC's requirements for revalidation • participated in systems and processes to support revalidation • collected the required supporting information for revalidation
Revalidation Recommendation: Deferral	If the RO is not satisfied with the information provided to make a positive recommendation, the doctor's Revalidation can be deferred, usually up to 6 months.
Scottish Online Appraisal Resource (SOAR)	The national online system used to record appraisal for trainees and doctors in primary and secondary care.

Medical Appraisal & Revalidation Quality Assurance (MARQA) Review 2018/2019

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk**.

NHS Education for Scotland
Westport 102
West Port
Edinburgh
EH3 9DN

www.nes.scot.nhs.uk

NESD1051 | Medical Appraisal & Revalidation Quality Assurance (MARQA) Review 2018/2019 | Designed by the NES Design Team

Clinical Governance Committee

DATE OF MEETING:	2020
TITLE OF REPORT:	Radiation Protection committee
EXECUTIVE LEAD:	Dr Chris McKenna
REPORTING OFFICER:	Jane Anderson

Purpose of the Report (delete as appropriate)		
		For Information

SBAR REPORT

Situation

The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017 is legislation which provides a framework intended to protect patients from the hazards associated with ionising radiation. The responsibility for compliance with IR(ME)R lies with the employer and each of the entitled duty holders. IRR 2017 protects all others (staff and visitors).

The meetings to oversee radiation protection in NHS Fife

- IR(ME)R Board covering IR(ME)R compliance met on 20/08/2020
- Radiation Protection Committee reviewing all other aspects of Radiation safety (including Laser and MRI) met on 11/12./2020

Both are chaired by the Medical Director and have met in line with their agreed roles and remits.

Background

IR(ME)R is derived from the European Council Medical Exposures Directive 97/42/Euratom. The regulations are designed to ensure those individuals undergoing medical exposure to ionising radiation are protected from the associated hazards.

IRR is designed to protect staff and the public. The regulations in Great Britain are enforced under section 15 of the Health and safety at Work Act 1974.

NHS Fife, as a duty holder under IR(ME)R, has a statutory responsibility for providing a framework within which professionals undertake their functions. This framework is provided through written procedures, written protocols and quality assurance programmes. These documents should be regularly updated.

The Board also has a responsibility to ensure that referrers, practitioners and operators are adequately trained to perform the tasks in their scope of practice.

Assessment

- The Committee received reports from the nominated Radiation Protection Advisors (RPAs) confirming that annual radiation protection reviews were completed with no major issues
- Review of HIS inspection January 2020, action plan submitted to address requirements and recommendations issued in the inspectorate report. Report and action plan submitted for noting.
- Considered the review of radiation incidents that had taken place over the last 12 months
- Confirmed Staffing competencies are up to date
- The Administration of Radioactive Substances Advisory Committee (ARSAC) license is current
- New radiology radiation equipment was purchased and assessed to be safe for use. All current equipment is under service contract and maintained by the respective manufacturers or alternative under contract with NSS to their specification

Recommendation

- **For Information**– the Committee is asked to note
    - the Minutes of the Radiation Protection Committee and IR(ME)R Board.
    - The report and action plan from the HIS Inspection January 2020

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

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

Impact: (must be completed)	
Financial / Value For Money	
Risk / Legal:	The Board is required to demonstrate it is complying with IR(ME)R regulations and the Health and Safety legislation. These Committees ensure compliance with the statutory requirements.
Quality / Patient Care:	Radiation incidents are investigated appropriately.
Workforce:	The workforce has the appropriate competencies to carry out this work.
Equality:	No issues

Acute Services Div Clinical Governance Committee
Radiation Protection Annual Report
December 2020

1. Introduction

The IR(ME)R Board covering IR(ME)R compliance and the Radiation Protection Committee all other aspects of Radiation safety are both chaired by the Medical Director for NHS Fife and have met in line with its agreed role and remit. Minutes of these meetings are included in the appendix.

2. Radiation Protection Advisors (RPA) reports

The Committee has received reports from the nominated Radiation Protection Advisors.

The highlights from these reports are as follows

- Annual radiation protection reviews have been paused whilst we update the documentation required under IRR17. The RPA is still closely involved in all work undertaken with ionising radiation. Risk assessments are currently being updated in all areas where ionising radiation is used, with a view to issuing updated Local Rules within the first quarter of 2021, and re-instigating the annual RPA reviews across all departments after this time.
- All areas have appointed RPS's
- IRMER Inspection January 2020- final report and action plan attached.
    - Action plan update 07/12/2020 attached
- Clinical Audit forms show compliance to the regulations.
    - Partnership work with Theatre manager Claire Lee to manage clinical audit

- IR(ME)R Updates-

    - The employers procedure EP1-2 has been updated to detail that in the case of patients who are known to be pregnant, the referrer must discuss this with the patient and how this is to be recorded on the referral, as there is currently no specific field on Trak to indicate a patient's pregnancy status; the possibility of adding this to TRAK is under discussion. In the meantime the referrers are required to write a sentence on the referral advising that they have checked pregnancy status of the patient they are referring for imaging.

      As it is the responsibility of the referrer to provide the information on the risks and benefits to the patient, an advice sheet has been produced listing the effective dose and commensurate risk to the patient and foetus for a range of x-ray examinations commonly performed on pregnant patients. It also provides context for the effective dose, in terms of exposure to an equivalent period of background radiation. This advice note will be presented at the Acute Clinical Governance Committee, to be held on 21/01/2021 and circulated to all those who refer in to NHS Fife services following this.

    - The advice sheet on radiation dose and risks produced for Referrers was re-formatted into an information sheet which can be provided to the patient to discuss the risks and benefits from undergoing a procedure involving ionising radiation. This will replace the current RCR information sheet which is currently in use, and gives more information to the patient on the radiation dose and risk to both the patient and their baby, and aims to put the radiation risk into context with regards to natural occurrence of adverse effects and exposure to natural background radiation. The leaflet will be tabled at the next Acute Clinical Governance Committee meeting, scheduled for 21/01/2021 and then circulated to referrers and operators.

    - Non Medical referrer IR(ME)R training scheduled for 23rd December 2020. Currently 300 NMR's across NHS Fife, partnership working with Heads of Nursing to ensure a coordinated approach to advanced practice training to include IR(ME)R training to prevent delays-working well.

3. Radiation Incidents

2019

Radiation Incidents and Near Misses

There were a total of 105 radiation incidents reported in NHS Fife in 2019 and a total of 238 near miss incidents recorded.

Reportable Incidents

There were 6 IR(ME)R reportable incidents over the 12 months:

- 5 were referral errors
  - 2 - wrong examination
  - 3 – wrong patient
- 1 Operator error
  - Wrong examination

These have been reported to Healthcare Improvement Scotland in line with the policy.

Notifiable incidents:-

There has been a change in criteria for notification of incidents under IR(ME)R

The criteria for which incidents require to be notified to HIS as a breach of IR(ME)R changed when the Regulations were updated .

Previously, doses which were deemed to be MGTI were required to be notified, but under the IR(ME)R 2017 regulations this has changed to Significant Accidental or Unintended Exposures (SAUE) which are defined in Regulation 2.

Guidance has been produced to help the Employer determine which incidents must be reported under Regulation 8(4), but to summarise:

- Accidental exposure: an individual has received an exposure in error, when no exposure of any kind was intended.
- Unintended exposure: although the exposure of an individual was intended, the exposure they received was significantly greater or different to that intended. For example, in the dose received, the modality or

technique carried out, anatomy, radiopharmaceutical or timing of exposure.

These can happen for many reasons including procedural, systematic or human error.

This will have a significant impact on the number of incidents NHS Fife externally notifies.

Applying SAUE guidance to the incidents which were notified to HIS in 2019, none of the three Wrong Examination incidents would have met the criteria for notification. For the three Wrong Patient incidents, it is impossible to determine whether notification would have been required without knowing the 5 imaging/procedure history for the patient around the time of the event, although it is unlikely that all three would have required notification. An additional point to note is that there are also time constraints placed on the investigation and notification of SAUE incidents; if an incident is identified as a potential SAUE, a preliminary investigation must be carried out as soon as possible, with a notification to HIS no later than 2 weeks following discovery of the event if it is deemed to be a SAUE.

4. Staffing

All staff competencies are up to date

There remains a national shortage of Radiologists which is compounded by an increasing workload.

5. Nuclear Medicine

The ARSAC license is current.

New contamination monitor on order.

No other issues.

6. SEPA

There has been no SEPA inspection since March 2018.

7. Equipment

Radiology Equipment Replacement 2019/2020

The following equipment has been replaced / purchased since the last report:

- Fuji Go DR mobile x-ray unit x 2

We are currently in the process of replacing

- MRI QMH
- Mammography QMH
- Room 7 General X-ray room
- Obstetric Ultrasound machines VHK/QMH

All equipment is under service contract and maintained by the respective manufacturers or alternative under contract with NSS to their specification.

8. Local Rules

The local rules are due for renewal and this has been prioritised for early 2021

9. MRI safety

Appointment of David Pirie as MR responsible Person

Joint project with NHSL and MRI safety experts to develop a pathway for imaging patients with conditional cardiac pacemakers. Ian Cavin leading.

9. Laser Safety

No issues

There are 7 lasers in Fife 3 at VHK 4 at QMH.

Laser reviews are carried out annually with physical visits bi annually. Physical visit should have been this year but couldn't happen because of Covid-19 but a virtual review was carried out with no issues. Physical visits to be arranged for next year.

There were issues with Urology consultants not compliant wearing safety eyewear but have given comprehensive advice and they seem to have taken on board and compliance levels are up, , where prescription eyewear was necessary this has been supplied.

17 LPA's in NHS fife.

Local Rules and Risk Assessment are in place.

10 Recommendation

The Committee is asked to **note** the contents of the Radiation Annual report

Appendix

IRMER BOARD
20th August 2020

RADIATION PROTECTION COMMITTEE
December 2020

Item 14.1

A NOTE OF THE ACUTE SERVICES DIVISION CLINICAL GOVERNANCE COMMITTEE HELD ON WEDNESDAY 11th NOVEMBER 2020 AT 2.00PM VIA MS TEAMS

Present	**Designation**
Mrs Jane Anderson	Radiology Clinical Services Manager
Mrs Norma Beveridge	Head of Nursing – Emergency Care Directorate
Mrs Lynn Campbell	Associate Director of Nursing – Acute Services Division (CHAIR)
Dr Robert Cargill	Associate Medical Director – Acute Services Division
Mrs Aileen Lawrie	Head of Midwifery
Mrs Elizabeth Muir	Clinical Effectiveness Co-ordinator
Dr Sally McCormack	Clinical Director – Emergency Care Directorate
Ms Arlene Saunderson	Head of Nursing – Planned Care Directorate
Mr Satheesh Yalamarthi	Clinical Director – Planned Care Directorate

Apologies	**Designation**
Dr Annette Alfonzo	Clinical Director – Emergency Care Directorate
Mr Ben Hannan	Chief Pharmacist – Acute Services Division
Mrs Gemma Couser	General Manager, WCCS Directorate
Mrs Donna Galloway	Clinical Laboratory Manager
Dr Tahir Mahmood	Clinical Director – Women, Children & Clinical Services Directorate

In Attendance:	
Mrs Margaret Dodds	Senior Nurse – Quality & Risk – Emergency Care Directorate
Miss Lynn Godsell	PA to the Associate Medical Director & Associate Director of Nursing (minutes)
Dr Jane Macnab	Clinical Lead - Gynaecology
Ms Kirsten Smith	Pharmacist (rep Ben Hannan)

ACTION

1 Welcome and Introductions

Mrs Campbell welcomed everyone to the meeting and advised that the Echo Pen was being used for assisting with the note taking process. Mrs Campbell noted that there was no representation from Planned Care but anticipated that someone would join the meeting shortly.

2 Apologies for Absence

Apologies for absence were noted from the above named members.

3 Unconfirmed Minute of ASDCGC Meeting held on 16th September 2020

Mrs Campbell asked members for comments regarding the minutes. Ms Saunderson raised a comment regarding the minutes on Page 4 and requested that Emily Ridley's job title be added in, with this amendment the minutes were accepted as a true record.

4 Matters Arising

4.1 Action List

Action 311 – T&O Donation Committee – Dr Cargill confirmed that no chair has yet been appointed and the Committee is working with the Clinical Lead as Chair. Dr Cargill advised that the Chairperson is supposed to be a Non-Executive Director and he had asked the Executive Team to find support for that but largely due to COVID19 this has been unsuccessful. Action remains open. **RC**

Action 313 – Directorate Level Outcomes - Mrs Campbell said that this related to a departmental spreadsheet with rolling timetable for the Clinical Leads which has been completed. Regard as complete.

Action 314 – NNAP - W&C Reporting Cycle – Ms Lawrie advised that the report comes out annually and the next national meeting is scheduled to take place tomorrow prior to publication of the report, thereafter we will get our local data and it will be cleansed down into local data. Ms Lawrie said the action can be closed off and the Directorate will submit any outlying data/reports via the Directorate. Mrs Campbell said she was trying to recall the actual discussion so that the frequency and process of reports can be recorded accurately. Dr Cargill said to submit the report to the next Committee meeting following publication. Regard as complete.

Action 318 – Everlight Report – This was a request for the percentage of reporting carried out by Everlight. Mrs Anderson said that she was unsure of the background to this but would check this and respond accordingly.

Mrs Campbell asked Mrs Anderson for an update – Mrs Anderson was unsure of the context and why the percentage of reporting is being asked for and that can be provided but Mrs Anderson thought it would be better to give the context along with the Clinical Governance framework set up with Everlite so will share this at a future meeting. **JA**

Action 318 – LATE Audit – Mrs Campbell said to Dr Cargill that this action related to seeking Medical representation for the Vascular Access Strategy Group (VASG). Dr Cargill advised that the VASG was now disbanded and any vascular issues were dealt with by the Vascular Nurse and the Fluid Improvement Nurse - Emily Ridley and Vicky McLaughlin and we have in place a Vascular Access Strategy so Dr Cargill suggested that this be closed off.

Ms Saunderson said that a Venous Focus Working Group has been commissioned and has representatives from PCD, ECD, PPDU with Vicky and Emily being part of that. Ms Saunderson said that she would value a conversation with Dr Cargill outwith the meetings as she would value if they could seek medical representation for the group. **AS/RC**

Action 319 - EIDO Consent Process – Mr Ballantyne was to contact eHealth and involve them at earliest convenience in relation to governance with the EIDO consent process being compatible with uploading items to the portal so it can be stored long term.

Mr Yalamarthi said that the work with EIDO remains ongoing and the business case has been approved for Orthopaedics and General Surgery to use the consent forms and it was offered to other services although they were not keen. The start date for EIDO implementation will be 1st December 2020. Mr Yalamarthi said this was a new national process which EIDO is initiating where we do remote consenting and the patients do not need to come in, part of the consent is done online and the final part

is done in hospital or it can all be done remotely although it does require to be signed on the day of surgery. Mr Yalamarthi said that further discussions have taken place with EIDO and NHS Fife have expressed an interest in piloting this new project. Mrs Campbell said that she was interested in our assurance around people who don't have capacity and how we ensure that we pick that up and asked if there was an update? Mr Yalamarthi said they have requested a meeting with EIDO and if we are picked up as the pilot site then dialogue will take place and processes will be refined. Dr Macnab added that they were asked about it in Gynaecology but there was very little appetite to consider it as an option as the department already has very good consent guidance from the Royal College. Dr Macnab said that a discussion took place at the M&M meeting yesterday around consent in general in light of new GMC guidance coming into effect from 16th November so plan to revisit the EIDO documents. Dr Macnab advised that she had shared all the links to information with her colleagues to look over. Mrs Campbell asked Mr Yalamarthi to share any further information with Dr Macnab. **SY**

Action 320 – Risk Register – Mrs Campbell advised that herself and Dr Cargill have had a look over the Risk Register but will require to send out the specific risks to the Directorates for an update. **LG**

5 Hospital/Board or Population Level Reports:

Scheduled Governance Items:

- Integrated Performance & Quality Report (IPQR)

Dr Cargill referred to the IPQR report and said there was a couple of items to raise. Dr Cargill asked members if the inclusion of this report was adding value? Dr Cargill noted that the items for highlighting from it were Mortality, which is on annual reporting cycle so from one Committee to the next there is no change in what we can say about Hospital Standardised Mortality Rate (HSMR) but the other measures are updated frequently enough to be of interest and of importance. Dr Cargill noted that some of the high level harms are within the Directorate reports and infection issues are contained within the HAIRT and Infection control reports but asked if it was worth having this report at the Committee for reference when the data changes around Mortality, this would be brought as an item by exception.

Mrs Campbell said it would her preference to have this item remain on the agenda but was interested in what other members thought? Mrs Beveridge agreed that it would be good to have it on the agenda for reference.

The IPQR will now become a standing item on the agenda. **LG**

- **HAIRT Board Report 2020**

Mrs Campbell referred to the HAIRT report and said that there was nothing major to raise from the report but wished to highlight that in the main we are doing reasonably okay and the *Clostridiodies Difficile Infection* (CDIs) although we remain below the national average we still have a bit of work to do in relation to the target so work remains ongoing and within the HAIRT there are a number of initiatives underway that will hopefully have a positive impact.

Mrs Campbell also highlighted that the HAI Inspectors recently visited Glenrothes

Hospital. The inspection resulted in one IPC related requirement.

NHS Fife must ensure that the condition of all patient equipment allows it to be effectively decontaminated.

NHS Fife and in particular staff at Glenrothes Hospital were thanked for their assistance during the inspection. The inspection report noted that:

- 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

There were no other matters raised from the HAIRT report.

The HAIRT report was noted.

- **Pressure Ulcer Standards 2020**

Ms Paterson advised that these standards have been added to the NHS Fife activity tracker which will be brought to the meeting in January 2021 so an overview will be given then.

Miss Godsell to carry forward on the workplan for January 2021 meeting. **LG**

- **Peri Arrest Report**

Mrs Campbell asked who was able to speak to the Peri Arrest report.
Mrs Muir said that this report was released from Jackie Beatson and this is the first report of it's kind that we have received at this Committee, hence no-one was asked to attend to speak to it. Mrs Muir added that these will be quarterly reports and asked if an overview from Ms Beatson would be helpful at future meetings? Dr Cargill suggested that the primary reporting for these reports would be to the Resuscitation Committee, although that is an NHS Fife Committee, we are sighted on the business and by exception the Resus Committee would escalate any concerns to this Committee. Mrs Muir said that Dr McKenna disagreed and wanted the reporting through the ASD CGC. Dr Cargill said he didn't feel strongly and accepted that it would be reported through this Committee.

Mrs Campbell said that is would be helpful to have some narrative from Ms Beatson to highlight any issues from the reports. Mrs Beveridge agreed there were a lot of numbers and graphs and not much narrative so that would be helpful. Mrs Muir agreed to take the action to do a summary for Q1 and narrative for Q2 for the January meeting. **EM/LG**

- **Cancer Waiting Times Q4 2019, Q1 2020, Q2 2020**

The following points were noted from the Cancer Waiting Times reports:

<u>Q4 2019</u>
The 62 Day Standard states that 95% of patients urgently referred with a suspicion of cancer will wait a maximum of 62 days from referral to first cancer treatment.

- There were 3719 eligible referrals within the 62 day standard, an increase of 70 (1.8%) on the same period in 2018.

- In Scotland 83.7% of patients started treatment within the 62 day standard, an increase from 83.3% in the previous quarter July to September 2019
- The 62 day standard was met by three NHS Boards: NHS Lanarkshire, and NHS Tayside and NHS Shetland.

The 31 Day Standard applies to all eligible referrals, regardless of route of referral and states that 95% of all patients will wait no more than 31 days from decision to treat to first cancer treatment.

- There were 6376 eligible referrals within the 31 day standard for this period, an increase of 75 (1.2%) on the same period in 2018.
- 96.5% of patients started treatment within the 31 day standard, an increase from 95.8% in the previous quarter.
- The 31 day standard was met by 13 of the 14 NHS Boards. The 1 that did not was NHS Grampian.

Q1 2020

The 62 Day Standard states that 95% of patients urgently referred with a suspicion of cancer will wait a maximum of 62 days from referral to first cancer treatment.

- There were 3833 eligible referrals within the 62 day standard, an increase of 3.6% on the same period in 2019.
- In Scotland 84.7% of patients started treatment within the 62 day standard, an increase from 83.7% in the previous quarter.
- The 62 day standard was met by two NHS Boards: NHS Lanarkshire, and NHS Borders.

The 31 Day Standard applies to all eligible referrals, regardless of route of referral and states that 95% of all patients will wait no more than 31 days from decision to treat to first cancer treatment.

- There were 6461 eligible referrals within the 31 day standard for this period, an increase of 3.5% on the same period in 2019.
- 96.1% of patients started treatment within the 31 day standard, a decrease from 96.5% in the previous quarter.
- The 31 day standard was met by 12 of the 14 NHS Boards. The Boards that did not were NHS Highland (93.1%), Golden Jubilee National Hospital (86.7%) and NHS Shetland (84.6%).

Q2 2020

The 62 Day Standard states that 95% of patients urgently referred with a suspicion of cancer will wait a maximum of 62 days from referral to first cancer treatment.

- There were 3056 eligible referrals within the 62 day standard, a decrease of 21.8 % on the same period in 2019. The reduction in eligible referrals is likely to be due to a combination of patients not seeking out help, delays in diagnostic tests and/or starting treatment because hospitals due to COVID-19.
- In Scotland 84.1% of patients started treatment within the 62 day standard, an decrease from 84.7% in the previous quarter.
- No Boards met the 62 day standard and two of the 10 reported cancer typed met the standard: Ovarian and Breast.

The 31 Day Standard applies to all eligible referrals, regardless of route of referral and states that 95% of all patients will wait no more than 31 days from decision to

treat to first cancer treatment.

- There were 5056 eligible referrals within the 31 day standard for this period, an decrease of 23.2% on the same period in 2019.
- 97.1% of patients started treatment within the 31 day standard, an increase from 96.1% in the previous quarter.
- The 31 day standard was met by 14 of the 15 NHS Boards. The Boards that did not was NHS Grampian.

Dr Cargill advised that if the Cancer Waiting Times are documented in the IPQR, then there is no need for a separate section for these reports, unless any issues need raised by exception. Mrs Campbell asked if these reports should go into the "for information" section of the agenda. Dr Cargill said that there was no need if the Waiting Times were being reported within the IPQR.

- **Waiting Times & Access Report**

The report on waiting times performance covers up until the quarter ending June 2020. The statistics presented for this period are affected in part by the COVID-19 (Coronavirus) as this has affected referral and treatment patterns. More specifically, on the 17 March, NHS Scotland was placed in emergency measures and Boards were asked to suspend all non-urgent elective treatment and on the 23 March the nation entered a period of 'lockdown'. As Scotland moved into Phase 2 of the 'lockdown', from the 19 June, some services started to resume as part of the planned remobilisation of services.

New Outpatients

For the quarter ending June 2020, 32 % of New Outpatients were waiting less than 12 weeks deterioration compared to the same quarter in 2019 at 95.8% and the position at the end of March 2020 at 95%. Although the position at the end of June was above the Scottish average of 28% it is significantly below the national waiting times standard of 95%. During this period priority has been given to urgent and urgent suspicious of cancer referrals. As services are remobilised it is anticipated that there will be a gradual improvement in waiting times for routine referrals.

Inpatients and day cases

For the quarter ending June 2020, 83% of inpatients/day cases were treated within 12 weeks which is down from 86% for the same period in 2019 and above the Scottish average of 82%. It should be noted however that the numbers treated in this period were significantly lower at 699 against 3,716 in June 2019 and reflective of the suspension of all non urgent activity.

Mrs Campbell noted that the Waiting Times information was also included within the IPQR.

The Waiting Times information was noted.

6 Women, Children & Clinical Services Directorate

6.1 Directorate Governance – Specialty National Reports

There were no Specialty National reports submitted.

6.2 Directorate Level Outcomes Data:

- **Clinical Audit**

- **Laboratories Incidents (June – Aug 2020)**

  Dr Macnab referred to the Laboratories Incidents and noted that there were no issues to report.

  The Incident reports highlighted that for the reporting months June 2020 – August 2020 the incidents were mostly "No harm" for outcome with a few being minor and two moderate harm. The categories were reported as being Needles/Sharps Incidents, Specimen Management, Mislabelling of specimens and Incorrect result reported.

  The reports were noted.

- **WCCS Presentation**

  Mrs Campbell noted that the Datix presentation submitted appeared to be blank. Dr Macnab to liaise with Dr Mahmood to resubmit the presentation for info. **J Macn**

- **Minutes from WCCS Clinical Governance meeting**

  The minutes were included for information.

- **SAER LEARN Summaries**

  There were two LEARN Summaries submitted to the Committee. These related to:
  - A sudden unexplained death in infancy (SUDEP)
  - Reporting error on a Radiology examination resulting in prolonged period of ongoing clinical symptoms**.**

Departmental Report/s

- **Gynaecology**

  Dr Macnab said that she had been asked to represent the Directorate and had gathered some information together. The following points were noted:

- The Directorate Clinical Governance Committee met on the 20th October and these meetings will now be bi-monthly instead of monthly which will be timely for receiving information for submission to this Committee.
- Dr Mahmood gave a presentation on an initial Datix analysis that had been done with Paul Smith which demonstrated how Datix could be used. Paul Smith is scheduled to attend the next Directorate meeting in January to determine how he can assist staff.
- Dr Mahmood proposed that each clinical area within the Directorate produce a monthly newsletter, although this has not started yet.
  There has been one SAER recently signed off and the LEARN summary will be available for the next Committee meeting.
- There are 6 SAERs ongoing at the moment and one has had a panel

meeting, four have dates planned and one is still to be arranged.

- Development of two Standard Operating Procedures - Pooled Lists and Pre-Op Pregnancy Testing – this has arisen after an initial look at the SAERs as issues have been highlighted.

- Gynaecology complaints up to period 30th September –
  22 complaints closed
  16 Stage 1 complaints
  6 Stage 2 complaints
  No figures available on active complaints

- Dr Macnab wanted to raise that NSD advised last month that there was an issue with Cervical Screening nationally, at the end of August there was a cohort of 12,000 women that were not sent screening letters and some of these were smear results for women who would need Colposcopy appointments. Dr Macnab added that the Colposcopy appointments were still generated for most women and there was only 11 infected women in Fife, 10 of them have already attended and been managed appropriately and 1 was a DNA but has been re-invited to attend.
- There have been no further Gynaecology audits completed since the last meeting. There are four audits currently registered.

Mrs Campbell wanted to sense check if moving the meeting to bi-monthly enables the Directorate to carry out all the governance work and the information provision into a workable timescale? Dr Macnab said there is a timescale of how the Directorate wants it to work and information is required 10 days before the meeting.

Mrs Campbell added that when we revamped how this meeting would run, the expectation was that the Clinical Governance would be very much led in the Directorates and the work would be ongoing with any actions or themes being picked up automatically. Mrs Campbell said it would be assurance and exception reporting to this Committee so wanted to ask the question if a bi-monthly meeting would be sufficient for the Directorate to pick up on all of the aspects to provide that assurance? Dr Macnab said the Directorate did not have a Clinical Director to oversee the whole Directorate at the moment. Ms Lawrie offered the Committee some re-assurance and said that several tests of change on how we were presenting were implemented quite quickly and the Directorate will reflect on that. Ms Lawrie confirmed that the Directorate are still in the process of establishing a full Clinical Governance schedule and is aware that some adjustments do need to be made.

Mrs Campbell said she appreciated the explanation. Mrs Campbell had a question around complaints performance and asked if the Directorate was managing to meet the 20 day turnaround, and if so, how many? Ms Lawrie said Stage 1 complaints compliance was 100%, Stage 2 was very variable and could be improved on. The turnaround rate was around 60% one month but on scrutiny, it was likely impacted by COVID rather than the Directorate responding more timely. Ms Lawrie said that weekly meetings take place and there are plans for improvement around Complaints. Mrs Campbell thanks Ms Lawrie and welcomed the update at a future meeting.

- **Paediatrics**

Mrs Lawrie provided the Committee with the Paediatric update:

- There are 2 ongoing SAERs for two child deaths. Ms Lawrie offered the Committee reassurance that an external review has been commissioned to review part of the Paediatric service in light of the deaths which relate specifically to Paediatrics. There have been three deaths over a 2 year period. Ms Lawrie said that feedback from the review would be bought back to a future meeting. Mrs Campbell asked what the timeline was for the report? Ms Lawrie said it already underway and it was hoped that some interim feedback would be received in December and the full report with recommendations in January 2021. Ms Lawrie added that mitigations were included around areas that were identified that were possible misses so there have been significant changes in one of the areas around care provision.

Dr Cargill asked about the audit projects listed but have no information within them? Ms Lawrie said she thought they were ward level audits but would find out from the team. Dr Cargill advised it would be beneficial to know the outcomes of the audits. **AL**

- **Radiology**

  Mrs Anderson presented the Radiology update to the Committee. The following points were noted:

- Mrs Anderson assured the Committee that Clinical Governance work is going on in the background and the reporting mechanisms are relatively new within the Directorate but this is being managed by Dr Mahmood.
- The Radiation Incident reviews on Datix show that there were 26 incidents during September and October. This is 0.07% of all imaging overall that is carried out. Mrs Anderson said that there are processes in place to feedback to referrers and also reflect on learning when it has been an operator error so this is well managed. Mrs Anderson added that the department has a good "near miss" process in place too where the Radiographers have been vigilant and picked up incidents that could have turned into Radiation incidents – this is about 0.02% of the work.
- Some of the other Datix incidents relate to delays and requests to report for Out of Hours CT imaging – this is usually around a delay in the referrer being able to contact the outsourcing reporting. Mrs Anderson said that they have done a lot of work with the Clinical Governance team at Everlite and Fife is now part of a trial for a clinical portal where information can be shared through a desktop app. rather than via the telephone which can cause delays. Mrs Anderson added that the trial begins on Friday 13th November and will feedback in due course.
- There was one SAER which has been completed and the Duty of Candour has been activated and a LEARN summary provided. Mrs Anderson said that one beneficial thing to come from the SAER was improvements to the Paediatric Integrated Service between Lothian and Fife – there is now Paediatric support 24/7 and there is an on call service too.
- Complaints – the service had 100% compliance with Level 1 complaints. One complaint remains outstanding which is a cross Directorate complaint involving ECD.

Dr Cargill asked for clarity regarding the point picked up on the action list – it was not so much the percentage of work they were doing but discrepancy reporting

within Everlite and do they have a process and is it described in their Clinical Governance report ? Dr Cargill asked Mrs Anderson to check if they have similar process as to what we would regard as normal governance of Radiology service. Mrs Anderson provided reassurance that this is in place and can present that in the next report for the January meeting. **JA**

- **Laboratories**

The Laboratories report highlighted:

- There were no current SAERs
- There were no current complaints or SPSO cases.
- The risk register is regularly reviewed. There is a high rick related to Badgernet Clinical Interface, however Laboratories have no control over this.
- There were currently various Quality Improvement activities within the service.

There were no issues to report by exception from Laboratories.

- **Maternity**

Ms Lawrie highlighted the issues from the Maternity update:

- There were 2 LEARN summaries submitted – one being the unexpected maternal death. Ms Lawrie said there was no system wide learning from this event. The second was a massive obstetric haemorrhage and again the learning from that is being managed and more scenario/incident training is being undertaken.
- Complaints – there are 6 ongoing complaints and the main themes are reported as – co-ordination of care, communication and consent issues.
- One SPSO case was submitted – this concerned the death of a child nearly 2 years ago and this was an area where we had some significant learning. Ms Lawrie said not to be defensive but this was at a time where the structures had a lot of staff absence, which contributed to the difficulty in getting the response to the family – this has now been rectified. Ms Lawrie noted the complaints were upheld.
- Ms Lawrie indicated that the Datix presentation had been included. Ms Lawrie said that she had added the September information and any major Datixes in Maternity are normally concerning PPH (post partum haemorrhage) and a focus group has been developed to look at different aspects of trying to improve our PPH rate, which are mainly associated with surgical delivery particularly emergency caesarean section.

6.4 Specialty/departmental audit & assurance data (incl guidance)

Ms Lawrie said that all live risks on the Risk Register are being actively pursued and managed.

- **Clinical Quality Indicators**

Nothing raised for discussion.

6.5 New Interventional Procedures

There were no Interventional Procedures submitted.

6.6 SPSO Recommendations

Included under Section 6.2 – Maternity.

7 Emergency Care Directorate

7.1 Directorate Governance – Specialty National Reports

7.2 Directorate Level outcomes data:

- **Clinical Audit**
- **SAER LEARN Summaries**

Mrs Dodds referred to the LEARN summaries submitted and noted the following:

- WEB 107936 - The patient was admitted to ED after a mixed overdose of Rivaroxiban and Zopiclone; observations on admission were within normal parameters. The patient was assessed and admitted into AU1 by nursing staff and observation taken with FEWS of 2, the patient was put on the doctors board awaiting assessment. 3 hours after transfer to AU1 the patient was found by nursing staff unresponsive and cardiac arrest call was made, CPR commenced but this was unsuccessful and the patient died. It was felt that there was not a lot of learning from this as the outcome was unlikely to have been any different with closer monitoring.

- WEB 100181 – Patient admitted to hospital with left sided weakness and transferred to the stroke ward, the weakness did resolve, however the patient had a further stroke the following morning and the full protocol was not followed for thrombolysis. The on call consultant was travelling into hospital and the phone signal was not good resulting in a breakdown in communication. The actions for learning from this are:
  - Reflective learning and discussion with the doctor involved.
  - Medical registrar training in stroke thrombolysis pathways should happen at the start of their block.
  - Training of MHDU nurses – making them aware of what the pre-requisites for safe thrombolysis, would further improve safety.

- SAER – relates to the sudden death of an 8 month old child who presented to the Emergency Dept. (ED) with a cardiac arrest. The child had been seen previously in the ED 2 days before and was discharged home in the care of the mother. Learning was identified but it was doubtful that the outcome would have been different.

The LEARN summaries were noted.

7.3 Directorate Report/s

Mrs Beveridge presented the Directorate report:

There were 594 incidents during the reporting period (Sep-Oct 2020).
447 resulted in no harm and 15 were classed as major. There was nothing significant to note from the incident sub categories.

There are 17 SAERs currently ongoing within the Directorate. Mrs Beveridge said this was quite significant and quite a challenge for the team so they need to be focussed on how they ask people to review these so it is a fair spread and also completed within the relevant timeframe. Mrs Beveridge said this process is being robustly managed.

There have been 156 falls over the two month reporting period which is a slight increase. Mrs Beveridge noted that some wards have multiple falls with the same patient. Wards 53, 41 & 42 have seen increases and are being monitored and supported accordingly with Ward 23 and the Emergency Department showing an improvement with a significant reduction in falls.

Mrs Beveridge advised that there have been 36 Tissue Viability incidents and 4 of these are graded as major harm. One of these has now been closed with no further action and the other three will be subject to the usual Tissue Viability LAER. Notably, there has been an increase in ICU with several moderate and a major incident – these have been associated to the device Anchorfast. Mrs Beveridge said that there has been a significant increase in patients who have been in a prone position due to COVID, this is a difficult challenge for patients lying on their tummy but the team are dealing with it. Mrs Beveridge noted concerns with Ward 22 which consistently shows a high incidence of moderate harm on Grade 2 pressure sores. Mrs Beveridge said that a discussion has taken place offline but between Marie Paterson/Margaret Dodds we need to look at a Deep Dive into the systems and processes to see if there any assistance that can be provided. **NB/MD/MP**

There was nothing significant to report regarding Medication Incidents although there has bene an increase over the past 2 – 3 weeks. This will be fedback in the next report to the Committee.

Ms Saunderson commented that it was better that these were being reported than not so there can be a supportive approach rather than a blame culture. Ms Smith requested that there is Pharmacist involvement with these incidents so they can share the learning as appropriate.

There has been an increase in reported incidents around patient transfers in COVID related between Red and Amber from AU1 where the swabs have not been available or have not been checked. This has been fedback to the relevant areas and staff are being asked to be more vigilant.

There were no PVCs or SABs recorded.

Mrs Beveridge said there was nothing significant to raise regarding complaints.
Stage 1 complaints have decreased and Stage 2 complaints have increased although this remains lower than the same period in 2019.

There have been three new risks added to the Risk Register. Mrs Beveridge said that all the risks are being managed.

Mrs Dodds spoke about Risk 1977 – Chemocare SACT which is a very old prescribing system and the contract had run out and it was the Government who

replaced this contract and there was also a delay in them replacing it, the system now needs an upgrade and the concern is that if the system fails then the company may not be able to repair it. Mrs Dodds said there hasn't been an incident with system failure for many years but it has been added to the Risk Register for those reasons.

Mrs Campbell commented that although she was not familiar with the system, the potential risk appeared significant and asked what the options were with this now being part of a national contract and procurement process? Mrs Dodds said we are out of the loop and outwith our control now with it being a national contract. Mrs Dodds added that the same supplier has the contract and it is hoped that by January it will be updated, albeit the company are working very slowly on this.

Mrs Campbell asked Mrs Beveridge about the Anchorfast products as this was highlighted as part of a number of Tissue damage incidents. Mrs Campbell asked if there was an alternative or was there a way of using it safely? Mrs Beveridge responded that it was introduced some time ago and at the outset there were some issues with pressure damage but with a bit of learning/education the issue went away, however this issue has re-surfaced and Mrs Beveridge thought it was associated with the severity of the patient's condition and the proning but this is being investigated. Mrs Beveridge said that the team wanted it as this was the safest way of keeping a tube in place but there may be circumstances that we need to think of something different. Mrs Campbell said it was concerning when there were Grade 4 developing but appreciates that the Directorate are dealing with it.

Mrs Campbell thanked Mrs Beveridge for the Directorate report.

Specialty/departmental audit & assurance data (incl. guidance)

- **Clinical Quality Indicators**

Dr McCormack advised the Committee that endeavours are being made to get the Department Leads to submit Clinical Governance reports on a two monthly basis and the process is now becoming embedded. It was noted that there were some initial issues with some departments engaging in the formal process however it is known that these departments do have ongoing Clinical Governance activity such as Mortality & Morbidity (M&M) meetings and working with them to ensure that full documentation is available going forward. Dr McCormack added that a number of the M&M meetings were caused throughout COVID but are now becoming established.

Highlights by exception from the Specialties were noted as:

Cardiology – Recent submission regarding the highly sensitive Cardiac Troponin. The final pathway has now been established following this large piece of work and a Cardiac Functional Clinic has been established and sees 10 patients weekly which manages a reduction in Echo requests and this has been detailed in a local national audit.

Dermatology – The combined Dermatology & Clinical Psychology clinical improvement programme has re-started after a 5 month suspension due to deployment of the Psychologist. The report should be completed in February 2021.

Diabetes & Endocrinology – Diabetes & Endocrinology have major concerns around

the delay to remobilisation for Face to Face clinics due to further relocations to Ward 13, work is still required before D&E can start with Face to face consultations and there are concerns with the number of DNAs in the virtual clinics and the patient cohort do not seem to be engaging with the Near Me clinic but it is hoped this will be resolved shortly.

Respiratory - Continue to report on that national guidelines report that Non-Invasive ventilation must be delivered by trained staff and over the past 9 months these treatments have continued to be provided by a pool of Respiratory and Ward 51 nurses and it has been an excellent example of enhanced training throughout COVID.

Medicine of the Elderly – MOE have opened up the new Rapid Access & Discharge Inpatient Unit within Ward 9 and aim to have the Ambulatory element open soon. Data has been collected prospectively to assess the unit and with a multi-disciplinary approach hoping it can reduce both admissions and the length of admissions of frail patients. It is hoped to involve Clinical Effectiveness in this in the near future.

Renal – There is an audit of COVID patients requiring dialysis ongoing and that will be reported back in due course. The line PICC audit continues to warn deteriorating practice and improve standards.

Haematology – The M&M meetings have continued quarterly throughout COVID looking at the 30 day mortality between August 2017 – January 2019 there were 23 deaths. There have been concerns in Haematology due to staffing but have managed to recruit and are now looking at recruiting ANPs as there had been concerns over the staffing levels of the whole department.

The specialty updated were noted.

- **Cancer Reports & Action Plans – Melanoma**

- There were **71** (69 in 2017/18) patients diagnosed with Malignant Melanoma. There were a total of 310 cases across the SCAN region.
- NHS Fife met **5 of the 14 QPIs** (including sub QPI) for Melanoma.

- An estimate of case ascertainment (the percentage of the population with Melanoma recorded in the audit) is made by comparison with the Scottish Cancer Registry three year average data (2015-2017). High levels of case ascertainment provide confidence in the completeness of the audit recording and contribute to the reliability of results presented. Case ascertainment for NHS Fife is **104.2%**.
- An action plan has been agreed and Melanoma teams in SCAN (clinicians, nurses, and audit staff) work collaboratively to review data regularly to identify possible areas for improvement and actively participate in driving improvements and, where appropriate, make changes to the way care is delivered.

- **Cancer Reports & Action Plans – Leukaemia**

- There were **17** cases recording in audit (SCAN **51** cases).
- NHS Fife met 8 (2 n/a) out of the 15 QPIs for Acute Leukaemia (includes

sub QPIs).

- An estimate of case ascertainment (the percentage of the population with Acute Leukaemia recorded in the audit) is made by comparison with the Scottish Cancer Registry five year average data from 2013 to 2017. High levels of case ascertainment provide confidence in the completeness of the audit recording and contribute to the reliability of results presented. NHS Fife case ascertainment is **94.4%**.
- The availability of appropriate clinical trials contributed significantly to QPIs which fell short of target. This was considered to be outwith the control of the contributing health boards.
- There were no action points agreed.

- **Cancer Reports & Action Plans – Lymphoma**

- In Fife there were **79** patients diagnosed with a new Lymphoma (65 in 2017-18).
- Case ascertainment 100% for Hodgkin Lymphoma and **106.2%** for Non Hodgkin Lymphoma. High levels of case ascertainment provide confidence in completeness of the audit recording.
- NHS Fife met **10 of the 17** (including sub sets) QPIs for Lymphoma.
- The main issues cited remains access to and timing of radiological investigations and finalised image reports together with national difficulties with isotope provision for PET CT.
- There were **no** actions agreed for this report.
- Priorities for 2020 include review of clinical management guidelines and organisational format of the weekly MDT.

7.5 New Interventional Procedures

- **Portacath Paper**

Dr McCormack referred to the Interventional Procedure and advised this was an alternative to the Hickman or PICC Lines, not currently done in Fife but is carried out in both Lothian and Tayside. It is felt to be safer for some groups of patients and t is felt it should be available for a second line choice. The proposal is that these will be inserted and removed via the Tayside Interventional Radiology team and a prospective audit will be done collecting data which will mirror the audit done in Lothian when the process was started.

Dr McCormack added that some work around the finer details was needed as there was a reliance on Tayside staff to complete some of the audit information. Mrs Anderson advised that we currently do these as emergency procedures but why we submitted this was to make the whole pathway clear and ensure we have the passport in place for the pre-procedure and the aftercare in place. Mrs Anderson added there is a Standard Operating Procedure now and things are moving really well and it has been good team work.

Dr Cargill said it was a good example of how the Interventional Procedures approval system works and thanked everyone who was involved and took this through the various stages. Dr Cargill asked that a date be diaried for the 6 month audit data to be reported back to the Committee as sometimes these things tend to be overlooked. **ECD**

7.6 SPSO Recommendations

There were no issues from SPSO.

8 Planned Care Directorate

8.1 Directorate Governance – Speciality National Reports

8.2 Directorate Level Outcomes Data

- Clinical Audit

Mr Yalamarthi informed the Committee that overall with the Directorate there are 19 audits/projects which have been initiated since the beginning of 2020 so there is quite a lot of work going on. 3 of the audits have been completed and interestingly because of COVID quite a lot of national projects have been initiated by Colleges and collaborative groups across the UK and the trainees working within Fife have registered the organisation to be involved.

Mr Yalamarthi noted there were 6 national COVID studies ongoing and one of the main focuses for General Surgery has been Laparoscopic Cholesectomy for Gallbladders and due to the variation on the guidance from the College, during the re-mobilisation of services Fife stood top for the number of gallbladders carried out during the COVID period.

Mr Yalamarthi said it was important for the Directorate to complete any projects/audits which have begun.

Dr Cargill commented that he liked the way that the Directorate were tabulating, tracking and reporting the projects and this was a very good example. Dr Cargill asked then about the national COVID type surveillance audits – will we be waiting until these are published with unknown timescales and also the audits with an overdue date – is there someway of tracking that these are expected? Mr Yalamarthi said that the Directorate's Clinical Governance meeting is scheduled for later this week and this will be discussed and action taken from there.

- PCD Projects

The table detailed projects within the Directorate with estimated completion dates.

- Audit of Time to Surgery

The departmental audit of time to surgery in Thyroid Nodules carried out by Catriona Murphy, FY1 was noted.

- ENT Foreign Body Audit

The ENT Foreign Body audit was included for information. This audit was carried out by Dr Tom Brazel, GPST2.

- SAER Learn Summaries

Ms Saunderson presented LEARN summaries and highlighted the following:

- 5 of them relate to Pressure Ulcers – In the majority of cases the patients received the appropriate care and there were no issues with service delivery but there is learning in some cases.
- 1 case related to a patient receiving an injection into their left eye instead of the right eye. New Ophthalmology cards have been devised and implemented and also improvements in the Nurse Led Health template too.
- 1 case related to a patient attending for a day case procedure and having a Lymphoma removed from the left thigh and not the hip. A couple of failings were identified – the surgeon had clearly failed to mark the site and there was opportunities provided by the patient as triggers for the staff to stop and ask more questions which did not happen.
- 1 case related to a patient who sadly died (this is a cross directorate case). The lady had a fractured lower leg and was transferred from one Orthopaedic ward to another Orthopaedic ward. The lady did complain of feeling unwell – dizziness/nausea/stomach pain and had a history of poor bowel action. The patient deteriorated and had a cardiac arrest then underwent surgery for a perforated ulcer. The learning showed that the patient had been prescribed Naproxen which could have been a contributing factor, the medication wasn't reviewed post-operatively and signs of clinical deterioration were not escalated in time. Various improvements have been put in place.

Mrs Campbell commented that there was a fair number of LEARN summaries and some serious ones with significant learning that we need to ensure are followed through and the actions are concluded.

Ms Smith asked how the LEARN summaries re shared with the wider team? Ms Smith will share this one with the Pharmacy team but was unclear if Pharmacy had been involved in the investigation.

Ms Smith went on to mention another case and said perhaps minor in comparison to the cases highlighted. Ms Smith said the LEARN to do with the missing Zopiclone for which the action is that the Zopiclone has been put into the Controlled Drugs cupboard, this is not an appropriate action as this increases access for people to the Controlled Drug cupboard. Ms Saunderson to review. **AS**

Mr Yalamarthi commented that the purpose of the LEARN summaries is very good but the sharing of the information is becoming difficult so had plans to share at the Planned Care Governance meeting on Friday. Mr Yalamarthi shared with the Committee a consolidation of the LEARN summaries where he had condensed the information into a newsletter format. Mrs Campbell thanked Mr Yalamarthi.

Dr Cargill said this summary was welcomed for dissemination and there were two other important routes that learning is disseminated – local learning – for those who have been involved and high level learning – for sharing cross Directorates which replaces the Inter Specialty events at the moment.

Mrs Beveridge said that the Emergency Care Directorate would consider that approach.

Dr Cargill suggested that the summary is what is submitted to this Committee

meeting in future instead of single LEARN summaries.

Directorates

8.3 Directorate Report

Ms Saunderson presented the Directorate report. The highlights were noted:

There were 366 incidents reported from 1 August to 31 October 2020, of these 7 were classed as major and all are being investigated accordingly.

There are 5 historical SAERs/LAERs outstanding and these should be concluded soon. The remaining 7 are progressing through the investigation process. Ms Saunderson said that with regard to the outstanding actions for SAERs and LAERs the Directorate team are putting a lot of energy and focus into this to clear the backlog. Ms Saunderson added that this was discussed at the Directorate Management Group meeting and a decision was made to reduce the number outstanding by 50% by the next meeting which is scheduled for the middle of December. Ms Saunderson said the team will try their level best to meet this.

There were 81 Patient Falls reported which was a decrease from the previous reporting period. The area showing the highest rate for falls was AU2 and focussed work is being carried out regarding staffing levels and skill mix within the department. It was noted that the majority of falls were minor or no harm.

There were 45 Medication related incidents – 9% of these had an outcome of moderate harm. Ms Saunderson said there was no major concerns.

The risk register is reviewed regularly.

Ms Saunderson highlighted good practice and noted the NICE Guidance on Outpatient Urolift. Mr Tsafrakidis, Consultant Urologist carries out these procedures at QMH and had submitted an article to the committee of European Urology Today. Feedback has been requested and this will be included in a future Directorate report.

Mr Yalamarthi highlighted that the Urology service has come on leaps and bounds both regionally and nationally and the Urolift has been referenced in the NICE guidance so the work by Mr Tsafrakidis has been recognised. Mrs Campbell agreed it was always important to raise the significance of some of our own work at this Committee.

Ms Saunderson referred to the Daycase Ureteroscopy Data included in the report which had been accepted for the British Association of Urological Surgeons for publication in the Journal of Clinical Urology. NHS Fife's experience with day case ureteroscopy is that this is feasible as a day case and reduces length of stay and this will be a benchmark to all other units proving that it is a safe and efficient way to deliver the service.

The Directorate closed 31 Stage 1 complaints and 21 Stage 2 complaints during the reporting period which is comparable with the previous period.

There were two SPSO outcomes – 1 case had 1 action being upheld and 1 action not upheld and the other case had 5 actions being upheld.

The Directorate report was noted.

Specialty/departmental audit & assurance data (incl. guidance)

- **Cancer Reports**

- **Prostate**
- **Testis**
- **Upper GI/OG**
- **Bladder**

Mr Yalamarthi provided a generic overall summary for the Cancer work within Fife. It was noted that cancer work was doing well, both in terms of diagnostics, targets that we are using as well as in treatment. Mr Yalamarthi pointed out that Urology, over the course of the last few years, the QPI performance has been less than optimum but recently there has been a progressive increase. Mr Yalamarthi added that part of this is because some of these services such as Prostate cancer is being generated regionally so the treatment does not happen in Fife but in Edinburgh and this also bring time pressures. To note, another important aspect is that the QPIs which have been recorded, they have been quality assessed and the results show 99.7% for all the services which is good.

8.5 New Interventional Procedures

Mr Yalamarthi spoke about the new Interventional Procedures submitted to the Committee.

Surgical Care Practitioner - The SCP is a nurse who progresses onto a SCP role over the years predominantly assisting in Theatre, now we are enhancing the skills by getting her to do some minor operations independently in QMH.

The surgical care practitioner (SCP) will carry out the following minor surgeries:
*Elective excision of basic skin lesions and lipomas
*Excision of elective sebaceous cysts
*Elective excision of anal skin tags.

These procedures will be carried out under general anaesthetic or a local anaesthetic.

Following the training by consultant supervisor and achievement of all respective competencies, the SCP will carry out the above procedures unsupervised. The SCP has gone through a laborious training process and it is hoped this role will be approved by the Committee.

Mrs Campbell asked members for any questions or comments around the procedure.

Mr Yalamarthi said that if we look at the trajectory and what nurses have done over the years, generally nurses have really progressed particularly in England with Scotland has being a bit slower. This role will be a consistent resource providing regular elective SCP minor operation lists maximising the SCP role, competencies and skill set. This will also provide additional capacity for complex cases to be undertaken by consultant's surgeons. The role development supports patient

waiting times. Dedicated SCP lists will also reduce cancellation of operations which historically have been due to a lack of theatre time.

Mrs Campbell said that with the correct context and correct process in place this would be the right thing to do.

Dr Cargill asked about the audit programme and commented that he liked the DOPS approach (direct observation of procedural skills) training in terms of development and in terms of retrospective audit asked if was 6 months long enough and what were the audit planters – wound/infection or such like?
Mr Yalamarthi said the department will have a prospective data collection which will be good for both the department and the person doing the SCP role to ensure and strengthen governance. Ms Saunderson said the good thing about this role is that is has been combined with Theatre and outwith Theatre (for clinics/ ward areas post operatively etc).

Ms Saunderson said she didn't think we had reached a solution to Dr Cargill's question and went onto to ask Dr Cargill for clarity on the audit criteria? Dr Cargill suggested that it be kept as simple as possible – eg: what are the parameters that we look back on and count success or failure/wound management/infection and carry out the audit within a reasonable timeframe that we can make a reasonable assessment on this practice.

Mrs Campbell welcomed this as it complimented the processes we already have and there was an added value to it. Mrs Campbell asked members if they were comfortable to approve this procedure subject to the audit process being detailed out. Members were happy to agree with the conditions dicussed.

Rezum – Mr Yalamarthi advised that the Urologists are planning to introduce a new technique across Fife called Rezum which is a radio frequency treatment of the Prostate. This has been trialled with good results so it hoped to roll this out on a more regular basis. Mr Yalamarthi said it was currently going through the business process and this will compliment what the Urology department is doing at the moment.

Robotics – Mr Yalamarthi advised that the Scottish Government have decided to invest into Robotics and the sum invested was estimated to be between £10 – 20 million before the end of the financial year. Mr Yalamarthi said they were looking at a robot in Fife which would be suitable for Colorectal Surgery, Gynaecology and Urology – there are discussions taking place both at a local and at a national level. It is anticipated that Scotland will have another robot – there are currently two in Edinburgh with the additional one either coming to Fife or Royal in Edinburgh. Mr Yalamarthi said that Fife have expressed an interest for this. Mrs Campbell said that a paper will be required for SLT and EDG in the future should this come to fruition. Mr Yalamarthi agreed that would be done.

8.6 SPSO recommendations

This was discussed under Item 8.3.

9 Divisional Risk Register – Active Risks (for review)

The Risk Register was covered under Action 320.

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 - COMPLETED

The completed workplan for 2019 – 2020 was noted.

10.4 ASD CGC DRAFT Workplan 2020/2021

The current workplan for 2020 – 2021 was noted.

10.5 Infection Control Committee Minutes of 5th August 2020 & 7th October 2020

The ICC minutes were noted.

10.6 HAIRT Report

The HAIRT report was covered under Item 5.

10.7 NHS Fife CP&PAG Minute of 24th August 2020

The NHSF CP&PAG minutes were noted.

10.8 Resuscitation Committee Minutes of 4th August 2020

The Resuscitation Committee minutes were noted.

10.9 AMT Minute of 15th October 2020

The AMT minutes were noted.

10.10 SRTC Minutes

There will be no further SRTC minutes as no work has been undertaken for NHS Fife.

10.11 Hospital Transfusion Committee Minutes

No further meetings have taken place since February 2020.

10.12 Patientrak Meeting

No further meetings have taken place.

11 AOCB

LEARN Summaries for Pressure Sores

Mr Yalamarthi said that Planned Care Directorate sees a lot of incidents and Datix being entered about pressure sores and whilst he appreciated that all incidents were important he felt that some of these pressure sores were unavoidable in patients as some are coming into hospital with bad oral/nutritional state and bedbound and felt it inevitable that these cohort of patients will be subject to pressure sores. Mr Yalamarthi asked if there was an option to be more selective with what can be entered into the Datix system.

Mrs Campbell said this was probably more suited to discussion outwith the meeting but added that there is a real focus on harm that we cause within our care and on some occasions it is difficult to prevent that but there is something we can do and there is a very robust and higher than normal process for these type of incidents. Mrs Campbell said it was unlikely there would be a desire to change the process and would require to be part of a Fife wide approach.

Dr Cargill commented that he would like to see the pressure sores kept live as part of the discussion around overall harms.

CWT

Dr Macnab spoke about Cancer Waiting Times for Gynaecology.

Dr Macnab advised that they were doing pretty well in regard to referrals and waiting times for Oncology and Colposcopy clinics but the EMC waiting times have increased to over 40 days and 10% of those women will have cancer. Dr Macnab added that the service was doing really well and during the main COVID crisis there were high referral levels but still managed to maintain clinics. Mrs Campbell asked if the Directorate were looking at this issue? Dr Macnab advised they were but part of the problem was that only a limited number of staff can provide this service.

Dr Cargill said that it was correct to highlight this as Endometrial Cancer was not one of the reportable cancer waiting times so if there are live concerns that are continuing then an update to the Committee would be required. Dr Macnab added that other Boards were reporting on this type of cancer and thought that Fife should be. Dr Cargill responded and agreed that if we have a local reporting mechanism for Endometrial Cancer then that would be welcomed and that gives us assurance that we are not disadvantaging ladies who may have this type of cancer. Dr Macnab to progress. **J Macn**

12 Date of Next Meeting/s:

Wednesday 20th January 2021 at 2.00pm via MS Teams

CONFIRMED

MINUTES OF THE MEETING OF THE FIFE DRUGS AND THERAPEUTICS COMMITTEE HELD AT 12.30PM ON WEDNESDAY 7 OCTOBER 2020 VIA MICROSOFT TEAMS

Present: Dr Chris McKenna (Chair)
Ms Jill Chambers (representing Rose Robertson)
Mr Scott Garden
Ms Karen Baxter
Ms Claire Fernie
Mr Ben Hannan
Dr John Kennedy
Mr Craig Notman (representing Euan Reid)

In attendance: Mrs Sandra MacDonald (minutes)

ACTION

1 WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were noted from Ms Lynn Barker, Dr Marie Boilson, Dr Rob Cargill, Ms Claire Dobson, Dr David Griffith, Dr Helen Hellewell, Mr Euan Reid and Ms Rose Robertson.

2 MINUTES OF PREVIOUS MEETING ON 25 AUGUST 2020

The minutes of the meeting held on 25 August 2020 were confirmed as a true record.

3 SUMMARY OF ACTION POINTS FROM AUGUST 2020 MEETING

The summary of action points was reviewed and updated.

IT Repository for Clinical Guidance Documents
Implementation plan for the use of Microguide to host Clinical Guidance documents to be brought to the ADTC in due course. Mr Garden to discuss timeline with Lesley Donovan and Marie Richmond. **SG**

Lithium SBAR
Dr Boilson to bring an update to the ADTC in December. **MB**

Realistic Prescribing Group
Dr Kennedy advised that the leads for realistic medicine are to be invited to co-chair the Realistic Prescribing Group.

SBAR on Prescribing in Renal Impairment
Mr Garden advised that a date is being sought for the meeting with Dr Glyn McCrickard to discuss issues around prescribing in renal impairment. Mr Garden to feed back to the ADTC in due course. **SG**

Antimicrobial Management Team Pharmacy Input
It was noted that this is being progressed by Mr Hannan. An SBAR has been

drafted for discussion at the AMT. An update to be brought to the ADTC in due course. **BH**

4 ANY OTHER MATTERS ARISING FROM THE MINUTES

There were no other matters arising from the minutes.

5 DECLARATION OF INTERESTS

There were no declarations of interests.

6 ADTC SUB-GROUP UPDATE REPORTS

6.1 Fife Formulary Committee

Mr Notman introduced the update report from the Formulary Committee meeting on 23 September and highlighted key points.

One Formulary submission for a change in Formulary status of solifenacin from second line choice to first line choice for over active bladder syndrome was approved. The East Region Formulary for Pharmacy First - Supporting Minor Ailments was discussed and comments on the prescribing notes have been invited from the Formulary Committee prior to feeding back to the East Region team.

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. The first full meeting of the MSDTC since meetings were paused due to COVID-19 is scheduled for 30 October. There has been an extraordinary meeting of the secretariat to approve outstanding business relating to routine items. Other urgent business has been approved through the Pharmacy Silver command structure.

The ADTC noted the update from the MSDTC.

6.3 PGD Group

Mr Notman introduced the update report on behalf of the PGD Group and highlighted key points.

It was noted that the PGD pharmacist took up post in July 2020. The achievements since taking up post include completion of five reviews and development of two new PGDs. This is in addition to reviews completed during the COVID period. A minimum of eight PGDs per month will require to be reviewed over the next six month period in order to address the number of PGDs requiring review and update.

The ADTC noted that approximately 20% of PDGs are currently overdue for review. Consideration to be given to including this on the Risk Register. **SG/ER**

The ADTC noted the update report from the PGD Group.

7 SBARs

There were no SBARs for consideration.

8 RISKS DUE FOR REVIEW IN DATIX

Mr Notman took the ADTC through the risks scheduled for review and agreed current risk levels and review dates.

Risk 1575 – Insufficient input into medicines management and governance
Mr Hannan highlighted a piece of work undertaken to look at multidisciplinary attendance at the MSDTC. An SBAR is being produced for consideration at the ADTC. Funding has been approved for the Shared Care/Dermatology Pharmacist post.

There was a discussion around the consequence of this risk and whether it should be classified as extreme. It was noted that the risk is broad and includes a number of different aspects from attendance at meetings to GP practice sustainability and agreed that the consequence should remain extreme. To be brought back to each ADTC meeting for review.

Risk 1621 - National Medicine Shortages
It was noted that shortage updates are now being distributed to Primary Care on a weekly basis. Dr Kennedy highlighted the cost pressure relating to sertraline and queried whether a review of the Formulary first choice SSRI was required. It was suggested that David Binyon raise with the Division of Psychiatry. It was noted that the Fife Medicines Efficiency Group is scheduled to meet prior to the next ADTC and agreed that it should be taken to the Medicines Efficiency Group meeting for consideration. To be brought back to the ADTC in December.

Risk 1347 - Out of Date Shared Care Protocols
It was noted that progress has been made and the Shared Care Pharmacist Post will be combined with another Clinical Pharmacist post. The post is expected to go to advert in November. A Chair for the Shared Care Protocol group has also been agreed. To be brought back to the ADTC in two meetings time. It was agreed that reference to Shared Care Protocols did not require to be included within risk 1575.

Risk 1442 - Single National Formulary / Regional Formulary
The ADTC noted that phase one of the Regional Formulary was the migration of the Lothian Joint Formulary onto the new digital platform. Phase two, to scope and develop a regional formulary with Lothian, Borders and Fife, is progressing. The Regional Formulary Team is scheduled to attend the next Formulary Committee and ADTC meetings. There was a discussion

around the current risk level and it was noted that this originated from the development of the Single National Formulary. It was agreed that the risk should remain at the current level and be reviewed after the meeting with the Regional Formulary Team. To be brought back to the ADTC in two meetings time. Dr Kennedy also highlighted the impact in North East Fife of Tayside Formulary decisions.

9 ADTC-COLLABORATIVE/SCOTTISH GOVERNMENT COMMUNICATION

9.1 Response to COVID-19 Vaccination Consultation

Mr Hannan highlighted the response from NHS Fife and Fife Health and Social Care Partnership to the Department of Health and Social Care Consultation: Distributing vaccines and treatments for COVID-19 and flu. The consultation document invited responses to five policy objectives: Temporary authorisation of the supply of unlicensed products; Civil liability and immunity; Proposed expansion to the workforce eligible to administer vaccinations; Vaccine promotion and; Provisions for wholesale dealing of vaccines. Corporate liability implications in the event of potential adverse reactions are still to be clarified.

The ADTC noted the response to the Department of Health and Social Care Consultation.

9.2 Yellow Card Centre Annual Report

Mr Garden highlighted the Yellow Card Centre Annual Report for 2019-2020 and highlighted key points.

It was noted that the healthcare reporting of adverse events in Scotland is still on the decline. There has been an increase in reporting from hospital nurses, hospital pharmacists and “other” healthcare professionals which is potentially driven by non-medical prescribers. Patient group reporting has consistently risen over the last five years with patients, parents and carers remaining the highest reporting group in Scotland accounting for 35% of the total reports for 2019/20.

There was a discussion around increasing awareness and encouraging yellow card reporting in NHS Fife. The Medicines Management Team to take forward and give consideration to education/communication to GP Practices and Community Pharmacies (including raising awareness with patients); medical staff induction and; the addition of potential trigger points on GP practice/hospital prescribing systems. An update to be brought back to the ADTC in due course. **ER/CN**

The statistics relating to yellow card reporting in NHS Highland were also highlighted. Mr Garden to discuss with colleagues in NHS Highland. **SG**

9.3 Steroid Emergency Card: National Patient Safety Alert

Mr Notman highlighted the Patient Safety Alert issued by NHS Improvement and briefed the ADTC on the background to development of the Steroid

Emergency Cards to support early recognition and treatment of adrenal crisis in adults. It is a NHS England initiative but the clinical advice contained within the cards is still relevant in Scotland and has been endorsed by a specialist Endocrinology Interest Group. NHS Boards have been asked to consider the information, and where appropriate, agree on local implementation of the actions within the alert.

Following discussion the ADTC agreed that the cards would be useful in emergency situations and supported in principle the use of the cards in NHS Fife for specific groups of individuals including patients with Addison's disease. A short-life working group to be set up to go through each of the recommendations within the alert and bring back to the ADTC for approval in due course. **ER/CN**

9.4 National Immunoglobulin Request Form

Mr Garden highlighted the communication from the National Plasma Expert Advisory Group on the introduction of the new NHS Scotland Immunoglobulin Request Form and briefed the ADTC on the background to this.

It was noted that the target for implementation of this in NHS Fife is the end of October. There is a robust process for review of requests for immunoglobulin on a patient by patient basis in NHS Fife through the PACS Panel.

The ADTC noted the communication and plans for implementation in NHS Fife. An update to be brought back to the ADTC in December. **BH**

10 EFFECTIVE PRESCRIBING

10.1 Early Access to Medicine Scheme – Dupilumab

The ADTC noted the EAMS operational guidance for dupilumab for use in children 6 to 11 years of age with severe atopic dermatitis who are candidates for systemic therapy and where existing systemic therapies are not advisable.

10.2 Early Access to Medicine Scheme - Avelumab

The ADTC noted the EAMS operational guidance for avelumab as monotherapy for the first-line maintenance treatment of adult patients with locally advanced or metastatic urothelial carcinoma (UC) whose disease has not progressed with first-line platinum-based induction chemotherapy.

10.3 Early Access to Medicine Scheme - Risdiplam

The ADTC noted the EAMS operational guidance for risdiplam for the treatment of patients two months of age and older with type 1 and type 2 spinal muscular atrophy (SMA) who are not suitable for authorised treatments.

Mr Garden highlighted that the governance process for requests to use these medicines on an individual patient by patient basis would be through the unlicensed/off-label medicines process. It was noted that the current New Medicines Policy on the ADTC website requires updating to include EAMS and pre-HTA free of charge medicines. Mr Reid and Mr Notman to take forward. **ER/CN**

11 HEPMA Update

Mr Garden provided a verbal update on progress with regard to the implementation of HEPMA in NHS Fife. The financial business case is being finalised for submission to the Finance and Performance Committee and Clinical Governance Committee before presenting to the NHS Fife Board meeting in November for approval.

12 PACS/SMC Non Submissions

12.1 Latest Submissions

The table detailing the latest PACS/SMC non submissions was noted.

12.2 National Review Panel Membership

The ADTC discussed the communication from Healthcare Improvement Scotland requesting up to two nominations from each ADTC to sit on monthly national PACS2 review panels for the period October 2020 to March 2021 inclusive. Dr McKenna and Mr Garden to discuss. **CMcK/ SG**

13 POINTS FOR RAISING AT CLINICAL GOVERNANCE COMMITTEE

There were no items for escalation to the Clinical Governance Committee.

14 ANY OTHER COMPETENT BUSINESS

There was no other business.

Other Information

a Minutes of MCN Prescribing Groups - none for noting.

b Date of Next Meeting

The next meeting is to be held on **Wednesday 2 December 2020 at 12.30pm via MS Teams**. Papers for next meeting/apologies for absence to be submitted by 20 November.

UNCONFIRMED

MINUTES OF THE MEETING OF THE FIFE DRUGS AND THERAPEUTICS COMMITTEE HELD AT 12.30PM ON WEDNESDAY 2 DECEMBER 2020 VIA MICROSOFT TEAMS

Present: Dr Chris McKenna (Chair)
Ms Karen Baxter
Ms Jill Chambers (representing Rose Robertson)
Ms Claire Fernie
Mr Scott Garden
Dr David Griffith
Mr Ben Hannan (joined meeting late)
Dr John Kennedy
Mr Euan Reid

In attendance: Ms Jane Browning, Lead Pharmacist, Regional Formulary
Ms Kirsty MacFarlane, Regional Formulary Pharmacist
Mrs Sandra MacDonald (minutes)

ACTION

1 WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were noted for Ms Lynn Barker, Dr Marie Boilson, Dr Rob Cargill, Ms Claire Dobson, Dr Iain Gourley, Dr Helen Hellewell, and Ms Rose Robertson.

2 MINUTES OF PREVIOUS MEETING ON 23 SEPTEMBER 2020

The minutes of the meeting held on 23 September 2020 were confirmed as a true record.

3 SUMMARY OF ACTION POINTS FROM SEPTEMBER 2020 MEETING

The summary of action points was reviewed and updated.

IT Repository for Clinical Guidance Documents
It was noted that Debbie Black, Senior Project Manager, has been asked to progress the implementation plan for the use of Microguide to host Clinical Guidance documents. A timetable to be agreed and brought to the ADTC in due course. **SG**

Lithium SBAR
Mr Garden to ask David Binyon, Lead Pharmacist for Mental Health, to link in with Dr Boilson and bring an update to the ADTC in the New Year. **SG/MB**

Realistic Prescribing Group
Mr Garden advised that the group met on 25 November and it was agreed that the Realistic Medicines Champions would take on the role of co-Chair. Realistic medicines priorities were also agreed. It was noted that patient representation was outwith the remit of the ADTC and that a representative

could be sought through Donna Hughes, Head of Person-Centred Care, Patient Relations. **Action closed**.

Antimicrobial Management Team Pharmacy Input
It was noted that Ben Hannan is taking this forward in discussion with Niketa Platt, Antimicrobial Pharmacist. **Action closed**.

Yellow Card Reporting
It was noted that Joanne Bellesini, Medicines Management Nurse, has discussed with a colleague in NHS Highland and obtained a list of actions undertaken in NHS Highland to encourage Yellow Card reporting. This will be considered and will feed into education sessions with Nursing, Pharmacy and Medical Education. Mr Reid highlighted a number of local communications around Yellow Card Reporting, including National Medicines Safety Week at the start of November, information in the Chief Executive Weekly Update as well as on Blink and other social media platforms. The Yellow Card report was also shared with Pharmacy Leads for discussion with their teams. **Action closed**.

Steroid Emergency Card
Mr Reid to link in with Alan Timmins, Lead Clinical Pharmacist - Acute to consider taking forward and explore funding options. **ER**

National Immunoglobulin Request Form
Mr Hannan to bring an update on implementation to the next ADTC meeting. **BH**

Early Access to Medicines Schemes (EAMS)
The New Medicines Policy is in the process of being updated and will be brought to the ADTC in February. **ER**

National PACS2 Review Panel Membership **CMcK/**
Dr McKenna and Mr Garden to discuss further. **SG**

4 ANY OTHER MATTERS ARISING FROM THE MINUTES

There were no other matters arising from the minutes.

EAST REGION FORMULARY TEAM PRESENTATION

Mr Garden welcomed Jane Browning and Kirsty MacFarlane from the East Region Formulary Project to the meeting. Kirsty MacFarlane shared a PowerPoint presentation on progress with development of the East Region Formulary. The main focus of the presentation was progress with phase one - the migration of the existing Lothian Joint Formulary to a new digital platform and phase two - scoping and development of a regional Formulary with Lothian, Borders and Fife.

It was noted that here have been preliminary discussions between the three Boards about options for governance and content review. A paper has been submitted to the East Region Directors of Pharmacy for consideration and this will be brought to the ADTC in due course.

There was positive feedback from ADTC members who welcomed the development of the Regional Formulary. A copy of the presentation to be circulated to ADTC members. **SMacD**

Jane Browning and Kirsty MacFarlane left the meeting at the conclusion of the presentation.

5 DECLARATION OF INTERESTS

There were no declarations of interests.

5.1 Annual Declarations of Interests

ADTC members were reminded to complete an annual declaration of interests in the pharmaceutical industry and forward to S MacDonald. **ALL**

6 ADTC SUB-GROUP UPDATE REPORTS

6.1 Fife Formulary Committee

Mr Reid introduced the update report from the Formulary Committee meeting on 25 November and highlighted key points.

A Formulary submission for cannabidiol (Epidyolex®) was not approved due to low numbers of patients. A Formulary submission for a change in formulation from IV to subcutaneous daratumumab (Dazarlex®) was approved along with amendments to the Gluten Free Food List and dysphagia products. A Formulary submission for silver nitrate was not approved and deferred to the January meeting pending further discussions with dermatology, tissue viability, plastics and colorectal. Ms Baxter highlighted that Podiatry should also be included in these discussions. A minor update to Formulary Chapter 6 Endocrine was approved. Updated Formulary Chapter 5 Infections was deferred to the January meeting pending consideration of points raised by the Formulary Committee.

Several SBARs in response to MHRA drug safety updates were also discussed and the actions taken/proposed in NHS Fife agreed.

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 from the MSDTC meeting on 30 October.

Several Cardiology Protocols, the IBD Biologic Guidelines and a Protocol for Argatroban were approved subject to agreed amendment. The Perioperative Management of Anticoagulation submission was carried forward to the next MSDTC meeting to allow for appropriate representation. A guideline for Drug

Treatment of Acute Behavioural Disturbances was deferred pending amendment to clarify that it is for use within the mental health setting only. Alcohol Treatment Guidelines were not approved in their current form and a Guideline for Rituximab in Neurology was not approved (a drug specific guideline for NHS Fife, adapted for use within Neurology, was proposed).

The ADTC noted the update from the MSDTC.

7 SBARs

7.1 NHS Prescribing Following Private Consultation Policy

Mr Reid introduced the NHS Prescribing Following Private Consultation Policy which was scheduled for review in December 2020. It was noted that changes to some of the references within the Policy were required however the substantive information remains the same.

The ADTC approved the amended NHS Prescribing Following Private Consultation Policy. To be added to the ADTC website and reviewed after two years.

7.2 Repurposing Medicines in Care Homes Review

Mr Garden introduced the Repurposing Medicines in Care Homes Review and briefed the ADTC on the background to this.

The review was undertaken following publication of the Healthcare Improvement Scotland Guidance for Repurposing Prescription Only Medicines (POMs) in Care Homes and Hospices in May 2020. The Guidance was brought to the ADTC in June and was not ratified for use in Fife at that time pending further discussions around whether the repurposing of medicines in care homes was deemed necessary and if so, what further work was required to support this safely. There has been no communication from Care Homes to request repurposing of medicines however it is recognised that this may be necessary during the pandemic. Geraldine Smith, Lead Pharmacist Medicines Governance and Education, is leading on a piece of work to look at the training that would need to be in place to support this if required going forward. To be brought back to the ADTC in due course.

8 RISKS DUE FOR REVIEW IN DATIX

Mr Reid took the ADTC through the risks scheduled for review and agreed current risk levels and review dates.

Risk 1575 – Insufficient input into medicines management and governance

It was noted that the ADTC sub-committees have remobilised. The Formulary Committee is functioning well with good attendance and representation. Attendance/representation at MSDTC meetings has improved since the switch to Microsoft Teams based meetings. Potential

quorate issues with recent ADTC meetings were noted and members were reminded to nominate a deputy when they are unable to attend.

Following discussion, it was agreed that the risk level should remain high at present. Comments around the switch to MS Teams meetings improving attendance to be added. To be brought back to the ADTC for review in April 2021.

Risk 1621 - National Medicine Shortages
Mr Reid provided an update on discussions with David Binyon, Lead Pharmacist - Mental Health. Feedback is that it would be difficult to change the Formulary choice SSRIs at this time. Risk 1621 to remain at its current level and brought back to the ADTC in February.

Risk 522 - Prescribing Budget
The change in the GP Prescribing budget end of year forecast from a break-even position to an overspend was noted and mitigating circumstances discussed. It was agreed that the likelihood target should be increased from 3 to 4. To be brought back to the ADTC in February.

A discussion ensued about potential cost pressures against the horizon scanning/new drugs reserve. Information to be included in the risk register.

9 ADTC-COLLABORATIVE/SCOTTISH GOVERNMENT COMMUNICATION

9.1 EU Withdrawal: Preparing for End of Transition Period

The Scottish Government communication “EU withdrawal: preparing for the end of the Transition Period on 31 December 2020” was noted. The communication includes an update on what is being done by the Scottish and UK Governments to prepare for the end of the EU Transition Period and a checklist for action by Boards.

9.2 COVID-19 Therapeutic Alert - Tocilizumab

The ADTC noted the interim position statement: tocilizumab for patients admitted to ICU with COVID-19 pneumonia (adults).

10 EFFECTIVE PRESCRIBING

10.1 Early Access to Medicine Scheme – Berotralstat

The ADTC noted the EAMS operational guidance for berotralstat for routine prevention of recurrent attacks of hereditary angioedema in adult and adolescent patients aged 12 years and older.

11 HEPMA Update

Dr McKenna advised that the HEPMA business case has been approved by the Board. Governance will be through the ADTC and the ADTC will continue to receive regular progress updates on implementation.

12 PACS/SMC Non Submissions

12.1 Latest Submissions

The table detailing the latest PACS/SMC non submissions was noted.

13 East Region Formulary Team Presentation

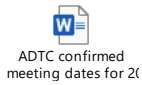
Discussed after item 4.

14 ADTC & Formulary Committee Schedule of Attendance

Discussed under item 8.

15 2021 Meeting Dates

The ADTC meeting dates for 2021 were agreed.



16 POINTS FOR RAISING AT CLINICAL GOVERNANCE COMMITTEE

There were no items for escalation to the Clinical Governance Committee.

17 ANY OTHER COMPETENT BUSINESS

There was no other business.

Other Information

a Minutes of MCN Prescribing Groups - none for noting.

b Date of Next Meeting

The next meeting is to be held on **Wednesday 3 February 2021 at 12.30pm via MS Teams**. Papers for next meeting/apologies for absence to be submitted by 20 January.

Fife Health & Social Care Integration Joint Board
Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE CLINICAL & CARE GOVERNANCE COMMITTEE
FRIDAY 13TH NOVEMBER 2020, 1000hrs
MS TEAMS

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
Cathy Gilvear, Quality Clinical & Care Governance Lead
Paul Madill, Consultant in Public Health
James Crichton, Divisional General Manager (Fifewide)
Simon Fevre, Staff Side Representative
Fiona McKay, Divisional General Manager (Interim)
Kathy Henwood, Chief Social Work Officer

In Attendance:
Ian Wilson, Service Manager (Resources)
Lee Cowie, Clinical Services Manager
Elizabeth Butters, Co-ordinator, Fife Alcohol & Drug Partnership
Olivia Robertson, Head of Nursing (West Division)
Jennifer Cushnie, PA to Dr Hellewell (Minutes)

Apologies for Absence:
Dr Chris McKenna, Medical Director
Scott Garden, Director of Pharmacy
Lynn Barker, Interim Associate Director of Nursing
Lynn Garvey, Interim Divisional General Manager (West)
Helen Buchanan, Nurse Director, NHS Fife
Esther Curnock, Deputy Director of Public Health

No.	HEADING	ACTION
1.0	**CHAIRPERSON'S WELCOME & OPENING REMARKS** The Chair welcomed everyone to the meeting. Apologies were given for the late arrival of Papers to Members. Cllr Brett stated he would like to see the Alcohol and Drug Partnership Annual Report / Strategy go to the IJB Development Session taking place on 27.11.20. Cllr Brett and NC will discuss separately.	**Cllr B / NC**
2.0	**DECLARATION OF MEMBERS' INTEREST** There were no declarations of interest.	

		ACTION
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 02.10.20. **Decision -** Committee agreed to approve the Minute of 02.10.20.	
5.0	**MATTERS ARISING – OUTSTANDING ACTIONS FROM ACTION LIST** The Action List was distributed prior to the meeting. There were no comments or additions to this.	
6.0	**GOVERNANCE**	
6.1	**Clinical Quality Report**	
	HH introduced the report and highlighted several key points. In particular, there has been a start to the Senior Leadership Safety Visits with 2 visits to date. There is continuing work regarding falls, healthcare associated infections and also early signs of improvement in Mental Health indicators with work restarting at pace. Within the Medicines Section, there is a rolling review of safe and secure use of medicines. This work restarted in July with a new timetable to ensure safety work is continuing as before. Cllr Brett queried an increase in falls, however the chart indicated a sustained improvement. CG will investigate and advise. MB asked for feedback regarding the actions taken from the Senior Leadership Visits. CG outlined the actions and recommendations which were arrived at following the visits. JC described the objective of the visits and how improved communication with frontline staff is enhancing relationships and developing better working practices.	**CG**
6.2	**Mental Welfare Commission Inspection Visit Update**	
	JC summarised the report which details visits carried out by the Mental Welfare Commission (MWC) to check patient care and treatment. There have been 3 visits to date: • Ravenscraig Ward, Whyteman's Brae Hospital • Ward 2, Queen Margaret Hospital • Lomond Ward, Stratheden Hospital JC explained the themes focused on were: • documentation and evidence • environment • support for patient activity • patient numbers.	

	CC queried when environment, patient activity and patient rights/information can be expected to be an integrated part of patient care, rather than sitting on the periphery. Also auditing of advocacy and patient groups. JC explained, a consistent approach is initially being established with a set of working standards. CC asked for a Project Plan with dates. JC advised an update will be brought back to a future session. Cllr Brett asked if bed numbers have been permanently reduced. JC advised the numbers are being monitored over the winter and it is hoped the reduced number of beds can be maintained through enhanced care in the community.	**ACTION** **JC**
6.3	**Alcohol and Drug Partnership Annual Report / Strategy**	
	EButters advised, the format of the ADP Annual Report to Scottish Government has changed this year. Focus is on a checklist which ensures Fife is operationally delivering evidence based key work. Extra narrative was added to the report to explain the full breadth of work the ADP is delivering. In addition, the ADP Strategy for 2020-2023 was provided. MB expressed concern a Workplan is only in the development stage and not yet established, particularly as the ADP have received considerable funding from SG and other external agencies. EButters advised a Delivery Plan is being developed from the Strategy which will take the actions forward. She stressed, the needs assessment indicated the service provision is very good in Fife, although systems of care and how services work together requires improvement. A Delivery Plan will be used to improve integration and development of multi-disciplinary teams and will ease tracking of progress. Also a Workplan will be used by the ADP support team to look at wider issues, aligning to themes around prevention and also working with people in Criminal Justice. MB questioned the inclusion of crime figures which he felt may infer addiction is crime-related. EButters advised the actions within the Strategy have been in place for a number of years and explained the valid reasons for inclusion of these statistics and the work taking place to support individuals, recognising addiction as an illness. This was discussed at some length with KH explaining the impact Covid has had on the ADP Strategy and how the Service has adapted to best work with individuals in crisis. CC was keen to see evidence of services integrating across Fife as addicts have multiple needs/problems. She would also like to see peer representation on support groups - people who have had similar problems. KH stated there is representation of all Partners across the ADP but supported and welcomed CC's comments. Cllr Wincott queried the age of the data and felt it reflected drug and alcohol problems were worsening within Fife. EButters explained data is published by National Bodies who require the figures to be analysed and evaluated before they can be made public. This year, there has been further delay due to Covid.	

	Cllr Brett was keen to have a session arranged to spend time looking at the Strategy in detail and asked if this could be opened up to all IJB Members. NC agreed, however, felt C&CGC Members must be given more time to read the Papers issued and questioned whether due governance has been covered. NC will raise the topic at the IJB Development Session on 27.11.20, an extra session could be added. NC to discuss with KH and EButters re time-scales of report sign off and fulfilling governance requirements.	**ACTION** **NC**
6.4	**Winter Readiness**	
	NC introduced the final version of the Winter Plan for 2020/21. Points highlighted included: • Home First • Escalation processes re capacity • Care at home, care homes and hospital wards • Challenges expected • Processes which are currently in place • Newly developed capacity and flow tool NC confirmed the Financial Plan has been signed off. The key aim of the Winter Plan is to: • Sustain acute services • Commitment to whole system working • Follow clinical advice NC explained funding of the Winter Plan and advised it will be presented to IJB on 04.12. Cllr Brett queried the types of conditions which can be treated at home, where previously they were treated in hospital. HH described how a person-centred approach is taken. The hospital@home team support individuals with COPD and infections such as UTI – care packages are developed for each individual - often this approach is preferred by the patient and data shows people often can make a quicker recovery. Pathways are continually being strengthened. Sustainability of Services and waiting lists raised concern for Cllr Ross and he asked how Services are coping. NC gave details of indicators which are used to show capacity and stated a huge amount of effort is being put into Home First.	
6.5	**CAMHS**	
	JC introduced the report explaining the impact Covid has had upon the Service. Many changes have taken place to engage with young people, ie substituting face-face with telephone calls and electronic engagement. LCowie outlined outcomes from work involving SG's MH Performance & Improvement Team. Workforce analysis was matched against demand to give	

	better understanding of capacity, feedback was extremely positive. How services were arranged to meet standards was explained and positive examples of good work detailed. Early intervention work was described and details of referral and response figures were explained. A surge post-lockdown was expected, however, this has not transpired as yet. A change to referral has been seen with more coming through A&E and General Practice. Assessment of young people has been difficult as engagement has shifted to virtual means. LCowie spoke of difficulties knowing what is happening outwith a screenshot or how lack of privacy can be affecting a young person's ability to engage. Cllr Brett thanked LCowie for the report and presentation. He advised the amount of detail provided would not be necessary in all future reports. He suggested this degree of detail come to Committee once or twice a year. Cllr Brett had hoped that there would be a reduction in the number of referrals. Investment had been made in PMHW to provide support at Primary Care level. LCowie advised these pathways are in place and will take some time to embed, however he felt confident through promotion and signposting the benefits will be felt. Questions were raised on advocacy, self-help, integrated working and evidence of outcomes. LCowie felt partnership working should be evidenced in future reports and will endeavour to include this information going forward.	**ACTION**
6.6	**Professional Assurance Framework Report (NMAHP)**	
	ORobertson introduced the Professional Assurance Framework Report on behalf of Lynn Barker. The background and objectives of the survey were explained. Findings and actions from the survey were outlined. The Survey was based on the 4 primary drivers. Each of these were explained in detail: 1. Ensuring senior nursing/midwifery staff are involved in all performance appraisals and monitoring inter-agency and cross-professional education and development 2. Professional leadership – focusing on outcomes promoting a culture of inter-agency, parity and respect 3. Clear accountability for standards of professionalism at each level 4. NHS Fife Board has a clear understanding of quality of nursing / midwifery and AHP services. Governance of staffing levels was discussed, with work particularly taking place around improving and refining staffing escalation procedures. Financial governance and recruitment and retention were also considered. The low level of response to the survey was raised as a concern. OR assured, the survey will be repeated in order to clarify results.	

	SF stated the document is not only pertinent to nursing but also to AHP staff. Robust processes are in place for nursing services, however, not so for AHP staffing levels. Primary Driver 2 is of significant importance and full engagement will be required to ensure this is achieved.	**ACTION**
6.7	**The Keys to Life**	
	IWilson introduced the report which comes from the Learning Disability & Autism Spectrum Disorder Strategy Group. The focus is around the National Stategy 'Keys to Life'. Four priority areas were identified: • Living • Learning • Working • Wellbeing The report highlights the work which has taken place within Fife on a multidisciplinary basis to address these areas. Restrictions have been placed on the work due to the pandemic, however, the Group is now moving forward from this. Next year is expected to be a significant year as the Keys to Life Strategy was designed to run from 2019-2021. Part of the work will be to identify the priorities from Scottish Government and looking at how these will be implemented in Fife. People with learning disabilities are more vulnerable to Covid and needed more support . Accessibility of digital solutions was queried and assurance was given that this is being given priority to enable this to move forward. Cllr Brett would like to see 'Person Stories' coming back to C&CGC. NC will endeavour to bring these back after a pause due to Covid.	**NC**
6.8	**Risk Register**	
	FMcK advised the Risk Register which impacts on C&CG is presented every 6 months to the C&CGC. There were 5 risks with a high score: • Brexit impact on medicines • Market capacity • PC improvement programme • PC prescribing • Delayed discharge Cllr Ross questioned the meaning of 'market capacity'. FMcK advised this is the capacity within Care@Home Services, Care Homes and Services which HSCP commission. Ongoing pressures are experienced within certain areas of the market and work continues to try to stabilise this through various options for care providers. FMcK described a tool which is being piloted to develop care routes around where a care provider lives. This will make maximum use of time without travelling huge distances. The tool is proving to be useful and is being trialled with 6 providers at the moment.	

		ACTION
7.0	**EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES**	
	7.1 Fife Area Drugs & Therapeutics Committee Unconfirmed Minute from 07.10.20	
	No comments.	
	7.2 Minute of the Infection Control Committee Unconfirmed Minute from 07.10.20	
	No comments.	
8.0	**ITEMS FOR NOTING**	
	Cllr Brett would like to highlight the ADP Strategy and the Learning Disability Paper which was received today. Also Winter Readiness.	
9.0	**ITEMS FOR ESCALATION**	
	No comment.	
10.0	**ANY OTHER COMPETENT BUSINESS**	
	A rise in Covid cases over the last 24hrs was discussed. Cllr Brett advised Leaders of the Political Groups are invited to regular weekly briefs with Dona Milne , Director of Public Health giving an update of the Covid situation in Fife. NC stated, mechanisms are in place to monitor this and the decision taken to move Fife into Tier 3. NC will link with Cllr Brett regarding agenda items which will come forward for the next meeting. In recognition of the capacity required of the Senior Team to prepare reports, the elements of governance to be taken forward will be prioritised. NC advised, discussions concluding the Integration Scheme are currently taking place. An area to be explored is Clinical & Care Governance and the delivery of it. The Integration Scheme as it stands is overly detailed, in terms of information and it necessitates the need for this Committee. The IJB will consider this and is likely the C&CGC will be removed. NC felt a committee to look at quality issues, roles, delivery of outcomes as well as oversight of delivery will be required. She proposed the committee might want to think about being renamed. This will be coming to the Development Session on 27th Nov.	
10.0	**DATE OF NEXT MEETING -** Friday 29th January 2021, 1000hrs. MS Teams	

FIFE RESEARCH GOVERNANCE GROUP MEETING
MINUTES
Microsoft TEAMS,

	29 OCT 2020	**ACTION**
	Present: Dr Chris McKenna, Medical Director (CMcK) Prof. Alex Baldacchino, R&D Director (AB) Prof.Frances Quirk, R&D Assistant Director (FQ) Prof. Frank Sullivan, Director of Research, University of St. Andrews (FS) Rachel Nutt,Human Ethics & Research Policy Officer, University of St.Andrews (RN) Dr Fay Crawford, R&D Senior Research Advisor (FC) Julie Aitken, R&D Quality & Performance Lead (JA) Tara Graham, Research & Development Psychologist (TG) Dr Grant Syme, Physiotherapist Consultant (GSy) Chris Conroy, Service Manager, Planned Care (CC) Amirah Aslam, Information Governance Officer (AA) Karen Gray, Lead Research Nurse (KG) Anne Haddow, Lay Advisor (AH) In Attendance: Roy Halliday, R&D Support Officer – minutes (RH)	
1.0	**CHAIRPERSON'S WELCOME/APOLOGIES AND OPENING REMARKS** Dr Mckenna welcomed all and everyone introduced themselves. **Apologies;** Gwen Stenhouse, Management Accountant Lesly Donovan, General Manager e-Health & IM&T Dr Christopher McGuigan, Consultant in Public Health	
2.0	**MINUTES OF THE LAST MEETING** The minutes were accepted as an accurate record. Actions were discussed and the action list updated.	
	STANDING ITEMS	
3.0	**OVERSIGHT OF R&D OPERATIONAL GROUP (OPS) MINUTE** This was reviewed and accepted. CMcK asked if the agreed reporting template could be used for this item in future.	
	RESEARCH GOVERNANCE	
4.0	**PRESENTATION FROM PROF FRANK SULLIVAN - ELECTRA**  Enabling Learning NHS Care Systems ut FS discussed issues around data access and governance as well as how to develop a system for NHS Fife staff to request data, FQ advised of a meeting with Scienap who have developed a similar platform and wondered whether this could align with ELECTRA. FS advised of a further request to the endowment fund to help develop ELECTRA II so the system could be rolled out to more GP practices, CMcK asked how many more, FS advised no agreement has been reached as yet but the more involved the better	

	CMcK also asked if the data would only be Primary Care data or could we integrate Secondary Care? FS advised that any CHI number can be linked within the system so would be available for both, a discussion took place around ways of engaging staff to use this system, establishing processes and training for Clinical staff possibly via the Nursing school or Medical Education.	
4.1	**RESEARCH WITHIN GOVERNANCE FRAMEWORK**	
4.1.1	R&D POLICY, SOP AND WI UPDATES & APPROVALS JA updated from her report that had been attached to the agenda, nothing was required to be escalated. All staff within the R&D Department and Clinical Trials Pharmacy now have access to the Q-Pulse system. We now use Q-Pulse to manage the distribution and receipt of documents and they are also available of Stafflink and the NHS Fife website.	
4.1.2	EAST OF SCOTLAND RESEARCH ETHICS SERVICE UPDATE No update had been received. AB to contact BJ.	**AB**
4.1.3	RISK BASED PROGRAMME OF MONITORING JA advised that there was nothing for escalation, there was now an improved process for checking risks with hosted studies.	
4.1.4	PHARMACY UPDATE There was no representation from Pharmacy AB will discuss with Scott Garden, the update was from the original meeting date of 03rd September and was now out of date, there is a potential risk to the organisation due to the fact that there is now no CT Pharmacist as Jennifer Tait has moved on. There had been no suitable applicants for the post when first advertised, there are possible plans to re-advertise at a lower grade to see if that will help gain more interest, KG advised that this may be advertised at a lower grade as training post. FQ advised this could become a much bigger issue if there are no suitable applications and AB noted that there needs to be a contingency plan, FQ will discuss with Scott Garden.	**AB** **FQ**
4.1.5	PHASE II UPDATE FQ advised that there needs to be a further discussion out with this group of the outcome of the Phase II pilot study as to whether we change our scope to take on Phase II studies.	**AB**
4.1.6	ELECTRA This had been discussed in 4.0	
4.1.7	MHRA UPDATE JA advised that all actions are now closed, AB noted that the SBAR attached needed a response and that there needs to be a reply from R&D.	**FQ**
4.1.8	RESEARCH GOVERNANCE RISK REGISTER AB advised that these risks were due for review in June 2020 and that there are specific identifiable risks that needed further discussion. AB and FQ will discuss further as there has been further risks that have arisen since and will report to the next meeting.	**AB/FQ**
4.1.9	RESEARCH & DEVELOPMENT ANNUAL REPORT 2019-20 AB advised that there should have been a template written for this report. It has been issued to core members of the group for approval and been sent to the Clinical Governance Committee, although the report shows that a lot has been achieved some elements need to be revisited. FQ discussed the format of the report and wondered whether this should now be changed as it was very much internal and not outward facing, CMcK agreed that it looks more like an internal document than a report that was available to the public, he discussed a shift in style and the possible use of the Communication	

	department in it's publication. AH endorsed this approach and agreed that using more lay language would reach a wider audience.	
4.1.10 (i)	DRAFT RESEARCH & DEVELOPMENT STRATEGY AB advised as per previous there should have been a template written for this report. It has been issued to core members of the group for approval and been sent to the Clinical Governance Committee, again this document requires a revisit to make sure the outcomes make sense. CMcK advised that as per the Annual Report the formatting of the document requires some work – the detail is fine it's just the look of it	
4.1.10 (ii)	DRAFT UPDATE VS STRATEGIC PRIORITIES 2019-20 AB advised that as per previous this document will be looked at again and delivered differently next time.	
4.1.11 (I)	COVID 19 RESEARCH ACTIVITIES – SUSPENSION/RESTART/APPROVALS CMcK advised that this update was correct at the time of the original meeting due on 03rd September but the current situation means this has now changed.	
4.1.11 (ii)	COVID 19 RESEARCH ACTIVITIES – ACTIVITY Again this update is slightly out of date, KG advised the team have suspended normal existing studies in the last few weeks and paused recruitment as the COVID studies have now overtaken with the Janssen vaccine study about to open and the SIREN study ongoing which is very resource intensive.	
4.1.11 (iii)	COVID 19 RESEARCH ACTIVITIES – CAPACITY KG advised that the team is really stretched at the moment and there has not really been any type of downtime since the MHRA inspection, the team are looking at each study on a weekly basis to decide whether it is feasible, there is a lot of juggling going on at the moment, we have recently managed to get Orthopaedics onboard with research and are about to open studies with them. CMcK noted that this was a true reflection for the wider Health Board. KG also advised that there are issues with space within the CRF and issues could arise with regards to social distancing. KG also advised that two nurses were currently assisting with the flu vaccination programme and would be doing so until Christmas. TG discussed impact on students with studies being halted and the University's not being as supportive as they could be, CMcK wasn't sure how this group could provide an answer to this.	
4.2	**PUBLIC PARTNERSHIP WORKING**	
4.2.1	SHARE Recruitment to SHARE was done mostly face to face in clinics which has ceased since March, but Fife are still 2nd largest recruiter. FQ has had a conversation with Shobna Vasishta from SHARE and has agreed to become a member of the Management Board and Committee. FS advised that he is the Clinical Lead for SHARE and is currently piloting the use of electronic communications at the GP surgery in Anstruther.	
4.2.2	R&D/FIFE COMMUNITY ADVISORY GROUP AH advised that there had been a meeting on 10th October 2019 which had been well attended, but that members were still contributing and providing feedback where needed. AH would contact members for updates for the next meeting.	

4.2.3	TASC ANNUAL REPORT This was for noting. FQ will become part of the TASC management meetings.	
4.3	**FINANCIAL SUPPORT / RESOURCES**	
4.3.1	R&D BURSARIES/INNOVATION GRANT UPDATES FC advised that her report was now a little bit out of date and all bursary holders have since provided updates. FQ asked if there was a reporting framework in place for monitoring these bursary holders and that it might be worthwhile considering reporting requirements and to also have a paper trail. CMcK also added that it was a good idea to be holding people to account.	**FC**
5.0	**CAPACITY BUILDING**	
5.1	**CULTURE THAT SUPPORTS AND ENCOURAGES RESEARCH AS PART OF ROUTINE PRACTICE**	
5.1.2	COMMUNICATION The R&D bulletin was attached to the agenda and is now being issued every 2 months.	
5.2	**COLLABORATION WITH ACADEMIC/COMMUNITY PARTNERS**	
5.2.1	ANY ACADEMIC/NHS/OTHER PARTNERSHIP UPDATES RN gave a quick update of activities at St. Andrews University and advised they hoped to restart a couple of studies soon.	
5.3	**DEVELOPING RESEARCH KNOWLEDGE/SKILLS OF STAFF**	
5.3.1	R&D EDUCATION PROGRAMME FC advised that there had been a few sessions delivered by Microsoft Teams and had worked well and discussed the possibility of retaining this method for future, FQ suggested an evaluation of research capacity and culturebe carried out at the whole of organisation level using a validated tool. A Short Life Working Group will convene to take this forward, FC requested CMcK's endorsement as Executive Sponsor of the evaluation. FS raised the possibility of opening up the R&D Education Programme to others outside the organisation. FQ/FC/FS will meet out with this meeting to discuss ways to disseminate further (e.g. students of health related courses at St Andrews).	**FQ/FC/ FS**
5.4	**ACTIVITIES TO DEVELOP CHIEF INVESTIGATORS** FC discussed the concerns at the lack of Chief Investigators and asked if anyone could think of ways in which to increase their presence, discussed the possibility of having advisory meetings at the Universities.	
5.5	**AWARENESS RAISING** **Nil**	
5.6	**INNOVATION** AB described the position that NHS Fife was now in with Health Innovation South East Scotland and the need to find ways of identifying innovative practices. CMcK advised the need to ensure Fife is not left behind and the need to bring innovation in to day to day working lives, he will discuss further with FQ how to prioritise this going forward, hopefully a plan will be in place by the next meeting.	
6.0	**AOCB** CMcK thanked FQ for doing an amazing job since starting in August as the	

	new Assistant Director of R&D virtually from Australia and he looked forward to her arrival in Fife in the next few days. FQ also thanked all for their flexibility and support and with the help of the team it has been a smooth transition.	
7.0	**DATE AND TIME OF NEXT MEETING** Thursday 03rd December, 10.00 – 12.00, Microsoft Teams	

UNCONFIRMED Minutes of the Health & Safety Sub Committee held on Friday 11th December 2020 at 12:30 within Microsoft Teams

Present:

Andrew Fairgrieve (AF), Director of Estates, Facilities and Capital Services
Conn Gillespie (CG), Staff Side Representative
Linda Douglas (LD), Director of Workforce
Dr Chris McKenna (CM) Medical Director

In attendance

Craig Webster (CW), Health & Safety Manager
David Young (minute taker)

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

AF welcomed all to the meeting and requested that, in light of the recent contravention notice issued to NHSF from the HSE, the agenda for this meeting should be changed

AF asked CW to take lead and go through contravention notice line by line, pick out actions and allocate them to the appropriate person(s).

AF also stated that a response to the HSE is required by the 29th of January 2021

Action: respond to HSE by 29th January 2021 CW

2. APOLOGIES

Nil

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 not discussed.

4. NOTICE OF CONTRAVENTION

4.1. Endoscopy units undertaking AGPs.

CW pointed out to the group that a response regarding Endoscopy Unit Risk Assessments on the AGPs needs to be sent to HSE by 16th January 2021

CW informed the group that information does exist in various documents but needs to be pulled together. AF advised that CW should contact Paul Bishop to obtain information from ENGIE.

LD commented that the response from NHSF needs to be carefully considered as we may be forced to go down a route that the organisation may not want to go. AF agreed but added that the HSE have asked for this information so the organisation will not be able to deviate from this.

CW has most of the information which he is currently pulling together CW will contact Ann Haythorne for clinical support and input.

4.2. Main Staff Locker Room

CW stated that an existing risk assessment can be adapted. CW will take lead. AF commented that issues could be difficult to resolve due to logistics, LD added that physical issues could perhaps be considered, amending shift rosters for example. AF agreed stating that all issues should be explored.

CM commented that he had advised Junior Doctors to use the locker room as a safe place and asked if this was correct. The group agreed this was correct advice.

CG asked if it would be possible to audit the number of staff who are using the changing rooms. AF stated that the access system for the changing rooms should be able to provide this information but unfortunately, the system is currently faulty. If the system is repaired, it will make it possible to monitor the number of staff using the changing rooms

CW informed the group that all necessary sinks and cubicles within the main staff locker rooms have been taken out of action.

There was some discussion regarding screens and the amount of protection they provided. CW suggested that the HSE seemed to be pushing for screens to be installed. LD highlighted the need to be mindful regarding an organisationally balanced response to meet HSE requirements. AF agreed, suggesting that all actions should be run past EDG. CW raised concerns regarding screens stating that Health and Safety, Infection Control and Microbiology all agree that screens may not provide adequate protection.

CW told the group that posters and tape are now in place.

LD asked this will be carried through into other areas. CW confirmed that this will happen.

4.3. Theatres locker rooms

CG confirmed that space in the theatre locker rooms is tight. CG also suggested that Claire Lee was the best person to contact.

CW asked if CG would be able to take charge of the assessment. CG agreed and will contact Claire to arrange this — CG

CG told the group that the existing lockers are small and there may be some difficulty storing jackets etc. There may be some housekeeping issues.

AF stated that a review may be required for all staff changing facilities and there may be a need for additional spaces.

AF said that solutions may be available to make use of existing spaces within the Hospital for welfare/ communal areas.

CG noted that staff will take masks off when using communal areas for example to eat and asked if the group had any ideas AF stated that physical distancing should be used along with the removal of un-necessary tables and chairs.

Alongside social distancing LD noted that restrooms have a function as a restful place for staff to relax and that should be considered when making any changes.

4.4. Health records Filing, The 'Queen Margaret Room'

CW indicated that issues identified by HSE had been addressed.

4.5. Clinical Areas - welfare and communal areas	
There was some discussion by the group. CW suggested that staff should be encouraged to clean areas before and after use. LD stated that safety huddles could be used to reinforce the message. There was some discussion by the group regarding how the organisation can implement COVID management training for Staff. LD asked if this could be added to the return to work training. CW to contact Kirsty Berchtenbreiter to discuss.	CW
4.6. Laundry	
Craig stated that the installation of screens may be required. CW conducting site visit with Paul Bishop 14 December to review.	
4.7. Kitchen	
CW indicated that issues identified by HSE had been addressed.	
4.8. Face Fit Testing	
CW stated that he is confident in the competence of staff carrying out face fit testing. However, he informed the group that the staff carrying out the testing have no formal accredited training. CW is making arrangements for bespoke training session to provide formal accreditation for the H&S team fit testers. CW said that local fit testers will require refresher training and competency updates. CW exploring possibility of being able to provide 'in-house' Fit2Fit accreditation.	CW
AF thanked CW and the health and safety team and asked if help was required to achieve HSE timescales. CW thanked AF and indicated that help was not needed at present. AF said that CW should not hesitate to escalate any issues AF advised CW that once the draft has been completed, it should be sent to the Sub Committee and also to Carol Potter for discussion at EDG.	
CG informed the group that he found the HSE visit to be very informative and asked if it was an option for proactive manager/ staff side walkrounds to help identify any potential problems which could be raised by HSE on future visits. It was agreed that local walkrounds could be beneficial but there may be issues currently with the availability of staff to carry them out.	
5. OTHER BUSINESS	
There was some discussion regarding the recent sharps audit and questions were raised regarding the efficacy of the Sharps Strategy Group. AF asked CM if this should be escalated to the Clinical Governance Group. CM advised that this was not necessary at present as it can be dealt with at a more local level.	
6. DATE OF NEXT MEETING	
12 March 2021, 12:30 [Teams or Face to Face to be advised]	

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

CONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 23 OCTOBER 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 Helen Buchanan (HB), Nurse Director, NHS Fife Wilma Brown (WB), Employee Director, NHS Fife Debbie Thompson (DT), Joint TU Secretary Ian Dall (ID), Service User Representative Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative 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, Associated Medical Director, NHS Fife Katherine Paramore, Medical Representative Kathy Henwood, Chief Social Work Officer, Fife Council Lyn Barker, Interim Associate Nurse Director, NHS Fife
Attending	Dona Milne (DM), Director of Public Health, NHS Fife Fiona McKay, Head of Strategic Planning, Performance & Commissioning Amanda Wong, Interim Associate Director, AHP's, NHS Fife Norma Aitken (NA), Head of Corporate Services Lesley Gauld (LG), Compliance Officer Wendy Anderson (WA) (Minute) Tim Bridle, Audit Scotland

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 advised the Board that Dr Susie Mitchell is standing down from the IJB and thanked her for her contribution over the last 5 years.

The role of GP representative on the Board will now be fulfilled by Dr Helen Hellewell, Associated Medical Director.

NO	HEADING	ACTION

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.

2 CHIEF OFFICERS REPORT & PROTOCOL FOR MEETING

Nicky Connor covered the protocol for the meeting which is the fourth virtual Board meeting.

The key items Nicky would have updated on were all contained within the agenda for this meeting.

3 CONFIRMATION OF ATTENDANCE AND APOLOGIES FOR ABSENCE

Apologies have been received from Carol Potter, Steve Grimmond, David Heaney, Scott Garden, Jim Crichton and Eleanor Haggett.

4 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

5 MINUTES OF PREVIOUS MEETING 25 SEPTEMBER 2020

Tim Brett asked for a change to made to Item 10 – Update on Mental Health Strategy 2020-2024 Implementation Plan. Once this change has been made the Minute of the meeting held on 25 September 2020 would be approved as accurate.

6 MATTERS ARISING

The Action Note from the meeting held on 25 September 2020 was agreed as accurate.

7 PUBLIC HEALTH / REMOBILISATION UPDATE

The Chair introduced Nicky Connor who presented this update in conjunction with Dona Milne and Chris McKenna.

Dona Milne gave an update on the current situation with Test and Protect. Between 12 and 18 October 2020 there had been 136 positive cases of Covid 19 in Fife and as a result of these 335 individuals have been contacted and given advice by the Test and Protect Team. The team is being expanded to cope with anticipated increased demand.

Nicky Connor provided an update on the season flu campaign and advised that she is now the Lead in Fife and will Chair the Silver Command Group meeting.

To date over 40,000 flu vaccinations have been given and a further 52,000 appointments are booked. 2,500 – 3,000 vaccinations being administered daily. 37% of NHS staff have already been vaccinated. The programme for vaccination in Care and Nursing Home is going well.

7 PUBLIC HEALTH / REMOBILISATION UPDATE (Cont)

The team which is dealing with flu enquiries is making good progress with telephone calls, emails and texts. 87% of telephone calls were answered yesterday.

Information on the NHS website is being updated regularly. Feedback from the delivery of clinics has been excellent, which is due to the work of all of the teams involved in this process.

Chris McKenna updated on the current situation regarding Remobilisation. Restarting of services over the summer months has been very successful. The current increase in Covid-19 cases may have an impact on services. There will be a need to find a balance between managing Covid-19 and maintaining service provision.

Staff in general are ready and willing to respond the emerging situation and know better what to expect. We now have policies and procedures in place which we did not have in March 2020 at the start of the coronavirus pandemic and are more informed about how the virus is transmitted, etc.

Ongoing support is available for staff eg wellbeing hubs, telephone lines. Staff should also be encouraged to support each other.

Thank you to all staff across Health and Social Care.

8 FINANCE UPDATE

The Chair introduced Audrey Valente who presented this report.

As at 31 August 2020 the forecast deficit is £6.362m and £6.939m relates to unachieved savings that remain at risk of non-delivery. These are currently within the local mobilisation plans

Four key areas of overspend that are contributing to the overspend –

- Risk Share
- Hospital and Long-Term Care
- Adult Placements
- Homecare Services

The projected costs in relation to Covid-19 are projected to be £26m and spend to date is £8m. It has been confirmed that Quarter 1 costs will be paid in full and a percentage of costs will be paid for the remaining three Quarters. More guidance on this is expected from Scottish Government in November 2020.

Nicky Connor advised that discussions are ongoing with the Local Partnership Forum, which comprises Senior Leadership Team members, Trade Unions and Staff Side representatives on finance as there is monitoring of vacancies, etc.

Eugene Clarke asked if reporting arrangement on financial information from the partner organisations could be aligned to allow more up to date

NO	HEADING	ACTION

8 FINANCE UPDATE (Cont)

information to be provided. Nicky Connor advised that this would be taken on board and discussed with partners.

Tim Brett questioned if the budget realignment exercise discussed at the September meeting had progressed. Audrey Valente is in dialogue with Fife Council and NHS Fife, a paper has been prepared and this will be discussed in the next few weeks.

The Board noted the financial position as reported at 31 August 2020 and noted and discussed the next steps and key actions.

9 PERFORMANCE REPORT EXECUTIVE SUMMARY

The Chair introduced Fiona McKay who presented this report. The full Performance Report was discussed in detail at the Finance and Performance Committee on 6 October 2020. The areas included in the Executive Summary are those which are higher risk. These areas are monitored regularly.

The Home First programme is a different approach for this year and will see changes in the wider work we do around care. This will support sustainability and continue to support patients in the most appropriate setting.

Eugene Clarke asked if dates could be included in the summary when there is a commitment to create a plan. Fiona McKay will look at this for the next report.

It was suggested that further discussion on these indicators should be the basis of a future Development Session. **NC**

The Board noted the information contained within the Performance Report.

10 PUBLIC SECTOR CLIMATE CHANGE

The Chair introduced Fiona McKay who presented this report which had been discussed at the Finance and Performance Committee on 6 October 2020.

The Board considered and agreed the priorities for climate change governance, management and strategy for the year ahead as set out in the Assessment section of this report. The agreed priorities will form part of the submission to the Scottish Government.

11 WINTER READINESS

Nicky Connor presented this report.

The full Winter Plan, which will be a public document aligned to the Remobilisation Plan, is still a work in progress.

Winter Planning is being managed in a similar way to Covid-19 with Gold, Silver and Bronze Command groups meeting on a regular basis.

NO	HEADING	ACTION

11 WINTER READINESS (Cont)

There are interdependencies between winter planning, the enhanced flu programme, Covid-19 and the Urgent Care Review which is ongoing.

Discussion took place around the Home First model, locality huddles and point of care testing.

Helen Buchanan advised that at the moment winter planning is in a good place for the time of year. We are facing a period of uncertainty and cannot predict how things will progress. Escalation plans are in place.

The full plan will be taken to governance committees before coming to the Integration Joint Board meeting on 4 December 2020. **NC**

The Board noted the progress of the Winter Plan for 2020/21.

12 PRIMARY CARE IMPROVEMENT PLAN

The Chair introduced Helen Hellewell who gave a short presentation on the Primary Care Improvement Plan.

The Plan is in place to support improvement in GP provision and their role as expert medical generalists. Covid-19 has had an impact on progress.

A meeting is due to take place in November 2020 to reflect on the new ways of working as a result of Covid-19 and to look at models of care.

No updated National Plan is required this year but Helen will bring an update to through the governance committees and to the Integration Joint Board in early 2021. **HH**

13 DATE OF NEXT MEETING

IJB DEVELOPMENT SESSION - Friday 27 November 2020 – 9.30 am

INTEGRATION JOINT BOARD – Friday 4 December 2020 – 10.00 am

NHS Fife

NHS FIFE INFECTION CONTROL COMMITTEE
7TH OCTOBER AT 3PM
VIA MICROSOFT TEAMS

Present	
Julia Cook	Infection Control Manager
Nykoma Hamilton	Infection Control Nurse
Margaret Selbie	Lead Infection Control Nurse
Priya Venkatesh	Consultant Microbiologist
Yvonne Chapman	Risk Management Co-Coordinator
Priya Venkatesh	Consultant Microbiologist
Aileen Lawrie	Head of Midwifery/Nursing, Women & Children
Paul Bishop	Head of Estates
Elizabeth Dunstan	Senior Infection Control Surveillance Audit Nurse
Lynn Barker	Associate Director of Nursing
Janette Owens	Associate Director of Nursing
Fiona Bellamy	Health Protection Nurse Specialist
Lynn Burnett	Nurse Consultant Health Protection
Norma Beveridge	Head of Nursing
Esther Curnock	Consultant in Public Health Medicine
Sue Blair	Consultant in Occupational Medicine
Apologies	
Helen Buchanan	
Lynn Campbell	
Keith Morris	
Pauline Cumming	
In Attendance	
Nykoma Hamilton	Notes

1	**APOLOGIES** Apologies were **noted** as above.	
2	**MINUTE OF PREVIOUS MEETING – August 2020** Group approved previous minute as accurate reflection	
3	**ACTION LIST (5th February 2020)**	**ACTION**
	Group talked through each open action and the actions were closed or carried forward as appropriate. 4.3 Paul Bishop and Lynn B – Maintenance – Carry Forward 4.6 Non compliant sinks –to remain on the risk register – estates have recently updated the risk 4.7 PWID Data – Cathy Gilvear 4.8 Data Displayed – MS/ED – led now by ED and met with acute leads, SABs/CDI for visitors to be seen (graphs not required for the public displays), ED will update HoN re data required with a photo example of a mock display. The ward dashboard was discussed and is quite complex, looking at care dashboard awaiting reply from Stephen Natman and Shirley Cowie. 4.1(c) LB – HV and HB to meet – completed closed Risk 1457 – PC split into 2 risks – carry over **Action list updated to reflect.**	
4	**STANDING ITEMS**	
4.1	4.1a HAIRT Board Report Q1 data 2020 – SABs below HCAI and CAI national rate, Q2 below HCAI and above CAI ECBs Q1 below Scottish rate for CAI and above for HCAI, Q2 below for HCAI and above for CAI	

	CDI below rate in Q1 and Q2 for both HCAI and CAI MRSA/CPE CRA – Q2 Above compliance (noted improvement in V22 following improvement work) Challenges: SABs – VAD August there was 4 CVC renal, a PAG was held in Sept and due to go to SEAR in November. ECB – the majority are UTI/CAUTI and more work is needed to reduce HCAI. The UCIG group meet Bi-monthly. New quality improvement project commenced with the Cowdenbeath Practice who are meeting tomorrow with KM – Looking at time patterns of CAUTIs in relation to frequency of catheter changes. CDI – Challenge to reduce HCAI to meet reduction target – recurrence is the most common risk factor. FMT currently unavailable due to COVID-19, therefore pioneering work with continues with extended pulse fidaxomycin and consideration of Bezlotoxumab for recurrent CDI is being used in Fife SSI – C-section, orthopaedic, large bowel surveillance, the national surveillance programme remains suspended (due to COVID response) Local SSI surveillance is being undertaken by the midwifery team to provide local assurance. COVID-19, prevalence in Scotland increasing, with more patients requiring hospital care. The key priority for the IPCT is winter planning and preparedness. Outbreaks – nil since last report Unannounced Hospital Inspection: Glenrothes Community Hospital, NHS Fife on 7-9 July 2020, report now published - discussed on main agenda Members **noted** the report.	
	4.1b HAI LDP Update – SABs Reports JC updated the group, Quarter 2 2020 data published yesterday, NHS Fife below national comparators for all HCAI, and no exception reports. There was an increase in purely CAI which Dr Morris has hypothesised is due to the COVID response and patients not presenting to hospital between April – May (Flash report circulated today). Q3 august saw an increase in SABs related to VADs, this last month back to normal rates Members **noted** the update.	
	4.1c HAI LDP Update – CDIs Reports Members **noted** the update.	
	4.1d ECB Surveillance Report Members **noted** the update.	
	4.1e HAI Update – C Section SSI Reports SSI Surveillance currently paused as a result of CNO letter received	

	Members **noted** the update.	
	4.1f HAI Update – Orthopaedic SSI Reports SSI Surveillance currently paused as a result of CNO letter received Members **noted** the update.	
	4.1g Colorectal SSI Surveillance Report SSI Surveillance currently paused as a result of CNO letter received Members **noted** the update.	
	4.1h CPE Surveillance Report and MRSA Surveillance SW updated V22 have vastly improved their compliance following improvement work. MRSA compliance is 98%, CPE 95% and Swabbing 94%. Members **noted** the update.	
	4.1i Outbreaks, Incidents and Triggers No outbreaks noted. Incidents and triggers SAB– NH update the committee on 4 SABs related to VAD in renal dialysis patients, PAG held and awaiting SAER Opthalmology, VHK- JC updated, There has been a case of Endopthalmitis in Opthalmology, which was reviewed and a PAG held, recommendation to stop carrying out IVI in current treatment room at VHK. Members **noted** the update.	
4.2	NHS National Cleaning Services Specification PB stated that the cleaning standards keep changing but the national standards have not changed. Green status **ACTION to invite Midge Rotheram or Jim Rotheram to next ICC** Members **noted** the update.	
4.3	Risk Register An SBAR has been submitted as per attached to agenda, a few risks can be closed i.e procurement due to improved supplies. Members **noted** the update	
4.4	Learning Summaries There were no learning summaries submitted for this ICC Members **noted** the update	
4.5	National Guidance Since the last ICC there has been new 4 nations guidance published with High, medium and low risk pathways. HPS have circulated a draft addendum for comment (the addendum is to be published next week). CMO letter - guidance of wearing face masks/extended use of face masks. A CMO/CNO letter was published about physical distancing and the healthcare environment with diagrams etc. IPCT offered to review any area due to be used as surge. The CMO letter – SARI surveillance and COVID surveillance expanded awaiting HPS update (substantial increase in surveillance compared to previous SARI requirements).	

	Members **noted** the update	
4.6	HEI Inspections Spreadsheet attached to agenda for information. Unannounced Hospital Inspection: Glenrothes Community Hospital, NHS Fife on 7-9 July 2020, report and improvement action plan published 15/09/2020.(For purposes of the ICC only IPC related information reported) 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 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 replacement is in place. Up to date training available for MICAD system on requests for all staff. Members **noted** the update.	
4.7	Quality Improvement Programmes UCIG – ED updated the committee on ongoing works Cowdenbeath Practice – New QI project, group meeting tomorrow with Dr K. Morris – Looking at time patterns of CAUTIs in relation to frequency of catheter changes. PWID- To date there has been only 3 PWID SABs in 2020 which is a marked improvement compared to the same period in 2019. Addiction services continue to be supported by IPCT, last meeting September 2020 By Mar-21 The driver diagram sits with the Addiction team and is almost complete. Nurse prescribing of antibiotics by ANPs is being explored. During the pandemic -challenges seeing as many clients due: -firstly to physical distancing reducing capacity in clinics -secondly, despite an increased number of home visits, the total number of clients seen has reduced. Members **noted** the update.	
4.8	Infection Prevention & Control Audit Programme Audit programme restarted July 2020 with over 30 audits completed since restarting. To consider a more long term strategy for the audit programme should there be a second wave of COVID-19. Members **noted** the update	
4.9	Infection Control Manual Update	

	The manual is now on Blink and there is a team meeting to discuss the NIPCM, to ensure all links are live to the mandatory NIPCM. Members **noted** the update	
4.10	HAI Education Strategy Group currently reviewing the terms of reference, to see if the group has met the objectives, and may be stepped down. Members **noted** the update.	
4.11	Prevention and Control of Infection Work Programme 2019-2020 (for noting) Members **noted** the update.	
5.	**NEW BUSINESS**	
5.1	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 HCWs • Review of current IPCT work program 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. A number of PAGs involving HCWs, adherence with social distancing and good PPE use, essential particularly offices and break rooms. Guidance on self isolating is different from previous; HCWs are to self isolate if they meet the definition of a contact. Creating significant work for T&P, OH and IPCT. EC raised that there is similar patterns in community outbreaks and clusters i.e. related to break rooms, car sharing etc HPS developing an addendum for COVID in development- may be published next week. Looking at local/national triggers to revert to table 4 of previous guidance during "sustained transmission". POCT for COVID-19- AU1 & ED planned for mid November. LB – raised reviewing visiting in hospital and screening Members **noted** the update	
5.2	Excellence in Care IPCT/EiC meetings recommenced 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 the CRA within Patientrack and improve compliance and patient safety. Members **noted** the update	
5.3	Safe and Clean Audit Refresher training for safe and clean continuing, there has been a meeting with senior team and Ken Marshall has developed a PowerPoint presentation. The audit tool now automatically saves. Ken Marshall linking in re sway for news etc. Ward 9, renal and ANC have training this week.	
6	**NHS FIFE INFECTION CONTROL COMMITTEE'S SUB GROUPS**	
6.1	Infection Prevention & Control Team Nothing from this meeting to highlight to group. Members **noted** the notes of the meeting	
6.2	NHS Fife Decontamination Steering Group Nothing from this meeting to highlight to group. Members **noted** the notes of the meeting	
6.3	NHS Fife Antimicrobial Management Team Nothing from this meeting to highlight to group. Members **noted** the notes of the meeting.	
6.4	NHS Fife Water Safety Management Group There has been some pseudomonas identified in the hospital. PB raised that care areas need regular testing. Members **noted** the notes of the meeting.	
6.5	HAI SCRIBES There has been works looked at in V10 and also the part 2 for the new orthopaedic build is complete. Meeting re project hydra soon. Members **noted** the notes of the meeting	
6.6	NHS Fife CJD Sub Group CJD Group update from SW. He updated that there was very poor attendance to the last meeting and they discussed that there has been no know CJD for many years so suggested disbanding this group and adding to the decontamination group as this is the case in the rest of Scotland. Stephen Wilson, Paul Bishop and Andrew Fairgrieve to meet and add to decontamination group. Members **noted** meeting was cancelled.	
6.7	Quality Reports Quality reports attached to agenda for information. Reports are for **noting** only	
7	**ANY OTHER BUSINESS** Care Homes – 9 care homes referred for IPCT support, and all have been contacted to offer an IPCT support visit, offer education/training and monthly contact with managers.	

	Nationally IPC/HPT workforce strategy is being reviewed with workshops planned in October. Visitors – Screening visitors on entering our hospital- decision for gold command and STAC – **ACTION JC to raise to Helen Buchanan to take to Gold Command.** Proposal consider limiting essential visitors and reinstate screening at the main entrances MS raised that it has been reported that there has been incidences of able bodied outpatients attending with companions and being forceful and not following guidance, front door staff have been subject to verbal abuse during height of Pandemic. Members **noted** updates.	
8	**DATE OF NEXT MEETING** The next meeting of the Committee will be held 2nd December 2020	

NHS Fife

Fife NHS Board

NOTES OF THE PUBLIC HEALTH ASSURANCE COMMITTEE MEETING HELD ON 26 NOVEMBER 2020 AT 11AM VIA MICROSOFT TEAMS

Present:	Dona Milne (DM) (Chair)	Director of Public Health
	George Brown (GB)	Emergency Planning Officer
	Emma O'Keefe (EOK)	Consultant in Dental Public Health
	Esther Curnock	Consultant in Public Health
	Hazel Close	Lead Pharmacist
	Cathy Cooke	Public Health Scientist
In attendance:	Cheryl Clifford (CCl) (notes)	Public Health Office Manager

1. Welcome and apologies

DM welcomed everyone to the meeting and gave a brief update on the format of the meeting going forward. DM has suggested the group meet monthly to allow for an increase in reporting as a result of the increase in some public health programmes, in particular vaccination.
DM said the COVID Vaccine programme would be the biggest Vaccine Programme ever undertaken and that reporting on the programme would come via the Area Immunisation Steering Group to the Public Health Assurance Committee and then to Clinical Governance Committee.

2. Minute of the meeting held on 17 August 2020

The minute of the last meeting was accepted as an accurate record.

3. Matters Arising

GREATIX –. EOK has spoken to Paul Smith who has advised another reporting system has been piloted in medical wards but discussions are continuing. A short discussion was had regarding the use of GREATIX and if this is the correct way to record positive achievements. EOK to discuss further with Paul Smith. **EOK**

4. Revised Terms of Reference

The updated document was circulated prior to the meeting and it was agreed comments should be forwarded to JON and DM, otherwise the updated terms of reference would be accepted. **ALL**

RISK MANAGEMENT

5. Identify near misses, critical incidents & learning

It was agreed that all near misses and critical incidents relating to Public Health programmes will be brought to this meeting in the future. JM reported on the complaint that has been received regarding a communicable disease case. JM reported learning from this was being fed back to the Health Protection Team and reported that although HPT meetings have been in the diary the meetings were being cancelled due to the high volume of work. The HPT meetings are being reinstated and will take place more often for a shorter period of time. This issue will be raised at the next HPT meeting. A Quality Improvement Group has also been set up and will meet twice per week.

6. New Prospective Risks

Recent Screening Incidents – CC reported 23 Datix incidents since the last meeting. CC said most of them are quite straight forward ie missing information on forms etc. Some were relating to blood samples, mislabelled samples and the correct bloods not being taken. CC is confident this system works. There is one Diabetic Retinopathy incident still being investigated as the images were uploaded in the wrong file. CC further reported it is very easy to see if an incident is being investigated and most are discussed at local level. Nothing has been raised at National level. DM said it was good that Cathy can see what is happening on the system. Important that Cathy and Kemi review these regularly.

TB - JM raised the possible TB service risk and reported she had been unable to complete the form prior to the meeting. There is a possible Fife wide cluster of TB cases and concern was raised as this has not been given the resource required due to COVID-19. A TB service development had been planned but this was put on hold due to the Pandemic. DM asked JM to complete the risk paperwork and discussion on this subject would take place at the Management Team Meeting. **JM/DM**

7. Review of current risks on Public Health Register

518 Resilience/528 Influenza Pandemic – These risks have only recently been assigned on the risk register to GB. GB agreed to update prior to the next meeting.

1729 Suspicion of Malignancy – A previous incident occurred when a box on a referral form had not been ticked. This resulted in a call back not being actioned. JM lead an audit when this came to light where there was no evidence of harm. A monthly report is now in place It was agreed this item can be removed from the agenda but the yearly screening report should have a section on the incident. JM reported there were still some loose ends but they would be tied up before the **JM/CCo**

next meeting.

1873 Pregnancy and Newborn Screening - National work on this has been delayed but is due to start again very soon. Most NHS Boards are now using Badgernet and this makes the process much simpler.

1904 Coronavirus Disease 2019 (COVID) Pandemic
This was not discussed

1905 Contact Tracing including TTIS Programme
This was not discussed.

1906 Testing including HCW – This risk has not yet been updated. JM reported a testing workshop was held to highlight the possible risks. Work is being taken forward on the few associated risks. JM said Care Home testing had not been included in the workshop. DM said that Care Home's were a priority and the risk may need to re-written.

1907 Public Health Oversight of COVID-19 in Care Homes - JM confirmed the Test and Protect Oversight Group are looking at the risks and JM will update the risk register. **JM**

1908 Handling of Excess Deaths during the current Global COVID-19 Pandemic – This risk is up to date

DM said she was having a meeting with Pauline Cummings on Monday 30th November and would update the group of any relevant discussions.

8. Immunisation Programme Updates

Seasonal Flu Report - The paper gives a focus on outline delivery, governance and progress to date. The programme has been delivered differently this year as all adult immunisations would normally have taken place in GP practices by practice staff. This year a centralised delivery by the Immunisation Team took place. A letter was circulated from the CMO office advising it was the responsibility of the NHS to deliver the programme to H&SCP staff. A further review will take place before next year to discuss the possibility of vaccinating members of the population aged between 50-59. The data available at the time of the meeting was included in the report but more data will be added before the conclusion of the programme at the end of March 2021.

Covid Vaccine Report - A paper drafted by Scott Garden was submitted to the NHS Fife Board on 25 November 2020. There are logistical issues and the plans are subject to change but roll out should begin in early December. The vaccine requires 2 doses, 28 days apart. The Workforce roll out will be agreed through the Bronze Group which is being led by Janette Owens DM reported there will be challenges over the next year Scott Garden will be in charge of Phase 1, with Nicky Connor in charge of Phase 2, details of which are still to be finalised. EOK reported the Chief Dental Officer has advised dental staff have the

capacity to be involved in the roll out. HC reported a workforce letter will be circulated to Pharmacies as negotiations are ongoing. HC agreed to forward the letter to EOK. DM reported the H&SCP Silver meeting will take place 3 times per week and additional staff will be recruited to the Immunisation Team. **HC**

Screening Programme Update

9.

CCo reported most adult screening had been paused in March due to the Pandemic but most were back up and running by October.
Cervical Screening – Routine screening had been paused due to capacity issues but funding was now available for recruitment to a B6 Sexual Health Nurse and an administration post. Additional Sexual Health Clinics will be held. Sue Brechin has secured additional funding for 2 sessions per week to hold clinics for disadvantaged women. There was an incident covering 8 days in August which has been reviewed and followed up.

Bowel Screening – Discussions ongoing in the event of a pause. CCo confirmed patients already in the pathway would continue to be seen.

DRS – Capacity Issue and problems with accommodation at VHK. Investigations underway as to why there are so many cancellations and DNA's. A new IT system will be introduced in the New Year.

AAA – Capacity is currently 60-65%. Accommodation issues have been resolved but concern has been raised regarding the resilience of the team. There has also been an increase in the number of cancellations and DNA's.

Pregnancy – Changes came in at the end of September regarding testing for Downs Syndrome and Edwards Disease.

10. Any issues to escalate to Clinical Governance

There are no issues to be escalated to Clinical Governance.

11. AOCB

There was no other competent business.

12. Date of next meeting

The date of the next meeting will take place in January, dates will be sent out for the first six months.

MINUTES OF THE MEETING OF THE NHS FIFE RESILIENCE FORUM HELD ON WEDNESDAY 18 NOVEMBER 2020 AT 9.30AM VIA MICROSOFT TEAMS

Present:

Dona Milne (DM)	**Director of Public Health, NHS Fife (Chair)**
Donna Baillie (DB)	Resilience Manager, Scottish Ambulance Service
Paul Bishop (PB)	Head of Estates, NHS Fife
George Brown (GB)	Emergency Planning Officer, NHS Fife
Hazel Close (HC)	Public Health Pharmacist, NHS Fife
Linda Douglas (LDoug)	Director of Workforce, NHS Fife
Susan Fraser (SF)	Associate Director of Planning and Performance, NHS Fife
Lesly Donovan (LD)	General Manager, Digital & Information
Ian Orr (IO)	Business Continuity Manager
Andy Mackay (AM)	Deputy Chief Operating Officer
Joyce Kelly (JK)	Primary Care Manager
Kirsty Macgregor (KM)	Head of Communications
Samantha McLaughlin (SM)	Resilience Advisor
Carrie Somerville (CS)	Head of Procurement

In Attendance:

Claire Berry (CB)	PA, Sexual Health, Rheumatology & Children's Services

ACTION

1. WELCOME & INTRODUCTIONS

DM welcomed everyone to the meeting and thanked them for attending.

2. APOLOGIES

Apologies were received from: Wilma Brown, Nicky Connor, Maggie Currer, Neil Hamlet, Chris McKenna, Andy Fairgrieve, and Avril Sweeney.

3. MINUTES OF PREVIOUS MEETING HELD ON 19 AUGUST 2020 & MATTERS ARISING

The minutes of the previous meeting were accepted as an accurate record.

Matters Arising

- GB to liaise with Theresa McNiff around suitable training sessions that can be offered by OD & Learning and/or NES –C/Fwd — **NOT STARTED**

ACTION

4. BREXIT

Silver command group has been established to report to Gold Command.
AF will manage in place of DM. Silver command meeting will take place weekly with representation from all relevant areas within NHS Fife. Bronze command meetings are in the process of being set up to escalate any issues to Silver.
Scottish Government EU-exit workshops were held on 17th November. GB will circulate the slides to the group when available. — **GB**
GB confirmed concurrent risks with Brexit will be discussed with winter

planning.

5. BC Assurance Process

IO has been working with departments to complete the new templates. The departments who are currently sitting at amber are in the process of being finalised.
Not all Fife Wide partnership services are on the list. IO reported that Fife Wide services confirmed that they have completed the new templates during a Teams call to discuss the revised documents.
A list of assurance capabilities will be sent out to everyone. All managers will be asked to sign an assurance statement. The attached list can be used by EDG if any services need to be suspended. Updated paper will be sent to EDG on 3 Dec.

LD/IO to discuss plan offline. **LD/IO**

AM to discuss required changes with IO. **AM/IO**

DM explained that historically a lot of these processes have not been put down on paper and from an EDG perspective we need an assurance sheet for sign off from all managers.
IO confirmed no areas are giving him major concerns. Red/Amber/Green will feed into winter service plan. IO confirmed non critical services are not required to complete a business continuity plan but can add the non critical services to the list with an appropriate assurance statement.

EDG have requested a quarterly report on business continuity plans and assurance plans.

6. COVID-19 Strategic Framework and new Fife LRP Sub-group

DM explained that a COVID strategic framework was produced which sits with the Local Resilience Partnership. The actions are set around the World Health Organisation's 6 themes. They have all been allocated out to the partners or leads in NHS fife. We were asked to put together by Government a few months ago. DM to rewrite the framework.
Minutes from Resilience Partnership to be forwarded to the group. **CB**

7. Winter Planning

SF reported the winter plan and associated templates were submitted to the Scottish Government approximately 3 weeks ago. SF will provide a copy of the Scottish Government submission. This forms part of the remobilisation plan for this year. We were asked to cover winter pressures, COVID, how we are dealing with COVID, plans for surge capacity, plans for stepping up and down ICU during COVID and stepping up beds. Within that plan we have actions which will be monitored. **SF**
The Scottish Government have asked for more information around the workforce plan. In terms of monitoring and overseeing the winter plan a silver winter plan group has been set up to meet weekly. This week is the first week of operational bronze group meeting who will look at the dash board and matrix on a weekly basis to take appropriate actions. There is a good monitoring and reporting process in place. SF confirmed the plan is reasonably realistic. We need to get better at working with all our partners.

AM reported that changes have been made to pathways, processes and communication which are significantly better than last year. Finance is unrealistic as the Scottish Government only provide a small of what is requested. Staffing is a real challenge due to COVID. The hospital, test & protect and vaccinations all require registered nurses which is causing additional pressure. The Scottish Government are advising not to stop services. Staff are tired which is an issue as they have been doing more since March. Individual resilience is extremely low and it is challenging to get people to do more.

DM explained that Public Health have been trying not to recruit registrants in Public Health and make the posts non clinical where possible.

AM raised issues around PPE where a full theatre team had to isolate for 2 weeks due to a positive COVID patient. DM confirmed Josie Murray is meeting with Occupational Health and Infection Control to see what we have learned so far and what we can do in the future.

8. Winter Planning Workshops – update

- 18 November – Review how LRP partners are resourced over the winter months. What resources are available to help with COVID, flu vaccinations
- 23 November - Review how we will handle levels. Discussion around what affect it will have.
- 27 Nov – Focus on a lot more detail on NHS Fife and the partnership. Discuss winter preparations.

GB will check attendee list to ensure someone from HR is attending. **GB**

9. AOCB

DM explained the process for the Government tier levels. The Government has created 5 indicators to determine which level each local authority is in. Government and Directors of PH have a weekly discussion before the Monday each week. Everyone gets asked for numbers per 100,000 and average number of cases per day in last 7 days. Directors of Public Health have to advise if they think the tier should change for their area. National IMT then provides advice to the Chief Medical Officer. Recommendations go to the First Minister. National IMT meeting takes place 3 times per week. Test positivity triggered our move to level 3. ICU modelling figures were amended to reflect reality in Fife to move us into level 3.

DM reported that we need to get the COVID numbers down if we want to allow 2 households to come together for Christmas.

Terms of reference to be amended for the group to report to EDG rather than Clinical Governance. **DM**

10. Dates of future meetings

Wednesday, 18 November at 10am via Teams.

MINUTES OF THE RADIATION PROTECTION COMMITTEE HELD ON FRIDAY 11TH DECEMBER 2020 VIA MICROSOFT TEAMS.

Chair: Dr Chris McKenna

In Attendance:

Dr Chris McKenna (CMK)	Medical Director, NHS Fife/Executive Lead, Radiology
Jane Anderson (JA)	Radiology & Diagnostic Services Manager
Christina Stewart (CS)	RPA/Lead MPE
Claire Lee (CL)	Theatres Manager
Irene Hanevey (IH)	Community Dental Service Coordinator
Nick Weir (NW)	Head of Imaging Physics
Ian Cavin (IC)	MRI Safety Expert/MRI Physicist
Karne McBride	Laser Protection Advisor
Laura Cluny	Nuclear Medicine Physicist

Apologies:

Dawn Adams (DA)	Clinical Director, Public Dental Service
Victoria Bassett-Smith (VBS)	Head of Nuclear Medicine Physics

NO	HEADING	ATTACHED	ACTION

1. APOLOGIES FOR ABSENCE

As noted above

2. MINUTE OF MEETING HELD ON 19/12/2018

Accepted as an accurate record

3. MATTERS ARISING

- CS has now been appointed RPA/Lead MPE by way of letter of entitlement from Dr McKenna.
- Agreed that there should not be an actions list as meetings are held annually.

4. RADIATION PROTECTION SERVICE RISK ASSESSMENT (NW)

No change from RA presented to the IRMER Board in August. Recruited to MPE post so should now see risk level fall. Please see attached report.

4b. Imaging Physics Service Risk Assessm

5. FEEDBACK FROM RPS COMMITTEE (JA)

No formal meeting recently will make a date for March 2021. Held a mini RPS meeting in September. All our staff have been working in collaboration with Theatres.

Radiation Protection Supervisors Report -J

There were 105 Radiation Incidents, 6 reportable.

We've had a busy year with dose audits, as you will see in report 6a.

There was an issue with high dose detected on a new member of IR staff. Staff member now had training and issue resolved.

Have carried out good intra oral training with Community Dental service.

Radon surveys to take place for 'below ground' level workers, expect this will mostly affect estates workers so are liaising with Estates to have this carried out.

Good work been done to repatriate NAI's to Fife.

CMK said 'lots of positive feedback and good news.

Please see report.

6. ANNUAL REPORTS FROM ADVISORS

6a. MR Safety Expert report (NW/IC)

(NW) MR Responsible Person (MRRP) now has letter of entitlement but this is subject to change as we are looking to include duties and competencies.

6a. MR Safety Expert Report.docx

(IC) As far as MR safety is concerned Fife are fab. Hats off to MR staff.

Looking at referrer training.

Please see attached report.

6b. LPA Report (KM/SP)

There are 7 lasers in Fife 3 at VHK 4 at QMH**.**

Laser reviews are carried out annually with physical visits bi annually. Physical visit should have been this year but couldn't happen because of Covid-19 but a virtual review was carried out and we're happy that we are compliant.

RPC NHS Fife LPA report Oct 2020.pdf

There were issues with Urology consultants not compliant wearing safety eyewear but have given

comprehensive advice and they seem to have taken on board and are much happier, where prescription eyewear was necessary this has been supplied.

We had 14 LPS's but ran a course and now have 17, most are very good and engaged.

Physical visit to be arranged for next year.

Local Rules and Risk Assessment are in place.

LPA very happy with situation, no issues.

6c RWA Report (SW)

Ask SW for report.

A recent review of waste arrangements in Nuclear Medicine was carried out. A new waste monitor is required.

6d RPA Report (CS)

RPS remote training trialled in Lothian had positive feedback, another date for 11/01/2021.

Environmental monitoring suspended because of Covid 19, re starting next year, a plan is in place.


6d. RPA Update.pdf

Forms to be circulated for 'outside workers, classified and non classified.

Please see report.

6e MPE Reports

1. Imaging (NW)

In terms of Covid and how it's affected our QA programme, we are near back to normal


6e1 MPE Report to Fife RPC Dec 2020.dc

Risk assessing equipment being carried out on a rolling programme.

Our team have been 'blended' working on a 2 sub team rota. An updated contact sheet to be distributed to contacts in Fife.

Lots happening with testing new equipment early next year.

Mammo – January.

DR (room 7) – January.

Need for more training in QA for mini C-arm.

Harmonisation of exposure factor for Paediatric images across Fife. Got as far as scoping but will resume now.

Please see report

2. Nuclear Medicine (VBS)

Nuclear Medicine Physics NMP provided support to move sentinel node services to BMI Kings Park during Covid.

Please see report.

NMP MPE report Fife IRMER board Aug 20

f. Radiation Incidents (CS)

All staff are really pro active in reporting incidents and near misses. Kind of took the foot off the gas a bit but are now back on track.

Staff have really good compliance for badge wearing.

Radiographers have done a huge amount of work carrying out audits. Thank you to senior Radiographer for all their hard work.

Please see report for breakdown/stats.

6f. NHS Fife Radiation Incidents 2

g. NHS Fife staff dose report (CS)

Please see attached report.

6g. NHS Fife Staff Dose Report 2019.pd

h. Patient dose audit summary (CS)

Please see attached summary

6h. NHS Fife Patient Dose Audit Summary.

7. ANY OTHER BUSINESS

(IC) – May be able to re-establish training for cardiac service staff re pace makers.

(JA) Thank you to the all group for all their support during her time as acting Radiology Imaging Services Manager.

(CS) asked DR McKenna who to approach about funding the Radon survey (for below ground workers). Monitoring to last 3 months. Dr McKenna advised to approach H&S Lead for NHSF.

(LC) also enquired about funding for 2 sealed discs to carry out QA at QMH. LC to forward quote to CL.

8. DATE AND TIME OF NEXT MEETING

October 2021 TBA/TBC, Via Teams?.

MINUTES OF THE IRMER BOARD HELD ON THURSDAY 20 AUGUST 2020 AT 2PM VIA MICROSOFT TEAMS

Chair: Dr Christopher McKenna

In Attendance:

Dr Christopher McKenna (Chair) (CMK)	Medical Director, Acute Services Division/Executive Lead Radiology
Dawn Adams (DA)	Clinical Director, Public Dental Service
Jane Anderson (JA)	Radiology & Diagnostic Services Manager
Gemma Couser (GC)	General Manager, Women, Children & Clinical Services
Dr Katharine Jamieson (KJ)	Clinical Lead, Radiology
Claire Lee (CL)	Theatres Manager
Nicky Spark (NS)	Staff Nurse, Theatres
Tahir Mahmood (TM)	Clinical Director, Women, Children & Clinical Services
Victoria Bassett-Smith (VBS)	Head of Nuclear Medicine Physics/ RPA and DGSA .
Christina Stewart (CS)	RPA/MPE
Chelsey Turner (CT)	Clinical Scientist, Medical Physics
Nick Weir (NW)	Head of Imaging Physics

Apologies:

Murray Cross (MC)	General Manager, Planned Care
Satheesh Yalamarthi (SY)	Clinical Director, Planned Care

NO	HEADING	ATTACHED	ACTION

1. APOLOGIES FOR ABSENCE

As noted above.

2. MINUTES OF THE IRMER BOARD MEETING

Accepted.

3. ACTION PLAN

To be a standing item going forward

4. COVID-19 UPDATE

a. Addendum to Employers Procedures (CS)

We have had the pandemic outbreak to deal with so have deviated from procedures and will continue to review as covid changes. Please see attached for more details.

4a. Covid-19 IRMER status_Addenum.pdf

b. Service Risk Assessments (NW/VBS)

The attached Risk Assessment focuses on the MPE aspects of IRMER 17.

MPE cover is deemed the highest risk. Staff member leaving and maternity leave has left us short staffed but have successfully recruited a new member (July 2020). Hope to see risks start to fall.

A lot of work to move theatres during covid.

Please see attached for more details.

4b. Imaging Physics Service Risk Assessn

5. FEEDBACK FROM RECENT HIS IRMER INSPECTION AND VISIT (CS)

The inspection was held in January over 2 days. Day 1 concentrated on documentation, day 2 inspectors were on the 'shop floor'. We received very positive feedback on competency and training and had 4 recommendations.

Primary Care

Communicating risk to pregnant patients (have compiled letter to referrers)

Clinical Audit – updated Level 1.

Action plan completed. We received a letter to say they didn't need it right now under the circumstances with covid but we have completed.

We intend to progress Q-Pulse for Fife to bring into line with Lothian.

6. UPDATE TO NHS FIFE IRMER EMPLOYERS PROCEDURES (CS)

Was beneficial to review and update following inspection. No comments/changes from anyone so has been passed/ratified by the Board.

6. IRMER L1s - for approval at IRMER B

7. RADIATION INCIDENTS ANNUAL REPORT (CS)

The rate has remained stable over the past 3 years, no one incident sticks out. The top 3 were 1. Repeat examination 2. Equipment fault 3. Wrong side (operator error)

Please see attached report for more in-depth details.

7. NHSF Radiation Incidents 2019.pdf

7a. REPORT ON SCOTTISH IRMER NOTIFIABLE INCIDENTS 2017/2018.

Please see attached report.

7a. Report on Scottish IRMER Notif

8. MPE REPORTS

8a IMAGING (NW)

Moving back to normal now for onsite QA testing following covid lockdown.

Most recently tested the new SCBU equipment and 2 DR's. Good news.

8a. MPE Report to Fife IRMER Board Au

8b NUCLEAR MEDICINE (VBS)

ARSAC licence, will be for 2 years instead of 5 due to expire in November 2020.

Letter has been drafted??? CS to send to CMK.

No one has been able to come over to Fife because of covid but are in progress of updating equipment schedule and working on audit schedule and hope to be back on track soon.

9. PATIENT DOSE AUDIT AND OPTIMISATION

9a. Summary of patient dose audit undertaken.

In CT and Radiographic rooms, all doses were significantly below the national DRL, with a recommendation for some Local CT DRLs to be reduced

9a. and b. Patient Dose Audit Update.p

Fluoroscopy, increased from previous year, did not recommend to lower but will continue to audit.

9a.2 Letter from PHE.pdf

Letter received from PHE thanking us for clear and concise data. Thanks to all who helped.

Please see attached report for in-depth details.

9b Audit plan for 2020

Further details in attached document.

Audit in mini C-arm for theatres to be undertaken.

Lumbar Spine audits have been problematic.

Mobiles should be easier.

9c. Local DRLs

Ratification from Board being sought from Board for new DRL levels to be brought into use. Please see attached proposed new levels.

9c.1 Paediatric Local DRLs - for ratification

9c.2 Adult Local DRLs - for ratification

9d Imaging Optimisation Team (NW)

IOT paused at the moment. At the end of 2019 a CT study day was held and proved to be very successful so we are hoping to make a regular event. We are hoping to un-pause later this year. Please see attached.

9d. Image Optimisation Team R

10. TRAINING AND ENTITLEMENT (JA)

We have a good induction program and ongoing training for all staff. JA and CS will support all staff with training requirements

11. CLINICAL AUDITS AND COMPLIANCE (JA)

Radiology – All compliant, Audit ongoing.

Theatres - Alison is going to take Claire through the training process, Audits carried out regularly.

Dentistry – training completed annually and covers' more than they're required to do, now they have new member of staff trained as RPS, will turn around Audits much quicker.

2020 Clinical Audit return Radiology

CLINICAL AUDIT IRMRETURN FORM FOR I

2020 AW Breast theatre.docx

2019 NHS Fife IRMER Procedure EP1

12. A.O.C.B

KJ raised a problem with receiving referrals from Lothian on paper. Sometimes there is no referrer name, referrer retired or even deceased consultants have been named. This applies to cancer patients receiving treatment in Edinburgh. CMK said we need to find a solution to this, it is not safe, need to explore giving Lothian clinicians access to our TRAK system. CMK to ask Head of IT.

13. DATE OF NEXT MEETING

TBA/TBC

June 2021

Final Report for ICC on 02 December 2020
(Validated Data up to 31st October 2020)

Section 1– Board Wide Issues

Key Healthcare Associated Infection Headlines up to 02 December 2020

1. Achievements:

Lead IPCN Margaret Selbie was nominated for Kingdom fm NHS Hero and reached the final three! Throughout the pandemic with the growing body of evidence, subsequent guidance updates and through any challenges she has supported the team with all her knowledge and experience, as well as her wit and wisdom! Her passion for the job shines through. Working with colleague Andrew Greer, Laundry Manager, they sourced long sleeved, reusable gowns from a company in Canada, ordering 2,000 to ensure that staff here in Fife could be assured that we had PPE when there was a global shortage. NHS Scotland Procurement followed suit ordering 200,000 of these. Margaret is definitely an IPC Hero!

The IPCT are happy to announce the recruitment of Senior IPCN Elizabeth Dunstan, a key member of the IPCT, who has worked with the IPC Surveillance Team and who has been supporting the team in a seconded roll throughout the pandemic.

The IPCT Education training has been adapted to be delivered by Teams. Currently the team are running sessions, advertised weekly via Blink, and open to all staff. Video presentations are available for staff to view at their convenience. The IPCT Winter Newsletter promoting further educational resources available via Turas Learn from NES for all staff with an updated COVID-19 resource available soon. HPS also provide a selection of educational videos such as hand hygiene, PPE, how to obtain a COVID swab etc.

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

For Q2 2020, NHS Fife was **BELOW** the National rates for **HAI/HCAI** SABs
Planning performance data indicates Fife is below the HCAI reduction target Improvement trajectory.
There has now been a marked reduction in PWID SABs in 2020 with just 4 confirmed in 2020 compared to 14 in total for 2019. Fife is now **BELOW** the national rate for PWID SABs:

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

- For Q2 2020, Fife was **BELOW** the Scottish Rate for **HAI/HCAI** ECBs

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

- For Q2 2020, Fife was **BELOW** the Scottish Rate for **HCAI & CAI** CDIs.

1.1 Challenges:

4th of November 2020
The ICM escalated to the HAI Executive that there is currently a substantial increase in workload and demand on the IPCT due to the COVID-19 pandemic response. The IPCT (draft) Business continuity plans are required to be introduced to prioritise the COVID-19 response as an interim measure. Additional resources are required to support the care home sector.

SABs

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

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.

CDI

- Whilst Fife's CDI rates are well below the national rates, the HCAI incidence must still be reduced further to meet the HCAI reduction target.

Caesarean Section SSI/ Large Bowel Surgery SSI/ Orthopaedic Surgery SSI

- National surveillance programme for SSI 2020 has been paused due to the COVID-19 pandemic.

Novel coronavirus (COVID-19) pandemic

Fife is currently in Tier 3 of COVID-19 restrictions.

.

Winter planning and preparedness is the key focus for the IPCT.

- A package of training and educational resources to support NHS Fife Healthcare workers (HCWs) in best practice went 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.

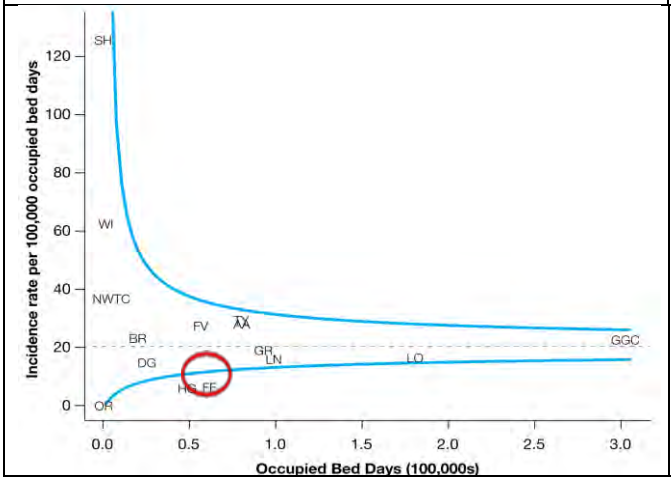
Final Report for ICC on 02 December 2020
(Validated Data up to 31st October 2020)

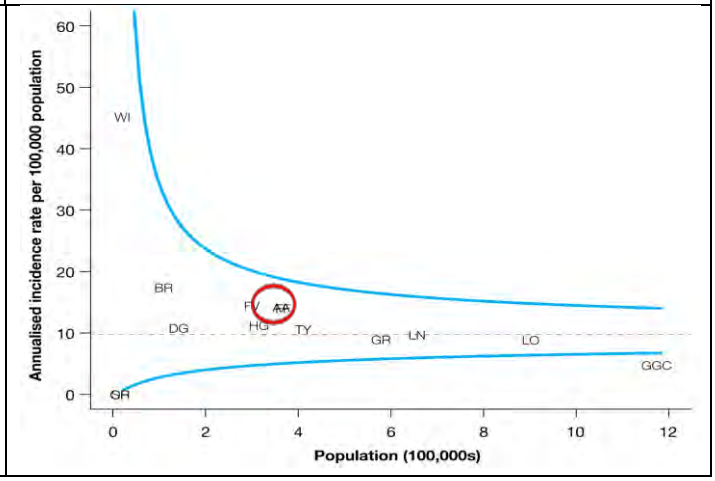
2. *Staphylococcus aureus* incorporating MRSA/CPE screening compliance

2.1 Trends – Quarterly

***Staphylococcus aureus* Bacteraemias (SABs)**				
Local Data:Q3 2020 July - September 2020 Q3 2020 HPS National comparison awaited				
In Q3 2020 NHS Fife had:	20 SABs	13 HCAI/HAI 7 CAI	This is UP from	17 Cases in Q2 2020

Q2 2020 (April - June) - HPS Validated data with commentary			
Healthcare associated SABs		Community associated SABs infection	
HCAI SAB rate: **6.3**	**Per 100,000 bed days**	CAI SABs rate: **14.0**	Per 100,000 Pop
No of HCAI SABs: 4		No of CAI SABs: 13	
This is **BELOW** National rate of 20.3		This is **ABOVE** National rate of 9.7	





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**
Current 12 Monthly HCAI SAB rates for Year ending June 2020 (HPS)		
SAB by rate 100,000 Total bed days	**11.7** per 100,000 TBDs	
SAB by Number of HCAI cases	**39**	

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.
- There have been no further VAD SABs since the VAD trigger in August 2020 of 4 x renal dialysis line SABs.
- PAG held 11/09/2020.

As of **20/11/2020** the number of days since the last confirmed SAB is as follows:	
CVC SABs	255 Days
PWID (IVDU)	7 Days
Renal Services Dialysis Line SABs	82 Days
Acute services PVC (Peripheral venous cannula) SABs	86 Days

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

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.
- Liaise with Drug addiction services re PWID (IVDU) SABs. Last meeting 15/10/2020- where ongoing development of the driver diagram was discussed- still to be finalised.

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 **88%** compliance with the **MRSA** CRA in Q3 (Jul-Sept) 2020

This was **DOWN** on Q2 2020 (98%) & **BELOW** the compliance target of 90%.

NHS Fife was **ABOVE** the National Scottish Average for Q3 2020 (Scotland 86%).

MRSA Critical risk assessment (CRA) screening KPI compliance summary:

Quarter	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	Q3 2020 Jul-Sept
Fife	95%	95%	88%	93%	93%	93%	*83%	98%	88%
Scotland	84%	83%	83%	89%	88%	88%	87%	84%	86%

*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 **85%** compliance with the **CPE** CRA for Q3 2020 (Jul-Sept)

This is **DOWN** from 95% in Q2 2020

NHS Fife was **EQUAL** the National Scottish Average for Q3 2020 (Scotland 85%).

Quarter	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	Q3 2020 Jul-Sept
Fife	85%	64%	73%	75%	83%	80%*	93%	95%	85%
Scotland	79%	78%	81%	86%	86%	85%	85%	80%	85%

CPE CRA screening KPI compliance Summary-
Commenced from April 2018

EiC Update

- Excellence in Care data collection for which MDRO CRA admission screening was selected as the HAI measure and piloted in AU2 from 2018.
- Excellence in Care MDRO CRA rolled out to AU1 in July 2019
- Rollout to other areas in NHS Fife planned as part of updated Admission Paperwork
- 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 recommenced July 2020
- However, it has been confirmed that the MDRO CRA has not been ratified nationally as an EiC measure.

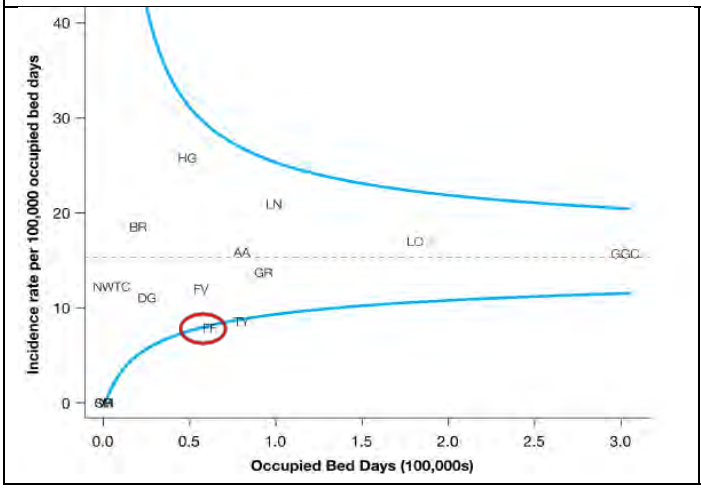
- Despite the lack of ratification-following local discussion, it has been agreed that NHS Fife will continue the work already commenced, to incorporate within Patientrack and improve compliance and patient safety.

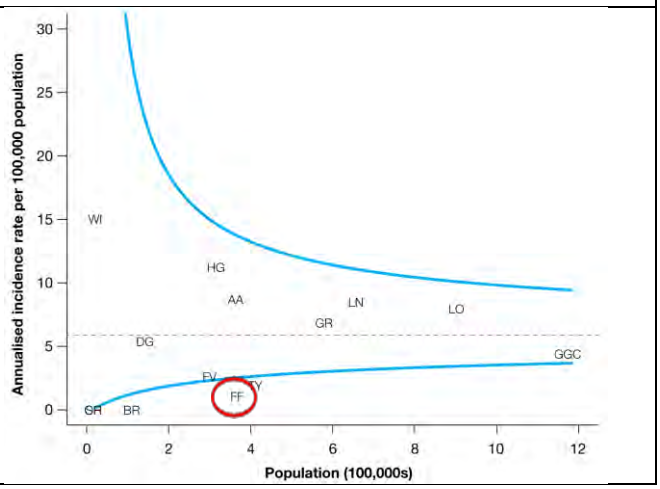
3 *Clostridioides difficile* Infection (CDI)

3.1 Trends

***Clostridioides difficile* Infection (CDI)**				
Local Data:Q3 July – September 2020 **Q3 2020 HPS National comparison awaited**				
In Q3 2020 NHS Fife had:	13 CDIs	7 HCAI/HAI/Unknown 6 CAI	This was **UP** from	6 Cases in Q2 2020

Q2 2020 (April- June)			
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 Q2 2020			
Healthcare associated CDIs		Community associated CDIs infection	
HCAI CDI rate: **7.9**	**Per 100,000 bed days**	CAI CDIs rate: **1.1**	Per 100,000 Pop
No of HCAI CDIs: 5		No of CAI CDIs: 1	
This is **BELOW** National rate of 15.4		This is **BELOW** National rate of 5.9	





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**
Current 12 Monthly HCAI CDI rates for Year ending June 2020 (HPS)		
CDI by rate 100,000 Total bed days	**9.6** per 100,000 TBDs	
CDI by Number of HCAI cases	**32**	

3.2 Current CDI initiatives

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

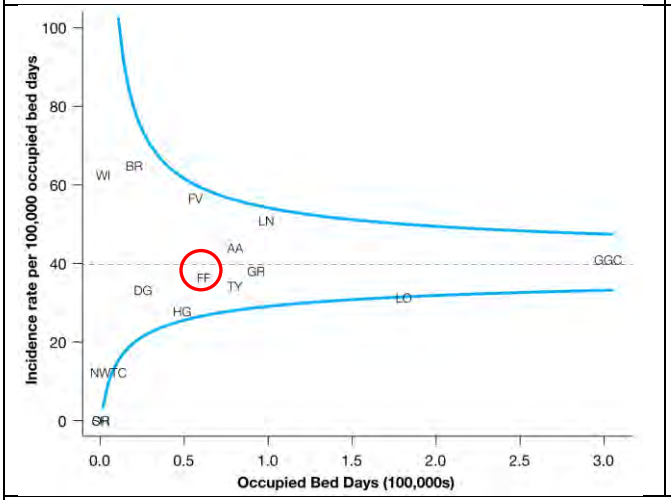
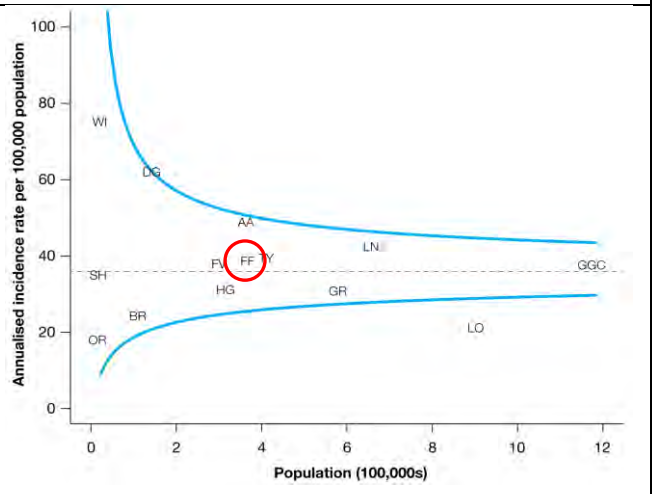
- Monthly CDI reporting to Acute Services & HSCP with summary of all CDI cases
- Enhanced surveillance & HPS trigger tool completion for any triggers/ areas of concerns.
- Dr Venkatesh establishing optimum antimicrobial therapy for multiple recurrence CDI case.

- 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.
- Bezlotoxumab for recurrent CDI currently used in Fife. It is obtained on a named patient basis on micro/GI request and needs approval by the clinical and medical director.

4.0 *Escherichia coli* Bacteraemias (ECB)

4.1 Trends:

***Escherichia coli* Bacteraemias (ECB)**				
Local Data:Q3 2020 July - September 2020 **Q3 2020 HPS National comparison awaited**				
In Q3 2020 NHS Fife had:	69 ECBs	33 HAI/HCAIs 36 CAIs	This is **UP** from	55 Cases in Q2 2020
Q3 2020 There were 12 Urinary catheter associated ECBs. (4 x HAI & 8 x HCAI) There have been **THREE** CAUTIs associated with trauma in Q3 2020. 1 self-removal, 1 insertion & 1 tugging. These cases were DATIX'd and learnings to be fed back to the UCIG.				

Q2 2020 (April - June)			
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: **36.4**	**Per 100,000 bed days**	CAI ECBs rate: **38.8**	Per 100,000 Pop
No of HCAI ECBs: 23		No of CAI ECBs: 36*	
This is **BELOW** National rate of 39.7		This is **ABOVE** National rate of 35.9	
			
For HCAI ECBs: NHS Fife was **WITHIN** the 95% confidence interval in the funnel plot analysis			

Two 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**
Current 12 Monthly HCAI ECB rates for Year ending June 2020 (HPS)		
ECB by rate 100,000 Total bed days	**44.5** per 100,000 TBDs	
ECB by Number of HCAI cases	**148**	

2) 50% Reduction ECBs - 2023/2024

Final Report for ICC on 02 December 2020
(Validated Data up to 31st October 2020)

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**

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 Q3	TBC	***33 %**	* Locally calculated data- TBC by HPS when Q3 data published on Discovery
2020 Q2	22.4 %	**25.5 %**	
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 Q3	TBC	***38 %**	* Locally calculated data- TBC by HPS when Q3 data published on Discovery
2020 Q2	17.5 %	**13.3 %**	
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

Urinary catheter Group work following raised ECB CAUTI incidence

The IPC Surveillance team continue to liaise with the Urinary Catheter Improvement Group.
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 **23rd October 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 **31.10.2020**: There have been **THREE** 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.

Pathway for management of difficult catheter insertions & associated problems- included in training pack & to go on BLINK
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 2nd Quarter (July-Sept 2020) was **95.4%**
- The cleaning compliance score for NHS Fife & 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**

Domestic Location	Q1 Apr - Jun 20	Q2 Jul - Sep 20
Fife	95.3	95.4 ↑
Scotland	95.8	95.6

- The National Cleaning Services Specification – quarterly compliance report result for Q2 (Jul-Sept) 2020 shows NHS Fife achieving **GREEN** status.
  -NHS Fife: **95.4%** for Q2 2020, just **BELOW** the National rate of **95.6%**
  -This is **UP** slightly from **95.3%** (Q1 2020)

- **Estates Monitoring**

Estates Location	Q1 Apr - Jun 20	Q2 Jul - Sep 20
Fife	96.7	95.0 ↓
Scotland	97.0	96.6

- The National Cleaning Services Specification – quarterly compliance report result for Quarter 2 (July-Sep) 2020 shows NHS Fife achieving **GREEN** status.

  -NHS Fife: **95.0** % for Q2 2020, **BELOW** the National average of 96.6%
  -This is **DOWN** from Q1 2020 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.

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>November 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.

Norovirus- week 47 (week ending 22 November 2020)

 The provisional total of laboratory reports for norovirus in Scotland up to the end of week 47 of 2020 (week ending 22 November 2020) is 215.
 In comparison, to the end of week 47 in 2019 HPS received 757 laboratory reports of norovirus. The five-year average for the same time period between years 2014 and 2018 was 1234.

Weekly national seasonal respiratory report- week 47 (week ending 22 November 2020)

• Influenza activity is currently at low levels.
• Unlike COVID surveillance data, influenza is reported in a seasonal cycle which, this season, runs from week 40 (28/09/20) to week 20 (17/05/21).
• The rate of influenza-like illness (ILI) was at Baseline activity level (0.8 per 100,000)..
• Non-flu respiratory pathogens were within expected activity levels, with the exception of rhinovirus which was the main non-flu pathogen circulating.

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 have been 16 Hospital onset COVIDs in Oct/Nov in NHS Fife

Definite Hospital onset	13 case	12- Balcurvie ward, CH 1- Lomond ward, SH
Probable Hospital onset	2 cases	2- Balcurvie ward, CH
Indeterminate Hospital onset	1 case	1-Ward 34

Hospital	Ward/ department	Number of patients confirmed	Number of HCWs confirmed	Number of deaths	Number of days ward closed
Non-hospital	G. Dental Practice	0	2	0	N/A
Non-hospital	P.H. Medical Practice	0	2	0	N/A
VHK	V44	1(over 70s screening) (2nd case associated with QMH renal dialysis prior to admission)	0	0	N/A
VHK	Outpatients	0	2	0	N/A
Glenrothes	Ward 2	1 – false positive	0	0	N/A
Cameron	Balcurvie Ward	14	26	2 confirmed 1suspected	28 days
VHK	AU2	1 (over 70s screening)	0	0	N/A
VHK	N. Specialist team	0	3	0	N/A
VHK	V34	1	1	1	N/A
VHK	Renal O.P.D	2	1	0	N/A
VHK	V52/SHDU Green	1	0	0	N/A
Stratheden	Lomond Ward	1	2	0	14 days

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

Unannounced Hospital Inspection to: Adamson Hospital, NHS Fife on 27th October 2020

The inspection team thanked the staff for their contribution and assistance with the organisation and planning around the hospital inspection to Adamson Hospital on Tuesday 27 October 2020.

- The inspection report expected Wednesday 9 December 2020 (to check for factual accuracy)
- The completed confirmation of accuracy statement and improvement action plan due by Wednesday 23 December 2020.
- The report and improvement action plan will then be published on Tuesday 19 January 2021

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 remains a challenge & 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

- **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.

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NHS Fife TOTAL

Monthly HAI Case Numbers (SAB, C Diff & ECB)

	NHS Fife								
	SAB			C Diff			ECB		
Month	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
Sep-20	2	3	5	3	1	4	8	11	19
Oct-20	3	5	8	2	1	3	8	7	15

Hand Hygiene Monitoring Compliance (%) TOTAL FIFE

	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	July-20	Aug-20	Sept-20	Oct - 20
Overall	99	99	99	**98**	99	100	100	99	99	99	98	nk
AHP	98	99	100	**98**	100	100	100	100	100	99	99	nk
Medical	98	98	97	**98**	99	100	99	99	99	99	99	nk
Nurse	99	99	99	**99**	99	100	100	100	99	99	99	nk
Other	100	96	95	**94**	97	100	99	100	97	96	96	nk

Cleaning Compliance (%) TOTAL FIFE

	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	June-20	July-20	Aug-20	Sept-20	Oct - 20
Overall	96.0	95.7	95.5	95.7	95.7	*	*	95.3	95.2	95.1	95.6	95.8

Estates Monitoring Compliance (%) TOTAL FIFE

	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	June-20	July-20	Aug-20	Sept-20	Oct - 20
Overall	96.6	96.7	95.3	95.9	95.8	*	*	96.7	94.1	94.5	95.8	96.0

* 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

	VHK					
	SAB >48hrs admx		CD >48hrs admx		ECB >48hrs admx	
Month	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
Sep-20	2	n/a	2	n/a	1	n/a
Oct-20	1	n/a	0	n/a	2	n/a

Cleaning Compliance (%) Victoria Hospital												
	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	June-20	July-20	Aug-20	Sept-20	Oct - 20
Overall	95.6	96.0	95.1	95.4	95.4	*	*	*	96.9	94.6	95.6	95.1

Estates Monitoring Compliance (%) Victoria Hospital												
	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	June-20	July-20	Aug-20	Sept-20	Oct - 20
Overall	96.3	96.7	96.1	96.2	95.9	*	*	*	97.5	94.2	95.6	95.8

* 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

	QMH					
	SAB >48hrs admx		CD >48hrs admx		ECB >48hrs admx	
Month	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
Sep-20	0	n/a	0	n/a	0	n/a
Oct-20	1	n/a	0	n/a	0	n/a

Cleaning Compliance (%) Queen Margaret's hospital												
	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	June-20	July-20	Aug-20	Sept-20	Oct - 20
Overall	96.9	96.7	97.0	97.0	97.0	*	*	95.9	95.8	96.1	96.3	96.9

Estates Monitoring Compliance (%)Queen Margaret's hospital												
	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	June-20	July-20	Aug-20	Sept-20	Oct - 20
Overall	96.3	96.6	96.2	95.3	95.5	*	*	95.3	94.2	95.7	96.3	96.9

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

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Community Hospitals

	COMMUNITY HOSPITALS					
	SAB >48hrs admx		CD >48hrs admx		ECB >48hrs admx	
Month	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
Sep-20	0	n/a	1	n/a	0	n/a
Oct-20	0	n/a	0	n/a	0	n/a

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Outs of Hospital Infections

	OUT OF HOSPITAL					
	SAB <48hrs admx		CD <48hrs admx		ECB <48hrs admx	
Month	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
Sep-20	0	3	0	1	7	11
Oct-20	1	5	2	1	6	7

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References & Links

Understanding the Report Cards – Infection Case Numbers

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

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

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

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

Targets

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

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

Understanding the Report Cards – Hand Hygiene Compliance

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

Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website:
http://www.hfs.scot.nhs.uk/online-services/publications/hai/

Understanding the Report Cards – *'Out of Hospital Infections'*

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

For HPS categories for Healthcare Associated Infections:
https://www.hps.scot.nhs.uk/web-resources-container/quarterly-epidemiological-commentary-for-the-surveillance-of-healthcare-associated-infections-in-scotland-methods-caveats/

Categories of Healthcare & community Infections

		Quarterly Epidemiology Commentary category	
		Healthcare associated infection case	Community associated infection case
CDI[1] Enhanced ECB[2] Enhanced SAB[3] surveillance category	Hospital acquired infection (HAI)	X	
	Healthcare associated infection (HCAI)	X	
	Community infection (CA)		X
	ECB/SAB not known		X
	CDI unknown	X[4]	

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/

Item 15.2

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**14 January 2021**
Title:	**Internal Audit Annual Report 2019-20**
Responsible Executive:	**M McGurk, Director of Finance**
Report Author:	**T Gaskin, Chief Internal Auditor**

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement

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

- Effective

2 Report summary

2.1 Situation

The purpose of this report is to present the final 2019/20 Annual Internal Audit Report to all Board governance committees. The report was considered and approved by the Audit & Risk Committee at its November 2020 meeting.

2.2 Background

The report, with completed action plan, is considered as part of the portfolio of evidence provided in support of the Audit & Risk Committee's evaluation of the internal control environment. It provides details on the outcomes of the 2019/20 internal audit and the Chief Internal Auditor's opinion on the Board's internal control framework for the financial year 2019/20.

2.3 Assessment

Based on work undertaken throughout the year we have concluded that:

- The Board has adequate and effective internal controls in place;

- The 2019/20 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

In addition, we have not advised management of any concerns around the following:

- Consistency of the Governance Statement with information that we are aware of from our work;
- The description of the processes adopted in reviewing the effectiveness of the system of internal control and how these are reflected;
- The format and content of the Governance Statement in relation to the relevant guidance;
- The disclosure of all relevant issues.

Therefore, **it is my opinion** that:

- The Board has adequate and effective internal controls in place
- The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.

We noted the following key themes:

- The opportunity to ensure that staffing reflects organisational priorities and the need for Board-level assurance that capacity and capability are sufficient to update and drive strategy, achieve transformation and deliver required savings
- Different ways of working due to Covid19 and the opportunities and challenges these present;
- The requirement to review and potentially revise the Board's overall Strategy and all supporting strategies and ensure they are widely known and understood;
- Ongoing developments in risk management;
- The requirement to finalise governance aspects of integration;
- Recognition of eHealth as an essential enabler for change and the implementation of governance arrangements for eHealth and Information Governance;
- Improvement required around implementation of internal audit recommendations.
- The importance of remobilisation to the transformation process is vital moving forward. Internal Audit have developed a set of remobilisation principles and will be reviewing the adequacy of actions taken by the Board against these principles, with a report to be considered at the January 2021 Audit and Risk Committee meeting.

2.3.1 Quality/ Patient Care

The Triple Aim is a core consideration in planning all internal audit reviews.

2.3.2 Workforce

Management responsibilities, skill sets and structures are a core consideration in planning all internal audit reviews.

2.3.3 Financial

Financial Governance is a key pillar of the Annual Internal Audit Plan and value for money is a core consideration in planning all internal audit reviews.

2.3.4 Risk Assessment/Management

The internal audit planning process which produces the Annual Internal Audit Plan takes into account inherent and control risk for all aspects of the Audit Universe. Individual internal audit assignments identify the key risks at the planning stage and our work is designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified. Legal requirements are a core consideration in planning all internal audit reviews.

2.3.5 Equality and Diversity, including health inequalities

All internal audit reviews which involve review of policies and procedures examine the way in which equality and diversity is incorporated in Board documentation.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

All papers have been produced by Internal Audit and shared with the Director of Finance and the Associate Director of Finance.

2.3.8 Route to the Meeting

This paper has been produced by the Regional Audit Manager, reviewed by the Chief Internal Auditor and agreed by the Director of Finance. It has been discussed and approved by the Audit & Risk Committee at its meeting on 19 November 2020.

2.4 Recommendation

The Clinical Governance Committee is asked to:

- **NOTE** this report and its evaluation of the internal control environment, particularly its areas of findings relevant to the Committee's own remit.

3 List of appendices

The following appendices are included with this report:

- Annual Internal Audit Report 2019/20

FTF Internal Audit Service

Annual Internal Audit Report 2019/20

Report No. B06/21

Issued To: C Potter, Chief Executive
M McGurk, Director of Finance

C McKenna, Medical Director
L Douglas, Director of Workforce
H Buchanan, Director of Nursing
G MacIntosh, Head of Corporate Governance & Board Secretary

Audit and Risk Committee
External Audit

Contents

Final Report Issued	10 November 2020

INTRODUCTION AND CONCLUSION

1. This annual report to the Audit and Risk Committee provides details on the outcomes of the 2019/20 internal audit and my opinion on the Board's internal control framework for the financial year 2019/20.

2. Based on work undertaken throughout the year we have concluded that:

- The Board has adequate and effective internal controls in place;
- The 2019/20 Internal Audit Plan has been delivered in line with Public Sector Internal Audit Standards.

3. In addition, we have not advised management of any concerns around the following:

- Consistency of the Governance Statement with information that we are aware of from our work;
- The description of the processes adopted in reviewing the effectiveness of the system of internal control and how these are reflected;
- The format and content of the Governance Statement in relation to the relevant guidance;
- The disclosure of all relevant issues.

ACTION

4. The Audit and Risk Committee is asked to **note** this report in evaluating the internal control environment and **report** accordingly to the Board.

AUDIT SCOPE & OBJECTIVES

5. The Strategic and Annual Internal Audit Plans for 2019/20 incorporated the requirements of the NHSScotland Governance Statement and were based on a joint risk assessment by Internal Audit and the previous Director of Finance. The resultant audits ranged from risk based reviews of individual systems and controls through to reviews of strategic governance and the control environment.

6. The authority, role and objectives for Internal Audit are set out in Section 3 of the Board's Standing Financial Instructions and are consistent with Public Sector Internal Audit Standards.

7. Internal Audit is also required to provide the Audit and Risk Committee with an annual assurance statement on the adequacy and effectiveness of internal controls. The Audit & Assurance Committee Handbook states:

The Audit Committee should support the Accountable Officer and the Board by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of the financial statements and the annual report. The scope of the Committee's work should encompass all the assurance needs of the Accountable Officer and the Board. Within this the Committee should have particular engagement with the work of Internal Audit, risk management, the External Auditor, and financial management and reporting issues.

INTERNAL CONTROL

8. The Internal Control Evaluation (ICE), issued on 6 January 2020, was informed by detailed review of formal evidence sources including Board, Standing Committee, Executive Directors Group (EDG) and other papers. The ICE noted many actions taken by NHS Fife to enhance governance and achieve transformation and whilst it concluded that NHS Fife assurance structures were adequate and effective, there were 15 recommendations for improvement by the end of June 2020, eight of which were classified as significant. Four recommendations have been implemented, with two partially completed and nine still outstanding. Further details are included within each governance section.

9. In this annual report we have provided an update on progress to date and, where appropriate, built on and consolidated recommendations to allow revised completion dates to be agreed. The completion dates for seven actions have been extended, with the latest completion date now February 2021. Four remaining actions have previously been extended and remain outstanding. The following key findings from our ICE remain extant:

    - Sustainable financial balance will not be achieved without greater progress on transformation and the revision of the IJB risk share agreement
    - Information Governance assurances are insufficient
    - Although progress has been made, Integration Governance arrangements have still not been concluded
    - Actions to address the recommendations within Internal Audit Report B15/17 & B18/18 - Clinical and Care Governance Strategy and Assurance have not progressed as expected.

10. Covid 19 has clearly had a substantial impact on the organisation's priorities and ability to complete all of the agreed actions. However, it is our view that many of the original recommendations would not have been completed on time had the pandemic not occurred. The EDG should revisit these outstanding actions together with further required actions identified in this Annual Report to ensure the timescales for completion are appropriate, achievable and are afforded the requisite priority.

11. The ICE was our main piece of assurance work for 2019/20 and this Annual Internal Audit Report is therefore less detailed than in previous years. In addition to our ICE follow-up we have tested to ensure that there were no material changes to the control environment in the period from the issue of the ICE to the year-end. We have reflected on the impact of Covid 19 and the special governance arrangements put in place at the end of the year. Some areas for further development were identified and will be followed up in the 2020/21 ICE and, where applicable, our detailed findings have been included in the NHS Fife 2019/20 Governance Statement.

12. For 2019/20, the Governance Statement format and guidance included within the NHSScotland Annual Accounts Manual has been updated to include reference to the March 2018 SPFM Audit Committee Handbook and the Blueprint for Good Governance, issued in January 2019, albeit without specific reference to the associated Treasury Guidance on assurance mapping in the Audit Committee Handbook. Whilst Health and Social Care Integration is not specifically referenced, the guidance does make it clear that the Governance Statement applies to the consolidated financial statements as a whole, which would therefore include activities under the direction of IJBs. We are pleased to note that the NHS Fife Governance Statement does include reference to the key areas omitted from SGHSCD guidance.

13. The Board has produced a Governance Statement which states that:

    - *For 2019-20, 2595 individuals have exceeded the Treatment Time Guarantee to have their treatment provided within 12 weeks. A letter of apology was sent to each patient and every effort was made to treat patients in as short a time as possible. A Waiting Times Improvement Plan is being implemented and progress and improvement actions continue to be monitored through monthly performance reviews within the Acute Services Division.*
    - *An unannounced Healthcare Environment Inspection (HEI) was conducted at Glenrothes Hospital in March 2019, the Hospital having been last inspected in April 2014. The inspection reported on areas where NHS Fife was performing well and areas for improvement, identifying two areas of good practice and three requirements for improvement. During the visit the Board received positive feedback about the standards of cleanliness and staff knowledge of standard infection control precautions. It was, however, noted that not all staff were aware of and completed mandatory requirements for infection prevention and control education and that all patient equipment was safe and clean. An action plan was prepared in response to the areas for improvement identified, with all actions since completed. A further unannounced inspection of Glenrothes Hospital, by Healthcare Improvement Scotland, was conducted in July 2020, focused on Safety and Cleanliness and Care of Older People in Hospital; publication of the report is expected in September 2020.*
    - *There were 13 potential personal data-related incidents or data protection breaches reported to the Information Commissioner's Office (ICO) during the financial year ended 31 March 2020. Six related to personal data breaches, of which one report was rejected by the ICO as it pertained to a deceased person and one was subsequently withdrawn on investigation. Three breaches related to the unavailability of data (unplanned system outage) and four related to personal data breaches within GP Practices (NHS Fife is now joint data controller of data held within GP practices and provides Data Protection serves to GPs). None resulted in any patient harm or financial penalties being imposed. For ten of the reports submitted, the ICO took no further action, though made a series of recommendations. One report remains outstanding at the time of writing of this report.*
    - *During the 2019-20 financial year, no other significant control weaknesses or issues have arisen, in the expected standards for good governance, risk management and control.*

14. Whilst we are content that these disclosures are sufficient, members should be aware that the issues we have raised in relation to Information Governance could well lead to a disclosure in 2021-22 unless remedial action is taken as a matter of priority.

However, management have recently reviewed eHealth and Information Governance and are confident that the implementation of new governance arrangements will raise the profile of Information Governance at the Clinical Governance Committee and should address these issues.

15. Our audit has provided evidence of compliance with the requirements of the Accountable Officer Memorandum, and this combined with a sound corporate governance framework in place within the Board throughout 2019/20, provides assurance for the Chief Executive as Accountable Officer.

16. Therefore, **it is my opinion** that:

- The Board has adequate and effective internal controls in place;
- The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.

17. Assurances have been received from all Executive Directors and Senior Managers that adequate and effective internal controls and risk management have been in place across their areas of responsibility and that there are no known control issues, nor breaches of Standing Orders / Standing Financial Instructions.

Covid 19

18. On 17 March 2020 NHS Scotland was placed on an emergency footing under section 1 and section 78 of the National Health Service (Scotland) Act 1978, for at least three months. Boards were given instructions *'to do all that is necessary to be ready to face a substantial and sustained increase in cases of COVID 19'*. A subsequent Directive from Scottish Government to Health Boards made clear that where directions are issued on behalf of the Cabinet Secretary there was to be no local interpretation and that these must be implemented in full and without delay in order to maintain the resilience of the NHS.

19. In recognition of the challenges caused by the rapid mobilisation of services to address Covid 19, a letter was issued by the Scottish Government Director of Health Finance to Board Chairs dated 25 March 2020, providing approval to revise governance arrangements. Individual Health Boards were invited to submit their specific proposals for governance during the pandemic period to the Office of the Chief Executive and NHS Fife submitted it on 30 March 2020. On 8 April 2020 NHS Fife Board considered a paper outlining the Board's planned approach to governance while NHS Fife continued to deal with the Covid 19 pandemic, based on the principles contained in the submission made to the Scottish Government. The paper outlined aims: to ensure the Board could effectively respond to Covid 19 as well as appropriately discharge its governance responsibilities, maximise time available for management and operational staff to deal with the significant challenges of addressing Covid 19 demand within clinical services and minimise the need for people to physically attend meetings.

20. In addition, meetings between the Chair and Vice-Chair and members of the EDG have taken place on a weekly basis and the minutes have been circulated to Board members. The Chief Executive has issued a weekly Covid update to all staff.

21. To ensure good governance around the restart of clinical services, the Remobilisation Oversight Group (ROG) was established with a wide representation of clinical leaders, to oversee the restarting of health and care services in Fife. As reported to the July 2020 Board, the purpose of this group is to take forward the reintroduction of clinical services in a safe, measured and Covid 19 sensitive way. The ROG aims to oversee the

whole system restart to improve integrated pathways from primary care, community, social care and secondary care, adhering to governance arrangements with learning from the Covid 19 response. The latest iteration of the Remobilisation plan, to March 2021, was submitted to the Scottish Government on 31 July in line with the requirements of the Scottish Government.

22. The draft NHS Fife Governance Statement recognises that *"In light of the ongoing impact of Covid 19 on NHS Fife, it is anticipated that the Board's strategic framework will require to be reviewed, in tandem with reassessment of the transformation programme and its relationship to the remobilisation / redesign of key services. As part of that work, the strategies of the IJB will also need to be considered and it is expected that all of the Board's supporting strategies will require review, to appropriately reflect a post-Covid environment."*

23. It is clear that recovery and reconfiguration will be key throughout the remainder of 2020-21. Remobilisation activity and transformation will need to be considered together in parallel with the fundamental review and, if required, revision of the Board's overall Strategy and supporting strategies. Additional responsibilities have been placed on Boards in relation to care homes and these will need to be considered in the context of the recognised need to formalise and enhance clinical and care assurance processes.

24. NHS Fife has contributed to the national response to the pandemic by piloting the Scottish Test and Protect software and the testing of the effectiveness of a Covid 19 treatment.

Key Themes

25. During 2019/20 the Chief Executive's departure resulted in changes to the NHS Fife Executive and senior leadership team structure, including appointment of the then Director of Finance as Interim Chief Executive and the subsequent appointment of an experienced Director of Finance from another Health Board on an interim basis. Other appointments during the year included a new Director of Workforce, Chief Operating Officer, Director of Health and Social Care, although the Director of Strategic Planning post remains vacant. The necessary prioritising of Covid 19 duties had emphasised the urgency to put in place effective controls and in particular the need for the Board to seek assurance from the EDG to assure itself that it had sufficient capacity and capability to deliver long-term strategic change and develop sustainable models of care whilst delivering significant short-terms savings and continuing to deliver business as usual.
26. Over recent years the challenges facing all Boards have increased significantly and NHS Fife has been no exception. Controls within the Board have not kept pace with changes to the environment in which the Board operates and may not be sufficient fully to mitigate the risks facing the Board in the coming years. Systems of control continued to have challenges to adequately resolve long-standing information governance, IJB governance and transformation issues. Capacity issues, specifically the loss of a number of key finance staff, have contributed to a delay in submission of the annual accounts in line with the agreed timetable; the audit commenced in September and will conclude with the NHS Fife Board receiving the accounts for approval in November. Covid 19 and the consequent need to revisit the Board's overall and supporting strategies will create additional pressures going forward. The Board must assure itself that it has sufficient capacity and capability to review and, where necessary revise its

strategies, deliver transformation and reconfiguration, and achieve significant short-term savings whilst continuing to deliver business in extremely challenging circumstances at a time when staff have been under significant pressure over a long period.

27. Other key themes emerging from our ICE and other audit work during the year include:

- As with all other NHS Boards, the Board's overall Strategy and all supporting strategies will require fundamental review and potentially significant revision to take account of the impact of Covid 19 on population need, resource availability and the impact on modes of delivery as well as embedding potential for more rapid change. This will require considerable work to understand the impact of the pandemic and greater focus by Committees on the formation of supporting strategies and the monitoring their delivery as well as the delivery of transformation which will need both to accelerate and be genuinely transformative.
- Covid 19 will have a considerable impact on the Board's risk profile and, given the improvements still required, as reported in B13/20, there is an opportunity fundamentally to embed Risk Management processes, incorporating assurance mapping principles to ensure coherence between Governance Structures, Performance Management, Risk Management and Assurance. The revision of the Board's overall strategies provides an opportunity for fundamental review of the Corporate Risk Register to ensure it links risk to strategic objective, and to allow Board members to participate fully.
- Implementation of Internal Audit recommendations requires improvement with the vital support of EDG to ensure completion of actions. In particular, the completion of actions agreed within the ICE has been poor. Whilst some of this has undoubtedly been affected by Covid 19, we would anticipate that progress with actions will improve as staff return to their substantive duties. There is a need for more robust monitoring of ICE recommendations by officers and via the appropriate governance committees, who should reflect on any significant non-compliance in their year-end assurances.
- Digital and Information (eHealth) will be an essential enabler for transformation and remobilisation. Whilst there have been enhancements in the Digital and Information function, the overall governance arrangements and assurance reporting for Digital and Information, particularly for Information Governance, require substantial improvement to reflect their increasing importance and substantially increased risk profile.
- Following Covid 19, NHS Fife should establish clear and comprehensive Remobilisation principles which cover:
    - Learning lessons and identifying what did and did not go well, and thereby what changes and improvements can be instigated (noting that lessons learnt exercises have been undertaken with reporting to the Gold Command).
    - Where processes revised as a result of Covid 19 are proving more effective and efficient, these should be incorporated into Business as Usual and there should be no assumption of a reversion to prior models; the past should have no special place

- Data to evidence success and failure should be identified at the outset for both formal transformation projects and changes introduced as a result of the Covid 19 pandemic.

- It was already clear that services were not sustainable without substantial change and Covid 19 has increased the requirement for rapid transformation. Our Transformation Programme Governance Follow-up review (B15A/20) found that only one of the six recommendations from our report B10/18 had been fully implemented. Transformation work must be fully aligned with remobilisation activity and the organisation must seize the opportunity for rapid, sustainable change, in accordance with the actions agreed with Internal and External Audit over the last two years. This should be a central priority for both for the NHS Fife Board and particularly the Clinical and Care Governance Committee which has been delegated with responsibility for monitoring progress.

28. As a result of the Covid 19 pandemic, the Scottish Government delayed the requirement for comprehensive review of Integration Schemes. Whilst there has been progress, two key areas still need to be agreed including Clinical and Care Governance, which will now require particular attention. There is a commitment by management to reach agreement by 31 December 2020 in readiness for an approved Integration Scheme for the start of 2021-22.

29. The Board has been working in different ways as a result of the pandemic. Again, this provides an opportunity to reflect on its governance structures to ensure that they focus on the delivery of key organisational objectives, the mitigation of risk and effective assurance. This would also be a good time to refresh the understanding of the Board and Standing Committees on governance, culture and principles, ensuring that they are evident in all aspects of business. Whilst national initiatives such 'active governance' are expected to be introduced in 2020-21, we would expect the Board and Standing Committees to demonstrate:

    - Clear expectations of acceptable progress and delivery, tempered with an understanding of risks and acknowledgement that risks may crystallise
    - An expectation that officers will notify and address poor performance in a timely way
    - A collective understanding from members that NHS Fife must deliver on realistic targets which requires the Board and its Committees to ensure that targets are meaningful and realistic and then to ensure that all possible actions have been taken to meet them
    - Clear focus on priority areas including transformation, integration and information governance.

AUDIT PRODUCTS AND OPINIONS

30. During 2019/20 we delivered 34 audit products, including 9 from 2018/19. These audits reviewed the systems of financial and management control operating within the Board. Our reviews assisted the Board by examining a wide range of controls in place across the organisation.

31. Our 2019/20 audits of the various financial and business systems provided opinions on the adequacy of controls in these areas. Summarised findings or the full report for each review were presented to the Audit and Risk Committee throughout the year.

32. A number of our reports, including reviews of areas such as eHealth Strategic Planning & Governance, Transport of Medicines, and Attendance Management (Workforce Planning) have been wide ranging and complex audits which have relevance to a wide range of areas within NHS Fife.

33. Board staff had previously maintained a system for the follow up of internal audit recommendations and reporting of results to Audit & Risk Committee. To improve the effectiveness of the Audit Follow Up system, a revised approach was adopted from October 2019 with Internal Audit conducting an exercise to identify all outstanding actions back to 2017/18.

34. Although the Audit & Risk Committee has acknowledged improvements in the quality of Audit Follow Up (AFU) reports since January, the AFU management response rate and the quality of responses still requires enhancement. Of the 177 recommendations made in the years 2017/18, 2018/19 and 2019/20, 74 have been reported as complete, 61 of which have been verified by internal audit (as at 22 June 2020). While progress with some of these actions has undoubtedly been affected by Covid 19, we would expect that as staff return to their substantive duties, there should be clear and significant evidence of progress.

ADDED VALUE

35. The Internal Audit Service has been responsive to the needs of the Board and has added value by:

- Providing opinion on and evidence in support of the Governance Statement at year-end and conducting an extensive Internal Control Evaluation which recommended remedial action to be taken in-year. This review made recommendations focused on enhancements to ensure NHS Fife has in place appropriate and proportionate governance, which supports and monitors the delivery of objectives and is commensurate with the challenging environment within which it is operating.
- Continuing to liaise with management and providing ad-hoc advice on a wide range of governance and control issues.
- Progressing the ongoing assurance mapping exercise to identify, assess, structure and develop assurances relating to key risks as well as those required from Directors. Internal Audit facilitated a joint approach across its four mainland clients as well as linking with national developments. In NHS Fife the Board Assurance Framework risk chosen for review was '*eHealth – Delivering Digital and Information Governance & Security*' which is described as '*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*'. Work was progressing well, with very strong input from the Board Secretary, but was paused due to impact of Covid 19 and will continue as part of the 2020/21 Annual Internal Audit Plan.
- Continued participation in the development of information governance arrangements through attendance at Information Governance and Security Group and eHealth Board meetings and provision of support and advice on governance and assurance reporting.
- Detailed commentary on the developing Risk Management Framework.

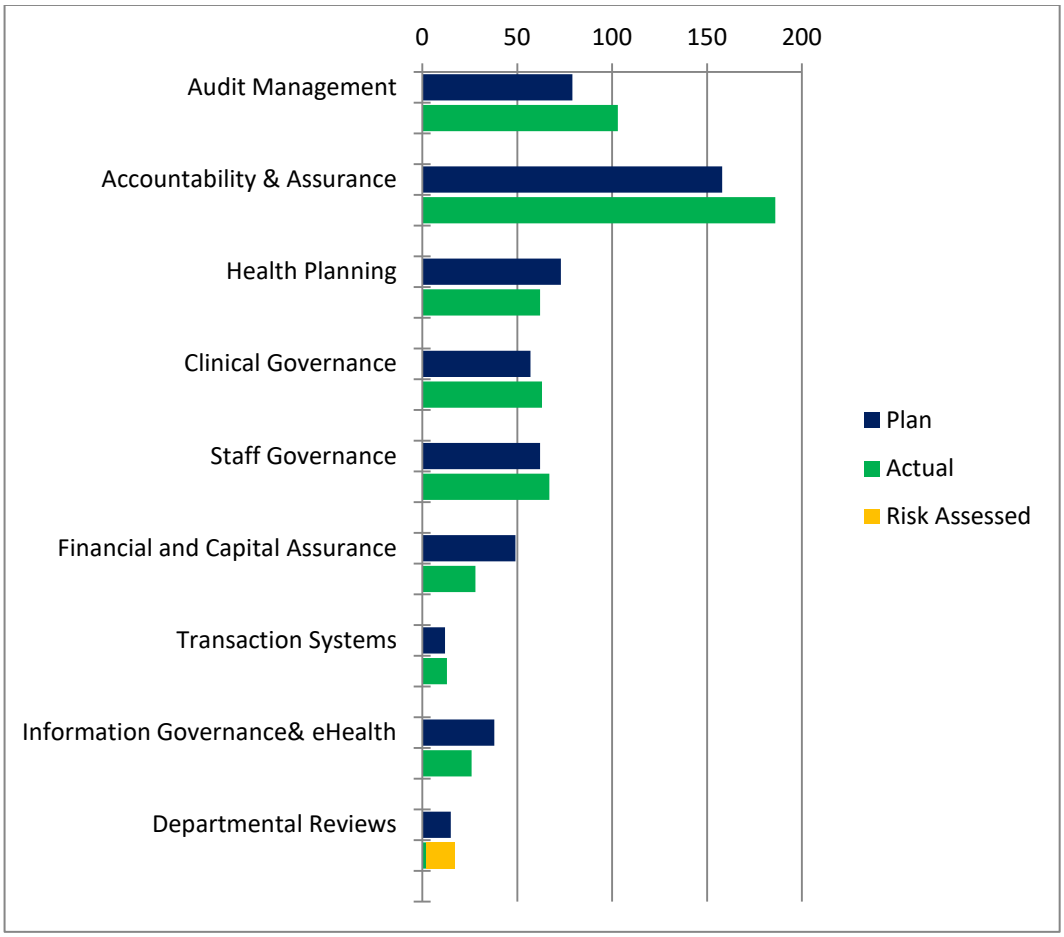
- The B21/20 Medicines Management review contributed to the broader Medicines Assurance Audit Programme by considering compliance with the controls included in the Safe and Secure Use of Medicines Policy and Procedures (SSUMPP) regarding the movement and transportation of medicines to Community Hospitals. The audit found a number of lapses in expected controls and these were communicated at the Safe and Secure Use of Medicines Group and the Medicines Transport Project Group.
- The B23A/20 Attendance Management review provided assurance over the implementation of the attendance management policies and procedures and provided positive feedback that the training and awareness sessions were having a positive impact.

36. Internal Audit developed a governance checklist tool to capture evidence and provide assurance on areas of good governance and identify any gaps in arrangements to support the work of the NHS Boards during the pandemic. An abbreviated checklist was considered by the NHS Fife Standing Committees between June and July 2020 and Internal Audit will provide a review of these completed checklists early in the autumn. Internal Audit has also developed reconfiguration and remobilisation principles to assist management and to inform the 2020-21 audit process.

37. Internal Audit has continued to highlight governance and assurance aspects of integration and the need for clear lines of accountability and ownership of risk and to advise on specific issues, as well as maintaining an awareness of the impact of the IJB control environment on NHS Fife and providing updated assurance principles for consideration by management.

INTERNAL AUDIT COVER

38. Figure 1: Internal Audit Cover 2019/20



39. Figure 1 summarises the 2019/20 outturn position against the planned internal audit cover. The Annual Internal Audit Plan was approved by the Audit and Risk Committee at its meeting on 20 June 2019. To date, we have delivered 550 days against the planned 543 days. Work is ongoing to ensure that the two remaining products from 2019/20 are completed by the September 2020 Audit and Risk Committee. All audit products required for External Audit and for year-end assurance have been delivered.

40. Following a recommendation from the External Quality Assessment carried out on Internal Audit in 2018/19, we continue with the agreed process of risk assessing outstanding 2019/20 audits for inclusion in the 2020/21 plan. Only one review, Recruitment and Retention, required risk assessment and has been included within the audit plan for 2020/21.

41. A summary of 2019/20 performance is shown in Section 4.

PERFORMANCE AGAINST THE SERVICE SPECIFICATION AND PUBLIC SECTOR INTERNAL AUDIT STANDARDS (PSIAS)

42. The FTF Partnership Board has produced as annual summary of activity for the year:

FTF Partnership Board
Annual Summary 2019/20

1. Introduction

This report sets out a summary of Partnership Board meetings held in 2019/20.

2. FTF Partnership Board Meetings

Meetings were held on the following dates:

- 12 April 2019
- 13 November 2019

3. Attendance

The following individuals attended meetings in person or via teleconference:

Members:

- Scott Urquhart, Director of Finance, NHS Forth Valley (Chair)
- Carol Potter, Director of Finance & Performance, NHS Fife (now Chief Executive, NHS Fife)
- Frances Gibson, Head of Finance – Governance & Assurance, NHS Tayside / Robert MacKinnon, Associate Director of Finance

In Attendance:

- Tony Gaskin, Chief Internal Auditor FTF
- Jocelyn Lyall Regional Audit Manager FTF
- Barry Hudson Regional Audit Manager FTF
- Angela McEwan NHS Forth Valley (Minutes)

4. Business

The committee considered both routine and specific work areas during the year:
Key items discussed and outputs included the following:

- Review of External Quality Assessment (EQA) of FTF Internal Audit Service
- Health & Social Care Integration issues
- Internal Audit Shared Service Agreement 2018-2023 - update and review
- Internal Audit Service Specification – update and review
- Governance Issues including Governance Statement Guidance, Assurance Mapping and SGHSCD Assurance letters
- Review of budget performance 2018/19
- Approval of budget proposals 2019/20
- Review of Performance including KPIs and Balanced Scorecard
- Recruitment

5. Conclusion

As Chair of the Partnership Board I can confirm that the breadth of the business undertaken, and the range of attendees at meetings of the Partnership Board has allowed us to fulfil our remit.

Scott Urquhart
Chairperson, FTF Partnership Board

43. We have designed protocols for the proper conduct of the audit work at the Board to ensure compliance with the specification and the Public Sector Internal Audit Standards (PSIAS).

44. Internal Audit is compliant with PSIAS, and has organisational independence as defined by PSIAS, except that, in common with many NHSScotland bodies, the Chief Internal Auditor reports through the Director of Finance rather than the Accountable Officer. There are no impairments to independence or objectivity.

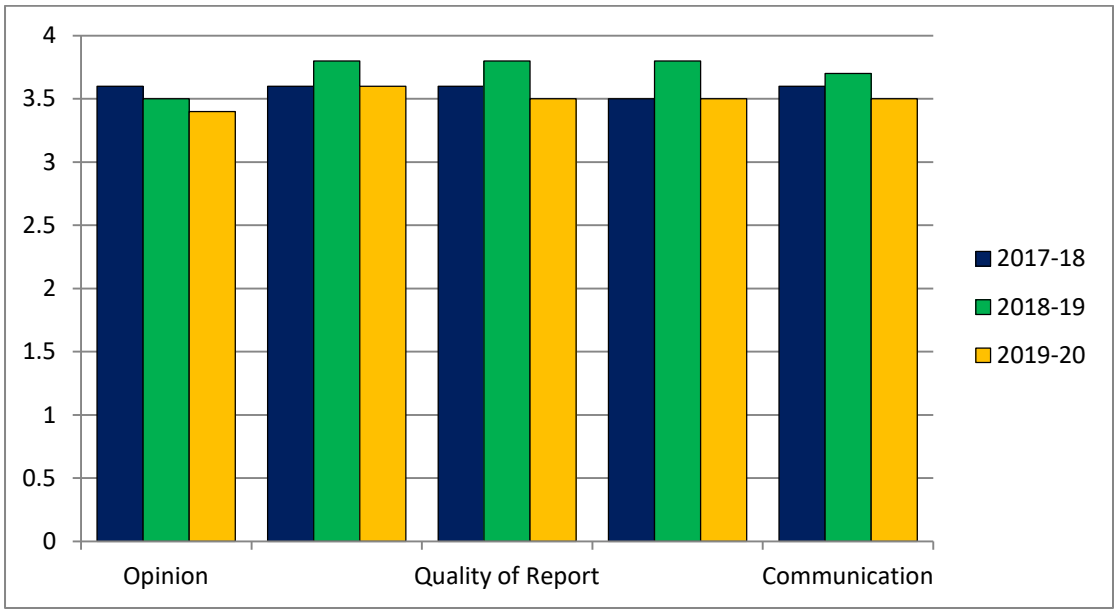
45. Internal and External Audit liaise closely to ensure that the audit work undertaken in the Board fulfils both regulatory and legislative requirements. Both sets of auditors are committed to avoiding duplication and securing the maximum value from the Board's investment in audit.

46. Public Sector Internal Audit Standards (PSIAS) require an independent external assessment of internal audit functions once every five years. The most recent external assessment of the Internal Audit Service was presented to the Audit Committee on 9 June 2019 and concluded that *'following completion of the comprehensive External Quality Assessment (EQA) Checklist and, based on the work undertaken, it is my opinion that the FTF Internal Audit service for Fife and Forth Valley generally conforms with the PSIAS.'* All actions are now complete and we are in the process of updating our self assessment of the EQA requirements. The outcomes will be reported to the FTF Partnership Board.

47. A key measure of the quality and effectiveness of the audits is the Board responses to our client satisfaction surveys, which are sent to line managers following the issue of each audit report. Figure 2 shows that, overall, our audits have been perceived as good or very good by the report recipients.

48. Figure 2: Summary of Client Satisfaction Surveys

Scoring: 1 = poor, 2 = fair, 3= good, 4 = very good.



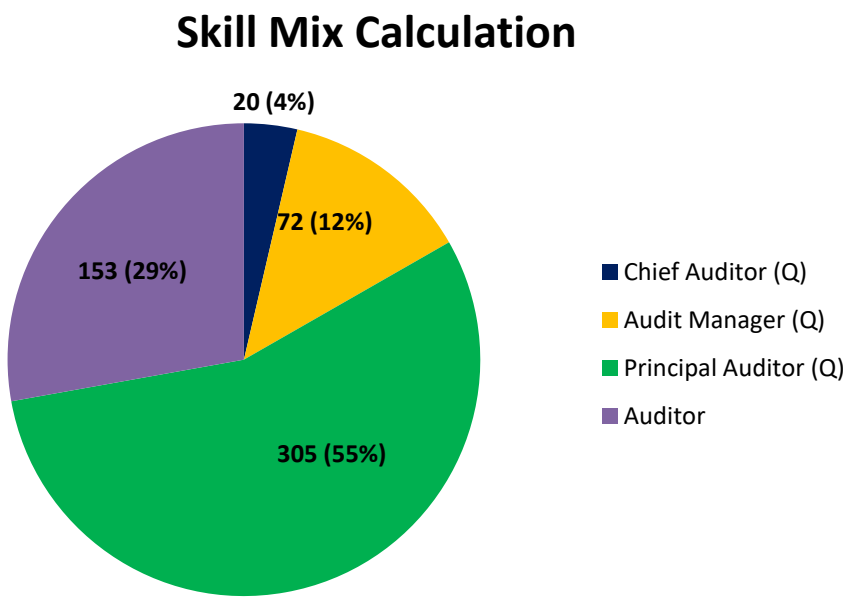
49. Other detailed performance statistics are shown in Section 4.

STAFFING AND SKILL *MIX*

50. Figure 3 below provides an analysis, by staff grade and qualification, of our time. In 2019/20 the audit was delivered with a skill mix of **71%**, which substantially exceeds the minimum service specification requirement of 50% and reflects the complexities of the work undertaken during the year.

51. **Figure 3: Audit Staff Skill Mix 2019/20**

Audit Staff Inputs in 2019/20 [days] Q= qualified input.



ACKNOWLEDGEMENT

52. On behalf of the Internal Audit Service I would like to take this opportunity to thank all members of staff within the Board for the help and co-operation extended to Internal Audit.

53. My team and I have greatly appreciated the positive support of the Chief Executive, Director of Finance, the Head of Corporate Governance & Board Secretary, and the Audit and Risk Committee.

A Gaskin, BSc. ACA
Chief Internal Auditor

Corporate Governance

Summary

The overall NHS Fife senior leadership structure and supporting sub structure should be reviewed and presented to the Board with clear assurance on capability, including Business as Usual arrangements, Strategy production, transformation and remobilisation. Assurance on the essential question of whether NHS Fife has the capacity and capability to deliver its operational and strategic objectives should be provided to the Board from the EDG.

Statements of Assurance

Assurance statements from Standing Committees include a Best Value Framework, which links to performance, governance and accountability as well as a separate section on risk management. However not all relevant key matters relating to governance, internal control and risk management were properly highlighted, including areas of significant concern which had already been identified by Internal and External Audit.

While we commend the more detailed and reflective style of the Standing Committee Annual Statements of Assurance, disclosures included in the Board's Governance Statement were not highlighted as such within either the Annual Statements of Assurance or Executive Directors' Assurance letters. For example, while the HIS inspection reports of Glenrothes and Victoria Hospitals were not referred to in the Clinical Governance Committee Annual Statement of Assurance, nor in the relevant Executive Director's letter, these required disclosure within the Board's Governance Statement.

Integration Arrangements

The 'Review of Progress with Integration of Health and Social Care', published by the Ministerial Strategic Group for Health and Community Care (MSG) in February 2019, outlined 25 practical proposals for NHS Boards, Local Authorities and Integration Authorities, working with key partners including the third and independent sectors, to increase the pace and effectiveness of integration by February 2020. The Director of Delivery, Health & Social Care Integration has met with Fife IJB and HSCI to support the governance and integration arrangements.

Internal audit report B08/20 - Evaluation of Internal Control Framework (ICE) recommended that updates on HSCI should be provided to the Board. The integration scheme review, including the financial risk share, is being undertaken by NHS Fife in conjunction with Fife Council, and was due to be completed by April 2020 but has been delayed due to Covid 19. As a consequence the 'Integration Joint Board' BAF has still not been revised.

Audit Scotland issued a Section 102 report for Fife IJB on financial management and sustainability. Internal Audit had previously highlighted delays in progressing joint governance arrangements, transformation and best value. There has been improvement in financial management with a medium to long term Financial Strategy developed. However, the financial strategy will require further development to reflect the more challenging financial environment created by Covid 19.

Governance Arrangements

The Scottish Government issued a Director's Letter DL(2019)24 – Model Standing Orders -in December 2019, these were adopted by the Board for implementation effective from 1 April 2020. Internal Audit report B10/20 reviewed the Board's progress on the *'Blueprint for Good Governance*' issued by the Scottish Government on 1 February 2019, with one recommendation to address issues to enhance future reiterations of the action plan by 31

October 2020.

An Internal Audit Governance Checklist regarding preserving governance during the pandemic was considered helpful by all standing committees and will be used to inform the development of agendas moving forward so that no element of risk is missed. Internal Audit have now also developed Remobilisation/ reconfiguration principles which it is hoped will be similarly helpful.

Transformation and Remobilisation

The response by clinical services to Covid 19 has presented an opportunity to enhance the scale and pace of delivery of transformation. Audit Report B15A/20 Transformation Governance Follow Up reported limited progress has been made and Covid 19 has now provided the opportunity for transformation work to be fully aligned with remobilisation activity, along with a fundamental review of strategies. As above we would recommend the adoption and monitoring of a clear set of principles for remobilisation which ensure that services are transformed wherever possible and that the past has no special place.

In response to the emerging situation of Covid 19, NHS Fife submitted versions of the mobilisation plans to the Scottish Government, in line with SGHSCD requirements. A Gold, Silver and Bronze emergency planning command structure was implemented by the Board at the start of the pandemic and a Remobilisation Oversight Group (ROG) has now been established to oversee the remobilisation and reconfiguration of clinical services.

During 2019/20, the Chief Executive and the Director of Finance commenced a series of formal executive, general management and Board discussions on the medium-term financial position of NHS Fife. This focused on delivering transformation and securing a recurring balanced financial position. The importance of delivering "value" based health and social care services through effective resource allocation across the organisation was a key underpinning principle in this work. We also note that the use of Digital Technologies has the potential to transform how people access services and how health and care is delivered moving forward. A range of strategic areas to support evaluation and measurement of impact have been identified, with a proposed suite of key performance indicators.

Performance

The Chief Executive provided an overview of performance reporting to the 27 May 2020 Board meeting, where it was highlighted that Elective activity was paused due to Covid 19, with the exception of areas of highest clinical priority including cancer. This has impacted on normal performance metrics, where the 12 Week Outpatient Wait, Access to Psychological Therapies and 18 week referral to treatment had been improving up to end February 2020. Considerable challenges remain in continuing to improve performance against the key national targets as business returns to normal.

Operational Planning

The Board received confirmation from the Scottish Government that the approval process for the draft Operational Plan 2020/21 – 2022/23 is presently on hold. The document submitted in mid March was considered by the Board's governance committees and will be used to establish a recovery plan in relation to Treatment Time Guarantee and other routine performance targets.

Risk Management

Sections of the Board Assurance Framework (BAF) were reported to relevant standing committees throughout 2019/20, however we noted that many scores for target and current risk have not changed during the year, which may indicate insufficient consideration of the

risk profile possibly connected to the capacity and capability issues highlighted earlier. For example, the scores or recorded information within the Integration BAF have not changed despite specific action being agreed in response to Internal Audit concerns. Integration continues to be reported as a moderate risk despite significant known issues and the s102 report. We understand that it was decided that the risk would be reviewed once the integration scheme was updated.

Internal Audit Report B13/20 - Risk Management Framework, presented to Audit & Risk Committee in July 2020, noted the following :

- A risk management appetite has been agreed by the Board and key performance indicators agreed by the EDG, although the KPIs have not yet been reported formally.
- Delegation of functions to the IJB and the implications for risk management, governance and assurance and the treatment of residual risk, have not yet been clarified.
- The Risk Management Policy was due to be presented to the Audit and Risk Committee and the Board in January 2020 but was delayed further until approval by the September 2020 Audit and Risk Committee.

A process has been developed for identification, reporting, review and management of Covid 19 related risks. The format of the annual Risk Management report requires further enhancement and whilst Covid 19 has impacted on timing, it will need to be produced by June next year.

Clinical Governance

Clinical and Care Governance Strategy

The Clinical and Care Governance Strategy had a review date of April 2020 but should have been updated before that in line with actions agreed in two previous Internal Audit reports (Clinical Governance Strategy and Assurance B15/17 & B18/18). Despite this and the Strategy review date of April 2020, the NHS Fife Clinical Governance Committee (CGC) has not been updated regarding the status of the strategy review or provided with a revised date for its production and approval.

A Fife multi-agency Care Home Oversight Group has been formed following the Scottish Government decision to increase responsibilities for Health Boards in relation to assurance around care homes. A Fife Care Home Action Plan has been produced by the Health and Social Care Partnership. These increased responsibilities may exacerbate existing weaknesses in the Clinical and Care Governance Framework previously highlighted by Internal Audit.

We are aware of ongoing discussions regarding revising the Integration Scheme for Fife. Management have advised that these discussions have considered Clinical and Care Governance arrangements in Fife and that any changes would need to be reflected in a revised Clinical and Care Governance strategy. We therefore propose to amend the Annual Internal Audit Plan for 2020/21 specifically to consider Clinical and Care Governance arrangements and revisiting weaknesses highlighted previously, thereby superseding our previous reports.

Clinical Governance Committee Annual Statement of Assurance

Our B08/20 Internal Control Evaluation (ICE) included 2 action plan findings (ref 3 & 4) related to Clinical Governance neither of which have been addressed. The implementation dates for actions to address these findings have been extended due to Covid 19. There was no reference within the CGC Annual Statement of Assurance to non-completion of audit recommendations and the impact this had on the control environment.

The CGC acknowledged that there will be ongoing implications for the Board's clinical governance oversight processes and structures due to the pandemic, and that new responsibilities placed on the Health Board regarding public health testing and care home support would need to be incorporated in these new arrangements. The CGC assurance statement did not highlight the failure to implement key internal audit recommendations, that the Strategy had not been updated by its due date, or major issues in relation to transformation. Most importantly, the assurance statement conclusion did not specifically refer to known Information Governance issues despite an agreed Internal Audit action and the acknowledged major improvement required.

In May 2019 Healthcare Improvement Scotland (HIS) published their Unannounced Inspection Report – Safety and Cleanliness of Hospitals report regarding their visit to Glenrothes Hospital on 19 & 20 March 2019. The CGC has not received an update on actions to address the report findings since it was informed at its 4 September 2019 meeting that '*The HIS report included errors which the Director of Nursing is working with HIS to resolve*'. The report is included as a disclosure in the Board's Governance Statement along with further HIS unannounced inspection reports for Glenrothes and Victoria Hospitals.

Transformation and Remobilisation

Our Transformation Programme Governance Follow-up review (B15A-20) found that only one of the six recommendations from our report B10/18 had been fully implemented. The

subsequent impact of the Covid 19 pandemic on all aspects of NHS Fife's operational and strategic planning will mean that the planning of transformational work will be even more complex and the need for proper oversight and control becomes more urgent and more important. We would recommend that the CGC gives this area an appropriate level of oversight as well as ensuring that there is appropriate coordination and integration with remobilisation and reconfiguration activity. Consideration of Internal Audit's draft remobilisation/reconfiguration principles may be helpful to the CGC in assessing the Board's arrangements.

The Remobilisation Oversight Group is considering the balance between remobilisation of services and redesign/transformation. The role of the Integrated Transformation Board will be reconsidered to learn lessons from Covid 19 and is intended to evolve into a Strategic Planning Group with links with both the H&SCP and Local Authority and spans all business including financial planning, workforce planning, clinical strategy and eHealth. The Winter Plan will be included in the next version of the Joint Mobilisation plan.

NHS Scotland Resilience

The CGC considered the NHS Fife self assessment against the NHS Scotland Health Resilience Unit standards NHS Fife self assessment which were submitted the SGHSCD, updated to include reference to Covid 19, on the due date. We will be undertaking an audit of Compliance with NHS Scotland Resilience: Preparing for Emergencies Guidance and Covid 19 impact in 2020/21 (B15/21).

Staff Governance

Staff Governance Action Plan

A mid-year review of the Staff Governance Action Plan (SGAP) was reported to the Staff Governance Committee (SGC) in November 2019. No year-end review of the SGAP has been undertaken but the SGC have been informed that it will be updated to reflect the impact of Covid 19 and brought back to SGC in November 2020. Each SGC meeting during 2019/20 reviewed a particular strand of the Staff Governance Standard.

Workforce Planning

Revised Integrated Health and Social Care Workforce Planning for Scotland: Guidance published in December 2019 requires a revisit of NHS Fife's Workforce Plan and publication of a revised plan covering the period from 2021 to 2024 (with a deadline of 31 March 2021). The Workforce Planning Group has been reconvened and will review all required actions. The SGC were advised that 'normal' working arrangements for Workforce Planning have been paused and that the Strategy will require significant edits to take account of changes in service delivery, as a result of Covid 19, although we would highlight that it will also need to reflect changes to the Board's overall strategy. The annual Workforce Projections exercise was formally suspended by the Scottish Government due to Covid 19. Services are being supported to consider the workforce implications of changes arising from mobilisation.

Whistleblowing

Draft National Whistleblowing standards were issued by the Independent National Whistleblowing Officer to Boards in anticipation of these receiving parliamentary approval in summer 2020. The SGC was advised on 6 March 2020 that an implementation plan is to be developed to ensure full compliance with the standards, although a date for its completion is not yet noted. A new NHS Fife Whistleblowing Champion took up their position in April 2020. No Whistleblowing Report for 2019/20 has been presented to SGC.

TURAS - Staff Appraisal System

No year-end update on TURAS compliance in 2019/20 was provided to the SGC. TURAS compliance was 43% at 31 May 2020 (compared to 42% at 30 April 2019).

Attendance Management

The Sickness absence rolling 12-month average remains above the 4% target at 4.95% in 12 months to 30 April 2020).

Internal Control Evaluation

There were four recommendations in our B08/20 ICE audit relating to staff governance, one of which remains outstanding in that there has been no update to the SGC on action taken to address Audit Scotland's 'NHS workforce planning (part 2) – The clinical workforce in general practice' report. The related Primary Care Improvement Plan has not been provided to SGC to date.

Covid 19

The SGC was updated at its 18 June 2020 meeting on the current position regarding the pandemic and the planned arrangements for the remobilisation of NHS Fife's workforce.

Financial Governance

Structure of Finance Department

There have been a number of recent changes within senior management in the Finance Department including the previous Director of Finance moving to cover the Chief Executive role from February 2020, the interim appointment of a new Director of Finance from April 2020 (with some part-time cover during February and March, the secondment of the Assistant Director of Finance (Financial Services) to NHS Orkney and the departure of some senior financial and management accounting staff during January 2020.

The Director of Finance is currently progressing a restructure of the directorate, in line with the direction of travel identified for the department, with the intention of ensuring a focus on key priorities as well as ensuring consistent senior leadership for each of the critical functions and allowing for succession planning.

The restructure process was paused, partly due to Covid 19 and the need for HR support and will be consulted on with all parties (including Internal Audit) in the coming months, after which the Finance, Performance & Resources Committee (FP&RC) will be provided with assurances that capacity and capability are sufficient to provide appropriate financial support for strategy, transformation and business as usual.

The Director of Finance arranged for interim senior support from NHS Tayside from April 2020 to September 2020 for the Financial Services and Endowment areas; however this arrangement changed at short notice in July 2020 which impacted on capacity at that key time. Consequently, and also due to the impact on availability of staff working remotely during the pandemic, financial accounts were submitted to Audit Scotland beyond the financial accounts timetable deadline with the potential to delay the year-end timetable beyond the statutory deadline. The Director of Finance is working with Audit Scotland and Scottish Government to ensure the accounts are laid within the statutory deadline of 31 December 2020.

Anticipated Year-end Financial Position

As reported to the 27 May 2020 Board, the draft financial outturn position to 31 March 2020, subject to external audit review, was:

- Revenue Resource Limit (RRL) - ££780.531 million - target met with £0.060m under spend
- Capital Resource Limit (CRL) - £9.286 million - a resource budget for net capital investment - target met.

For 2019/20 the financial year end position for NHS Fife includes costs incurred for Covid 19 of £3.711m split £2.090m NHS Fife and £1.621m IJB which the Director of Finance stated is expected to be funded in full.

Efficiency Savings

For 2019/20 NHS Fife was required to make £17.333m of cash efficiency savings. Reported savings at year end totalled £10.154m of which £5,397m (53%) was non recurring. Therefore, there was £7m of unidentified savings and 73% of the overall savings target has not been met on a recurring basis. Internal and External Audit have previously reported the reliance on non recurring savings to achieve financial balance in previous years. For 2019/20 the delivery of savings in Acute Care was significantly short of the planned amount and this area should be a focus of attention for the FP&RC for 2020/21.

Financial Reporting

Financial reporting throughout the year was consistent, with a visible financial improvement at year end and the position was clearly presented via the Integrated Performance & Quality Report to the FP&RC.

The Director of Finance advised at the weekly meeting between the Chair and Vice Chair on 26 June 2020 that the revenue and capital plans drawn up originally in January/ February 2020 required full reassessment to reflect changed priorities as part of the remobilisation process. Updates will be provided to the EDG with further detail on the position, covering core spend and additional Covid 19 related costs.

The January 2020 FP&RC considered its self assessment and agreed that it was operating as per its Terms of Reference with positive assessments from its members and attendees and no areas of major concern identified.

Risk Management

The narrative within the Financial Sustainability BAF (FSBAF) recognises the ongoing financial challenges facing Acute Services as well as the pressures within the Health and Social Care Partnership in relation to social care budgets and the impact of potential amendment to the risk share arrangement. The report to the July 2020 meeting of the FP&RC highlighted concern over the financial position for the 2020/21 year and the planned savings for Acute Services where much more work is required. The FSBAF states that the impact of the Social Care overspend has been highlighted to Scottish Government within the monthly reporting template.

Internal Control Evaluation

The challenging financial position was highlighted within B08/20 Evaluation of Internal Control Framework (ICE). We strongly reiterate that financial balance during 2020/21 and beyond will be challenging unless the pace of transformation accelerates significantly; the savings within Acute Services are significantly improved and the resolution of the IJB risk share agreement.

The sole ICE recommendation relating to Value for Money has been partly implemented in that Management have started a process of utilising Audit Scotland Best value toolkits and other benchmarking tools (e.g. Discovery) but this has not been reported to the FP&RC which is therefore not in a position to be able to provide assurance on this area as required.

Information Governance

Year-end Assurances

Assurances provided to the NHS Fife Clinical Governance Committee (CGC) in 2019/20 were not sufficient to allow it to conclude accurately on the adequacy and effectiveness of Information Governance arrangements. Such assurances that were provided were delivered via minutes and annual statements of assurance from the Information Governance and Security Group (IG&SG), eHealth Board and the eHealth Performance Report. However, these did not provide assurance regarding compliance with Data Protection Act 18/GDPR, NIS Regulations, NHS Scotland's Information Security Policy Framework and the Cyber Resilience Public Sector Action Plan, all of which have significant gaps in control.

The IG&SG and eHealth Board Annual Statements of Assurance did not highlight significant matters of concern and were not considered and agreed by members prior to being presented to the CGC. Similarly, the relevant Director's annual assurance letter did not highlight these major concerns.

The conclusion at section 8.1 of the CGC Annual Statement of Assurance regarding adequate and effective governance arrangements being in place for the year does not specifically refer to Information Governance and we would have expected any conclusion on this area to contain significant caveats.

Competent Authority Audit – NIS Regulations

The outcome of the NIS Regulations/ISPF audit undertaken by the Competent Authority for Health, issued on 30 March 2020, has not been reported to a Standing Committee of the Board or considered for inclusion in the Board's Governance Statement. NHS Fife was assessed as being compliant with 53% of the controls. The report included 58 recommendations to address areas of non-compliance 18 of which were in the 'Red-Urgent' category. A draft remediation plan grouping the recommendations and proposed action by related topics has been prepared but needs to be finalised and approved. The CGC Annual Statement of Assurance also makes no reference to this important piece of assurance to the Committee.

Cyber Resilience

The IG&SG have been informed that '*the timeframe (31 October 2018) for gaining Cyber Essentials as required by PSAP has already passed and it should be noted that the scale and complexity of the IT estate and reliance in places upon legacy systems, remains a significant challenge' and the plan provided IG&SG with the key dates towards achieving 'alignment with ISPF/NIS whilst completing the requirements of the Public Sector Action Plan for Cyber Resilience*'. This information has not been explicitly conveyed to the CGC.

eHealth and Information Governance Arrangements

We raised a number of significant concerns over Information Governance and have been assured by management that changes to governance arrangements to be implemented following a very recent review of eHealth and Information Governance arrangements, reported to the CGC in July 2020, will raise the profile of Information Governance at the CGC and will address our concerns.

However, the July paper only provided a direction of travel and did not explicitly and overtly address a number of concerns raised by Internal and External Audit. We will review both the adequacy of the final agreed arrangements and their implementation in 2020-21.

Internal Control Evaluation

The following fundamental recommendations, some of which had also been highlighted previously, from the ICE report B08/20 are still outstanding:

- Information Governance arrangements currently operating in NHS Fife do not provide Fife NHS Board with sufficient assurance regarding compliance with its legislative requirements
- The management of information governance risks needs to be addressed so that Fife NHS Board is assured that all significant risks have been identified and that the mitigating actions in place or planned will be sufficient to reduce the risk to a level acceptable to the Board within an acceptable timescale
- Reporting to the Board and NHS Fife CGC on ISPF/GDPR/DPA 2018 and Cyber Resilience Public Sector Action plan has been minimal
- Reporting on the eHealth Delivery Plan to a standing committee only occurred once in 2019/20 and did not overtly link projects to relevant national and local strategies

As part of our ICE work we followed up on recommendations made in Internal Audit report B31&B32/19 and concluded that nine issues regarding assurances provided to the IG&SG had still not been addressed. At year-end, two issues had been partly addressed and seven were still unresolved. Overall it is not clear that these issues are being progressed with sufficient urgency; NHS Fife must prioritise these issues and actively monitor progress in much greater detail than previously.

eHealth Strategic Planning

We are aware that the reaction to the Covid 19 pandemic included accelerating and bringing forward elements of the NHS Fife Digital and Information Strategy Delivery Plan for example to allow clinicians to consult with patients remotely.

Action Point Reference 1 – Corporate Governance

Finding:

Over recent years the challenges facing all Boards have increased significantly and NHS Fife has been no exception. Controls within the Board have not kept pace with changes to the environment in which the Board operates and be sufficient fully to mitigate the risks facing the Board in the coming years. Systems of control continued to have challenges to adequately resolve long-standing information governance, IJB governance and transformation issues. Capacity issues, specifically the loss of a number of key finance, have contributed to a delay in submission of the annual accounts, in line with the agreed timetable. Covid 19 and the consequent need to revisit the Board's overall and supporting strategies will create additional pressures going forward. The Board must assure itself that it has sufficient capacity and capability to review and, where necessary revise its strategies, deliver transformation and reconfiguration, and achieve significant short-term savings whilst continuing to deliver business in extremely challenging circumstances at a time when staff have been under significant pressure over a long period.

Audit Recommendation:

The EDG should consider the specific issues highlighted in this report and other known issues and reflect on its structures and priorities and the resources required to deliver activity in a post Covid 19 environment while updating strategies, implementing savings and designing and delivering remobilisation whilst seizing the very limited opportunity for radical transformational change to ensure long-term sustainability of services. It should then provide overt assurance to the Board which should specifically comment on whether NHS Fife has the capacity and capability to deliver its operational and strategic objectives in the current circumstances and outline any changes required and how they will be subject to appropriate governance monitoring.

Assessment of Risk:

Significant		Weaknesses in control or design in some areas of established controls. **Requires action to avoid exposure to significant risks in achieving the objectives for area under review.**

Management Response/Action:

Whilst a range of governance improvement activity was delivered during 2019/20 it is necessary to continue that work into 2020/21. By the end of 2020/21 we plan to have fully embedded many of the improvements in Information Governance including improving reporting and assurance to the Board. In terms of the IJB governance there has been significant process however this also needs to continue. Progress was also made in establishing the Programme Board to support and drive transformation however this was understandably paused at the onset of the pandemic. The capacity of the finance team was an issue during 2019/20 however the Director of Finance has been working to address this through a review of the finance structure, roles and responsibilities and capabilities required to deliver the service.

In developing the forward strategy and priorities for the organisation we will take

significant learning from the service redesign delivered in our initial and ongoing response to the pandemic. We are working to build the process to support a full review of our strategy underpinned by a formal strategic planning and resource allocation process.	
Action by:	**Date of expected completion:**
Chief Executive	**31 March 2021**

Action Point Reference 2 – Corporate Governance	
Finding:	
Our Internal Control Evaluation report (B08/20) issued in December 2019 included 15 Action Plan points, many of which were significant and all of which should have been completed by year-end. However, progress to date has been limited.	
Audit Recommendation:	
Our Internal Control Evaluation report is undertaken part way through the financial year in order to allow management time to address the findings prior to year-end. Whilst we recognise that the pandemic has been a disruptive factor it is not clear that this is the sole or even the main factor in their non-delivery. The EDG should consider why these recommendations have not been delivered, why this was not recognised earlier and produce an action plan for monitoring by the Audit and Risk Committee. Any such plan should take into account the issues relating to capacity and capability raised in recommendation 1.	
Assessment of Risk:	
Significant 	Weaknesses in control or design in some areas of established controls. **Requires action to avoid exposure to significant risks in achieving the objectives for area under review.**
Management Response/Action:	
EDG will focus on ensuring that the report recommendations are delivered as soon as possible. The pandemic influenced delivery of many aspects of our EDG work however we will prioritise clearance of this issue, albeit in the context of the ongoing pandemic.	
Action by:	**Date of expected completion:**
Chief Executive	**31 March 2021**

Action Point Reference 3 – Corporate Governance	
Finding:	
Whilst the introduction of standard templates for standing committee assurances and Directors' assurances has improved the assurance process, not all relevant key matters relating to governance, internal control and risk management were properly highlighted, including areas of significant concern which had already been identified by Internal and External Audit.	
Audit Recommendation:	
All potential areas for inclusion in the Governance Statement should be clearly identified in both Executive Director and Senior Manager assurances and in Standing Committee annual assurance reports. The information within these sources of assurance should be triangulated to ensure all issues to be considered within the Governance Statement are clearly and consistently identified.	
Assessment of Risk:	
Significant 	Weaknesses in control or design in some areas of established controls. **Requires action to avoid exposure to significant risks in achieving the objectives for area under review.**
Management Response/Action:	
This recommendation is fully accepted. Further work will be undertaken in the coming financial year to improve the completeness and consistency of assurance information provided in the Directors' letters, Standing Committee Annual Reports and final text of potential disclosures within the Governance Statement.	
Action by:	**Date of expected completion:**
Director of Finance and Board Secretary	**31 May 2021**

Action Point Reference 4 – Corporate Governance

Finding:

The IJB is undergoing a governance review which is supported by the Director of Delivery, Health & Social Care Integration from Scottish Government. However, whilst progress has been made, the review has not yet been fully completed due to Covid 19. There is a revised timescale for implementation which appears appropriate

We noted that the BAF for the IJB reported to the July 2020 NHS Fife Board and throughout 2019/20 has remained at a Moderate Risk and does not reflect the current risk profile.

Audit Recommendation:

Monitoring and consideration of the arrangements for HSCI including the recommendations of the MSG report, should reflect the strategic importance of the activities directed by the IJB.

Whilst we understand that the risk cannot be fully articulated until the Integration Scheme is updated, the BAF for the IJB should be reviewed and updated urgently to at least reflect the known key issues.

Assessment of Risk:

Significant		Weaknesses in control or design in some areas of established controls. **Requires action to avoid exposure to significant risks in achieving the objectives for area under review.**

Management Response/Action:

The review of the Integration Scheme is continuing with partners. Regular meetings have been held over the last few weeks. It is anticipated this will be completed by March 2021

Following the completion of the review, the IJB will undertake a further review of its Governance Framework and structures

An initial development session for IJB members with the Director of Delivery, Health and Social Care Integration, Scottish Government was held in Nov 2019 and a programme of development days has been progressed since May 2020. Four sessions have been completed to date with further sessions planned. Topics covered include; Governance, Directions, Roles and Responsibilities, the IJB Annual Report, Remobilisation of Services, Leadership and Structures, Best Value and Performance

Regular updates continue to be provided to the IJB and its Governance Committees and EDG and SLT.

Action by:	Date of expected completion:
Director of Health and Social Care	**31 March 2021**

Action Point Reference 5 – Clinical Governance

Finding:

The Clinical and Care Governance Strategy should have been updated in line with actions agreed in two previous Internal Audit reports (Clinical Governance Strategy and Assurance B15/17 & B18/18). The agreed dates were not met, nor was the official Strategy review date of April 2020. The NHS Fife Clinical Governance Committee (CGC) has not been updated regarding the status of the strategy review or provided with a revised date for its production and approval.

We are aware of ongoing discussions regarding revising the Integration Scheme for Fife. Management have advised that these discussions have considered Clinical and Care Governance arrangements in Fife and that any changes would need to be reflected in a revised Clinical and Care Governance strategy. We therefore propose to amend the Annual Internal Audit Plan for 2020/21 specifically to consider Clinical and Care Governance arrangements and revisiting weaknesses highlighted previously, thereby superseding our previous reports.

Audit Recommendation:

The CGC should take ownership of this issue and ensure that the Clinical and Care Governance Strategy is reviewed and presented to Fife NHS Board for approval in an appropriate timescale.

Assessment of Risk:

Significant  Weaknesses in control or design in some areas of established controls.

Requires action to avoid exposure to significant risks in achieving the objectives for area under review.

Management Response/Action:

A review of the integration scheme is nearing a close, but the timeline for completion has been adversely affected by the global Corona virus pandemic.

Meetings to discuss and agree the clinical governance processes and linkages between NHS Fife Health Board and the Integrated Joint Board have been had; which have included the Medical Director, Nurse Director, Vice Chair of the Health Board and the Chief Officer and other key partners in the IJB.

The output of these meetings is in the final stages of agreement and will ensure robust clinical governance reporting via the NHS Fife Clinical Governance Committee for safety and quality of all NHS Fife services, while complying with the legislative responsibilities delegated to the IJB.

Once agreed by the group the proposals will be taken through the relevant governance routes of the IJB and Health Board for approval.

Action by:	Date of expected completion:
Medical Director	**31 March 2021**

Action Point Reference 6 – Clinical Governance	
Finding:	
Healthcare Improvement Scotland (HIS) published their Unannounced Inspection Report – Safety and Cleanliness of Hospitals report regarding their visit to Glenrothes Hospital on 19 & 20 March 2019 in May 2019. The CGC has not received an update on this report since it was informed at its 4 September 2019 meeting that '*The HIS report included errors which the Director of Nursing is working with HIS to resolve*'. The report is included as a disclosure in the Board's Governance Statement along with further HIS unannounced inspection reports for Glenrothes and Victoria Hospitals.	
Audit Recommendation:	
The CGC should actively monitor actions arising from all HIS and other external inspections and reflect on them appropriately in the preparation of their annual assurance statement.	
Assessment of Risk:	
Merits attention 	There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**
Management Response/Action:	
The Director of Nursing reported to the Clinical Governance Committee in January 2020 that a formal meeting had been held with the Director of Nursing from HIS, who apologised for errors in the initial report. HIS carried out an unannounced Inspection, again in Glenrothes Hospital, in July 2020; the Report was published on 15 September 2020. The Report and Action Plan will be presented to the Clinical Governance Committee by the Director of Nursing on 4 November 2020 for review and discussion.	
Action by:	**Date of expected completion:**
Director of Nursing	**4 November 2020**

Action Point Reference 7 – Financial Governance

Finding:

For 2019/20 NHS Fife were required to make £17.333m of cash efficiency savings. Only £10,154m was delivered, over half of which was non-recurrent. In essence only 27% of the savings target was delivered recurrently and 40% was not delivered at all. In particular, the delivery of savings in Acute Services was significantly short of that planned. Internal and External Audit have repeatedly highlighted the reliance on non recurring savings to achieve financial balance, as well as the failure to deliver the transformational change required to deliver financial sustainability.

Audit Recommendation:

The Finance, Performance and Resources Committee workplan should include a series of focused deep-dives to understand the root cause of these issues, particularly within Acute Services and there should be congruence with the work of the CGC in assessing progress with Transformation.

Assessment of Risk:

Merits attention		There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**

Management Response/Action:

The key to ensuring recurring financial balance and effective resource allocation is delivery of service transformation. In Q1, 2020/21 the Director of Finance proposed and EDG approved a range of key workstreams to deliver the changes required, this work will have a 3-year timeframe linked to the Scottish Government Medium-term Financial Framework for Health and Social Care. In parallel work has begun on a benchmarking review of specialty costs and an assessment of the workforce requirements for service delivery, this remains a work in progress.

The focus will be developing financial planning for sustainable services, changing the narrative to focus on service transformation which is delivered through a strategic planning and resource allocation approach which integrates operational, workforce and financial planning, albeit with the context of managing through a global pandemic.

Action by:	Date of expected completion:
Director of Finance	**31 March 2021**

Action Point Reference 8 – Information Governance

Finding:

Action has not yet been taken to address the findings and recommendations included in internal audit report B08/20 Evaluation of Internal Control. A review of eHealth and Information Governance arrangements was reported to the CGC in July. We were advised by management that the implementation of new governance arrangements is expected to raise the profile of Information Governance at the Clinical Governance Committee and will address the issues raised by Internal Audit, although not all details of how this would be achieved were fully apparent in the July paper.

Audit Recommendation:

The CGC should monitor implementation of new governance arrangements for eHealth and Information Governance to determine whether they have addressed the issues in the narrative of this and the following reports:

- B31&32/19 Information Governance and eHealth – Action Plan Points 1, 2 & 3
- B06/20 Annual Internal Audit report – Action Plan Point 7
- B08/20 Evaluation of Internal Control – Action Plan Points 10, 12 & 15
- Competent Authority Report on Compliance with NIS Regulations – Recommendations 1.1.1 & 1.1.2

Revised governance arrangements should include providing the Clinical Governance Committee with explicit assurance regarding compliance with DPA 18/GDPR, NIS Regulations, NHS Scotland's Information Security Policy Framework and the Cyber Resilience Public Sector Action Plan and should result in more robust scrutiny of both Information and eHealth governance by the CGC.

Revised governance arrangements should be implemented at pace so that the CGC receives the required assurances regarding this critical area of governance in 2020/21.

Assessment of Risk:

Fundamental		Non Compliance with key controls or evidence of material loss or error. **Action is imperative to ensure that the objectives for the area under review are met.**

Management Response/Action:

The recommendations are accepted.

The Clinical Governance Committee was provided an update at its meeting on 4th March 2020, on the corporate governance review of Digital and Information (D&I), including Information Governance & Security (IG&S), and further supported the direction of travel at its meeting on the 8th July 2020.

Delays have been inherent whilst responding to the Covid 19 incident, but progress is currently being made.

Digital and Information Board

The Board workplan has been updated to include a standing item for 'Audit/Action plans', the delivery plan and 'project on a page' reporting provided. Points to escalate to the Clinical Governance Committee will be noted and actioned.

The 20/21 annual report/assurance statement will be more detailed and set the context going forward.

Information Governance & Security Group

A key component due to the inherent information risks to the organisation and recommendations within previous audits the IG&S Group is being reformed to act as a strategic oversight group supported by an Operational Group.

An IG&S Group meeting is scheduled for 15th October 2020 with the focus will be on providing whole system leadership, oversight and assurance to the organisation and will ensure the 'lens is maintained' on all aspects of IG&S. It will be a transition period in its early stages moving through implementation.

Similar to the D&I board the IG&S Group workplan has been updated to include a standing item for 'Audit/Action plans'. Points to escalate to the Clinical Governance Committee will be noted and actioned.

The 20/21 annual report/assurance statement will be more detailed and set the context going forward.

Action by:	Date of expected completion:
Director of eHealth and Director of Finance (SIRO)	31 March 2021

Section 4 Key Performance Indicators

Key Performance Indicators – Performance against Service Specification

	Planning	Target	2019/20	2018/19
1	Strategic/Annual Plan presented to Audit and Risk Committee by April 30th	Yes	No (June 20)	May 2019
2	Annual Internal Audit Report presented to Audit and Risk Committee by June	Yes	Yes	Yes
3	Audit assignment plans for planned audits issued to the responsible Director at least 2 weeks before commencement of audit	75%	95%	78%
4	Draft reports issued by target date	75%	76%	65%
5	Responses received from client within timescale defined in reporting protocol	75%	57%	65%
6	Final reports presented to target Audit and Risk Committee	75%	76%	75%
7	Number of days delivered against plan	100% at year-end	101% at year-end	90%
8	Number of audits delivered to planned number of days (within 10%)	75%	76%	70%
9	Skill mix	50%	72%	74%
10	Staff provision by category	As per SSA/Spec	Pie chart	
	Effectiveness			
11	Client satisfaction surveys	Average score of 3	Bar chart	

Assessment of Risk

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Risk Assessment		Definition	Total
Fundamental		Non Compliance with key controls or evidence of material loss or error. **Action is imperative to ensure that the objectives for the area under review are met.**	1 (9)
Significant		Weaknesses in control or design in some areas of established controls. **Requires action to avoid exposure to significant risks in achieving the objectives for area under review.**	6 (1, 2, 3, 4, 5 & 7)
Merits attention		There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**	2 (6 & 8)

FTF Internal Audit Service

Capital Management - NHS Fife Elective Orthopaedic Project

Report No. B25/20

Issued To: C Potter, Chief Executive
M McGurk, Director of Finance

H Buchannan, Nurse Director
J Owens, Nurse Director (Incoming)
B Johnston, Director of the Elective Orthopaedic Project (Incoming)

G MacIntosh, Head of Corporate Governance/Board Secretary

Follow-Up Co-ordinator

Audit and Risk Committee
External Audit

Clinical Governance Committee
Finance Performance and Resources Committee

Contents

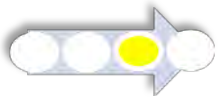
Draft Report Issued	30 September 2020
Management Responses Received	6 November 2020
Target Audit & Risk Committee Date	17 January 2021
Final Report Issued	**14 December 2020**

CONTEXT AND SCOPE

1. The NHS Fife Board Strategic Framework includes the objective of Clinical Excellence.
2. The NHS Fife Board Assurance Framework (BAF) describes the following risk which could threaten the achievement of this strategic objective – Strategic Planning '*There is a risk that NHS Fife will not deliver the recommendations made by the Clinical Strategy within a timeframe that supports the service transformation and redesign required to ensure service sustainability, quality and safety at lower cost*.'
3. The current actions recorded in the BAF to mitigate this risk include:
    - *Leadership to strategic planning coming from the Executive Directors Group*
    - *Clinical Strategy workstream update has been produced to reflect progress against recommendations*
    - *Establishment of Integrated Transformation Board (ITB) should provide assurance to the committees and Board that the transformational programme has strategic oversight and delivery*
    - *Senior Leadership Team for Transformation through the ITB is provided by Chief Executive Officer's of NHS Fife and Fife Council*.'
4. The mitigation system has been identified within the strategic audit planning process as **Low.**
5. A strategy was developed for the re-provision of the elective orthopaedic service at Victoria Hospital, Kirkcaldy. The investment proposal was set out in an Initial Agreement and then within an Outline Business Case (OBC) to provide a standalone Fife Elective Orthopaedic Centre (FEOC). This will incorporate a three theatre surgical complex, inpatient and outpatient accommodation. The OBC has been further developed to include two radiography rooms. In line with the Scottish Government Investment Manual the Fife Elective Orthopaedic Project is published on the NHS Fife website for public awareness.
6. This audit has evaluated the design and operation of the controls over the governance arrangements, reporting arrangements and project methodology and has specifically considered whether:
    - Appropriate and adequate governance arrangements are in place over the Fife Elective Orthopaedic Centre project;
    - Sufficient reporting arrangements are in place for appropriate monitoring of risks, progress, quality and financial commitments of the project;
    - An appropriate project methodology is used to ensure that the inherent risks of the project are mitigated i.e. budget overspends, project scope, expected outcomes and timescales.

AUDIT OPINION

7. The Audit Opinion of the level of assurance is as follows:

Level of Assurance		System Adequacy	Controls
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

A description of all definitions of assurance and assessment of risks are given in Section 4 of this report.

8. Our review of the Fife Elective Orthopaedic project concludes that:

- There are appropriate and adequate governance arrangements in place as follows:
  - gateway reviews of key milestones of the project with oversight by the Scottish Government Social Health Directorate Capital Investment Group;
  - a Project Board for the Fife Elective Orthopaedic Project (FEOC) with members from diverse areas of expertise and experience including a Non Executive Director and
  - an approval process of key milestones of the project through the NHS Fife Standing Committees, including the Finance, Performance and Resources, Clinical Governance Committee and the NHS Fife Board. The Fife Elective Orthopaedic Project Board reports to the NHS Fife Capital Investment Group and thereafter to the Executive Directors Group (EDG).
- Reporting arrangements are in place for the monitoring of progress, quality and financial commitments of the project. We evidenced regular reporting to the Finance Performance and Resources Committee, Clinical Governance Committee and the NHS Fife Board;
- The Scottish Capital Investment Manual (SCIM) methodology has been used for the project which is based on best practice from across the UK and globally and mandated through NHS CEL 19 (2009) Scottish Capital Investment Manual for NHSScotland. SCIM is required for all infrastructure and investment programmes and projects by NHS Scotland bodies and therefore is an appropriate methodology for this project;
- The Initial Agreement and the Outline Business Case documents are aligned to the '*Summary of Stages*' within the SCIM methodology;
- The update paper to the May 2020 Board meeting highlighted that the project has successfully remained in line with the timeline per the agreed programme, which in our opinion, is a significant achievement with the challenging circumstances associated with the current climate of the COVID 19 pandemic. However, the latest position presented to the September 2020 meeting of the

Finance Performance and Resources Committee highlighted that the project is currently showing 2 weeks behind on the main programme due to having to adapt ways of working during the COVID 19 pandemic.

We identified the following areas for improvement:

- As defined within the governance arrangements within the OBC, the Project Board reports to the Fife Capital Investment Group and then to the Executive Directors Group. We noted that the key milestones of the project were considered & discussed at these groups but formal approval of support for the documents to progress to the next level of governance was not recorded within the minutes. Action point reference 1 on page 5 has addressed this issue;

- In line with the SCIM risk management process, the Fife Elective Orthopaedic Project has an autonomous risk register in place. The Project Director advised that it is updated on a monthly basis and is provided to every Project Board meeting. We noted that the FEOC Project risk register includes identified risks, risk rating, mitigating actions and risk owner. However there is further scope to improve its effectiveness by including the action date, closed out date and any comments that would provide additional information or escalation of the risk if required.

9. Detailed findings/information is included at Section 3

ACTION

10. The action plan at Section 2 of this report has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

ACKNOWLEDGEMENT

11. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

Barry Hudson BAcc CA
Regional Audit Manager

Action Point Reference 1

Finding:

Governance arrangements have been recorded within the Outline Business Case (OBC) for the Fife Elective Orthopaedic Project. The diagram within the OBC shows reporting from the Project Board to the Fife Capital Investment Group, then on to the EDG and subsequently on to the Finance Performance and Resources Committee and the NHS Fife Board. We noted that the key milestones of the project were considered at these groups but formal approval was not recorded within the minutes.

The timing of the submission to the SGHDCIG also impacted the formal approval process of the Fife Capital Investment Group, as the OBC was sent out to the group and approved virtually but we were unable to verify the formal record of support to progress the document to the next stage.

The OBC was included on the agenda to the EDG on 14 October 2019; however we were unable to validate the approval to support the progress of the document from the Executive Directors Group due to no formal record of the meeting retained at that time. We note that the EDG has changed the administration process and as of 24 February 2020, the formal monthly meeting is minuted.

Audit Recommendation:

We recommend that, going forward, the governance arrangements are reviewed for the Fife Elective Orthopaedic Project, to assess the balance of control with the efficiency and timing of the project to ascertain if formal approval of key milestones of the project is required by all the groups outlined within the OBC or whether some of these groups are informed rather than approving key milestones. (RACI can be a useful tool to ascertain the reporting framework, which groups are: Responsible; Accountable; Communicated to; Informed, for assessing this). The key milestones of the Fife Elective Orthopaedic Project should be scheduled through the governance processes to allow for the required groups and standing committees to formally approve in the required timescales.

Assessment of Risk:

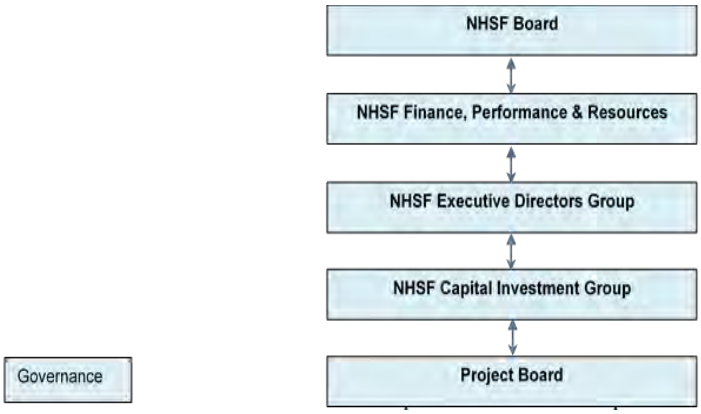
Merits attention		There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**

Management Response/Action:	
Due to the tight timelines of this project it was agreed by Executive Directors Group that some of the governance approvals would need to be run in parallel to achieve agreed construction programme with contractor. Future projects will clearly set out what committees are to approve the future business cases and what committees will receive it for information and these will clearly be shown in the project execution plan and agreed by NHS Fife's Capital Investment Group.	
Action by:	**Date of expected completion:**
Project Director	**31 January 2021**

Action Point Reference 2	
Finding:	
In line with the SCIM risk management process, the Fife Elective Orthopaedic Project has an autonomous risk register in place. The Project Director advised that it is updated on a monthly basis and is provided to every Project Board meeting. We noted that the FEOC Project risk register includes identified risks, risk rating, mitigating actions and risk owner. However there is further scope to improve its effectiveness by including the action date, closed out date and any comments that would provide additional information or escalation of the risk if required.	
Audit Recommendation:	
We recommend that the risk owner, action date, closed out date and if appropriate, any further comments to provide further clarity on the position or escalation of the risk if required, are included within the FEOC risk register.	
Assessment of Risk:	
Merits attention 	There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**
Management Response/Action:	
The FEOC risk register is managed by the Project Manager under the Framework 2 process, therefore it may not be possible to include this information. However, consideration will be taken to including further comments if this is possible.	
Action by:	**Date of expected completion:**
Project Director	**31 January 2021**

Control Objective 1- Appropriate and adequate Governance arrangements are in place over the Fife Elective Orthopaedic Centre project.

1. Appropriate governance arrangements are in place to monitor, oversee and implement the NHS Fife Elective Orthopaedic Project (NFEOP) and these have been recorded within the Outline Business Case (OBC). The Scottish Government Health Directorates Capital Investment Group (SGHDCIG) has monitored and overseen the project, with gateway reviews as part of the checks and balances. The SGHDCIG have approved the Initial Agreement Document and the Outline Business Case for the Orthopaedic Elective Project. The next stage will be the submission and approval of the Full Business Case (FBC) which is planned for September 2020.
2. In line with the Scottish Capital Investment Manual (SCIM) an Initial Agreement Document was produced for the NFEOP and was considered and approved at the March 2018, NHS Fife Board meeting as part of the NHS Fife Capital Investment Programme.
3. Subsequent to the approval of the Initial Agreement, an OBC was developed. The diagram within the OBC shows reporting from the Project Board to the Fife Capital Investment Group, then on to the Executive Directors Group (EDG) and subsequently on to the Finance Performance and Resources Committee and the NHS Fife Board.



4. The OBC includes a comprehensive diagram of the governance arrangements with the purpose of each group and role. The remit of the NHS Fife Project Board for the Elective Orthopaedic Centre Project states its purpose is '*to provide strategic direction and leadership.*' Furthermore, the remit states, the '*Project Board will direct and lead the development for the Elective Orthopaedic Centre (EOC) ensuring that NHS Fife complies with its legal and financial responsibilities and that all actions are progressed in a timely manner and within budget*.' We noted that in practice, the OBC was considered by the Project Board and discussed. However, there is no formal recording of the Project Board agreement of the project key milestones such as the OBC in line with the governance arrangements set out for the project. We have discussed this with the Project Director and any further key milestones i.e. the Full Business Case and any other key issues will be noted and approval recorded within the Project Board minutes.
5. The Project Board referred to within the OBC provides named person, project role, responsibilities and experience. The Clinical Governance Committee minutes of November 2019 reported that the Nurse Director and the Medical Director were invited to become members of the Project Board to ensure there is Board level oversight on the project in terms of infection control issues and looking at clinical models. This will help towards mitigating any clinical risks of the project and help avoid the issues that have been experienced within other projects such as the New Children's Hospital in NHS Lothian and the Queen Elizabeth Hospital within NHS Greater Glasgow and Clyde. We

further noted that there is appropriate reporting and escalation arrangements recorded within the OBC.

6. The Project Board membership includes the Nurse Director as the Senior Responsible Officer, a Non-Executive Director and several other Directors which bring a wide spectrum of expertise, skills and experience to the Project Board.

Derogations of the Project

7. Derogation is defined within the Business Dictionary as the non application of a rule or reduction in its stringency, usually for a specific period and in specific reasons. The Derogations Schedule was approved at the 16 March 2020 FEOC Project Board. The Derogation Schedule is included within the OBC which has been approved by the SGHDCIG. The Director of the Project has advised that the Derogation Schedule will continue to be updated and approved at key stages of the project.

Approval of Key Milestones and Stages

8. The timing of the submission to the SGHDCIG has impacted on the formal approval process of key documents by the Fife Capital Investment Group. For example, the OBC was sent out to the group and approved virtually as it had to be submitted to the SGHDCIG, but we were unable to verify the formal record of approval collectively by the group. We recommend for future milestones and key stages of the project, such as the Full Business Case, that the document is presented with sufficient time to allow for formal recorded approval.
9. The OBC was included on the agenda to the EDG on 14 October 2019; however we were unable to validate the approval from the Executive Directors Group due to no formal record of the meeting retained at that time. We note that the EDG has changed the administration process and from 24 February 2020 it now records the EDG formal monthly meeting. This should ensure that the key milestones reported to the EDG are formally approved and retained.
10. The Clinical Governance Committee approved the OBC at its 6 November 2019 meeting. The minute of this meeting reported that the timeline required that after the OBC was considered through the Project Board, it was subsequently progressed to the Finance Performance and Resources Committee at the 5 November 2019 meeting, where it was considered in preparation for NHS Fife Board approval.
11. The OBC was submitted to the SGHDCIG in parallel, to the approval by the NHS Fife Board at the 27 November 2019 meeting. The paper presented to the Finance Performance and Resources Committee reported that the SGHDCIG were made aware that they received the Business Case subject to formal approval by the NHS Fife Board.
12. The Nurse Director and Project Director attend the National Elective Centre Programme Board which allows Sharing of information.
13. As detailed within the OBC, the project is being delivered using HFS Frameworks Scotland 2 (FS2) which operates using the NEC3/ECC3 form of contract. This type of contract is unique as it offers complete end-to-end project management solution for the entire project life-cycle: from planning, defining legal relationships and procurement of works, all the way through to project completion.
14. The contract was procured under Frameworks Scotland. The Consultants, have expertise in Project Management and in particular NEC3 & 4 and have been engaged to manage the project. In addition, an external contractor has been engaged as the Joint Cost Advisor. The utilisation of experienced experts within these areas provides further assurance over these processes.

Control Objective 2 Sufficient reporting arrangements are in place for appropriate monitoring of risks, progress, quality and financial commitments of the project.

15. There has been regular and appropriate reporting on the FEOC to the NHS Fife Board, the Finance Performance and Resources Committee (FP&RC) and the Clinical Governance Committee.

16. Presentation of the Initial Agreement to the FP&RC meeting in February 2018 was also provided and a presentation of the proposed design and project to the Board Development Session meeting in August 2019.

17. A paper on an introduction to the Scottish Capital Investment Manual (SCIM) was provided to the September 2019 NHS Fife Board meeting and a presentation provided to the November 2019 meeting of the FP&RC outlined the guidance on the cyclical process of project development from inception at the service planning stage, to post project evaluation of service benefits realised once a new building is occupied.

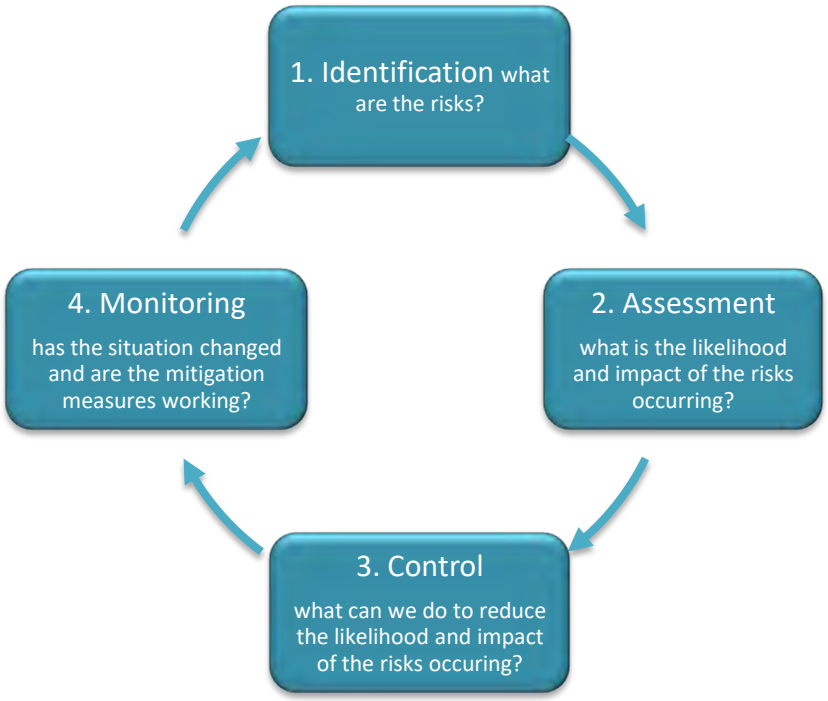
18. The FEOC project is using the SCIM methodology; this includes the Planning Stage outlined within the Initial Agreement, the Monitoring and Evaluation Plan, outlined within the OBC and the Full Monitoring and Evaluation Plan outlined within the Full Business Case which is planned for September 2020. These documents provide assurance through the governance processes on the progress, quality and financial commitments of the project. This is further detailed in the section below.

Risk Management

19. In line with the SCIM risk management process, (as depicted below) the Fife Elective Orthopaedic Project has an autonomous risk register in place. The Project Director advised that it is updated on a monthly basis and is provided to every Project Board meeting. We noted that the FEOC Project risk register includes identified risks, risk rating, mitigating actions and risk owner. However there is further scope to improve its effectiveness by including the action date, closed out date and any comments that would provide additional information or escalation of the risk, if required. The Project Director advised that the Project risk register is managed by the Project Manager and it is a Framework 2 process, therefore consideration will be given to making the enhancements but it may not be possible due to the design of the risk register.

20. We are advised by the Project Director that risks identified from the project risk register which require escalation are considered on the organisational risk register, a recent example is the COVID 19 risk. This risk was identified on the project risk register and escalated to the organisational risk register.

SCIM Risk Management



Financial Planning

21. The Capital Investment Programme (CIP) 2018/19 – 2022/24 includes the Fife Elective Orthopaedic project, with approval by the FP&RC at the 27 February 2018 meeting. The CIP was previously considered by the NHS Fife Capital Investment Group on 6 February 2017 and the Executive Directors Group on 19 February 2017.

Control Objective 3: An appropriate project methodology is used to ensure that the inherent risks of the project are mitigated i.e. budget overspends, project scope, expected outcomes and timescales.

Project Methodology

22. The Scottish Capital Investment Manual (SCIM) has been used which is based on best practice and mandated through NHS CEL 19 (2009) Scottish Capital Investment Manual for NHSScotland. The SCIM is used for all infrastructure and investment programmes and projects by NHS Scotland bodies and therefore is an appropriate methodology for this project. There is a web based SCIM tool, which includes a '*Summary of Stages'* and we have used it to measure compliance of the project on the Initial Agreement and the OBC and concluded that they are in both line with the SCIM processes.

23. Project Management Consultants were appointed by NHS Fife through Frameworks Scotland to manage the project scope, budget and expected outcomes of the project. The Project Manager has NEC3 Accredited Project Management Status.

24. An appropriate evaluation toolkit Achieving Excellence Design Evaluation Toolkit (AEDET) has been used which is in line with the NHSScotland Design Assessment Process under NHS CEL 19 (2010). The AEDET process, which involves scoring around three main criteria, (Functionality, Build Quality and Impact) has been undertaken and the outcomes have been included within the OBC.

Controls on overspend of the Project

25. The Initial Agreement outlined the construction costs only. The Financial Case is within the OBC and it provides a Financial Model of costs and associated funding and key assumptions for the project. The capital costs have been estimated by an independent cost advisor. In addition, assurances have been provided to the November 2019 FP&RC, that a cost plan has been produced and agreed with the Principal Supply Chain Partner to provide assurance on the affordability of the project. The OBC includes a detailed Financial Case which outlines the affordability of the scheme and sets out all associated capital and revenue costs. The Financial Case also states a preferred option, with consideration to the implications on NHS Fife's finances.

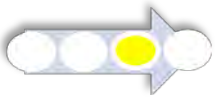
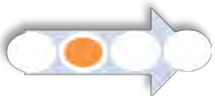
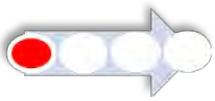
Monitoring of the Progress of the Project

26. As this is a £34m capital project, gateway reviews against key milestones are carried out by the SGHSCD Capital Investment Group. This has and will provide future oversight and monitoring of the progress of the project. In addition, update papers on progress are provided by the Project Director and Senior Lead Officer regularly to the FP&RC and the Board.

Section 4 Definition of Assurance and Recommendation Priorities

Definition of Assurance

To assist management in assessing the overall opinion of the area under review, we have assessed the system adequacy and control application, and categorised the opinion based on the following criteria:

Level of Assurance		System Adequacy	Controls
Comprehensive Assurance		Robust framework of key controls ensure objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.
No Assurance		High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls.

Section 4 Definition of Assurance and Recommendation Priorities

Assessment of Risk

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Risk Assessment		Definition	Total
Fundamental		Non Compliance with key controls or evidence of material loss or error. **Action is imperative to ensure that the objectives for the area under review are met.**	None
Significant		Weaknesses in control or design in some areas of established controls. **Requires action to avoid exposure to significant risks in achieving the objectives for area under review.**	None
Merits attention		There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**	Two

Item 15.4

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**7 January 2021**
Title:	**Strategic Planning and Resource Allocation Update**
Responsible Executive:	**Margo McGurk, Director of Finance**
Report Author:	**Susan Fraser, Associate Director of Planning and Performance**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to:

- Strategic Planning and Resource Allocation Process

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Strategic Planning and Resource Allocation (SPRA) Process is now underway This paper outlines a proposed new strategic planning and resource allocation process for NHS Fife.

The SPRA process is intended to create a planning and resource allocation framework to support the development of the organisational strategy for NHS Fife. This will inform the 3 year financial and strategic plan to support the delivery of the strategy.

At the beginning of December 2020, a template was sent to all directorates and major programmes of NHS Fife for completion. This paper describes the SPRA process and provides an update on the submission process.

2.2 Background

The Service Review process has been in place for the past 3 years, but a different approach has been taken for 2021/22. The Strategic Planning and Resource Allocation process brings together the planning of services, financial and workforce implications of service delivery and change. Full description and guidance for the SPRA process can be found in Appendix 1.

2019/20 and 2020/21 has been characterised by a major disruption of services due to COVID-19 in terms of the mobilisation of services to deal with COVID-19 and the remobilisation of services in a COVID-19 sensitive environment. The NHS in Scotland continues to operate under emergency planning measures until at least the end of March 2021.The immediate response and subsequent planning for remobilisation of services has resulted in significant changes in service models and, in some cases, delivery.

The current uncertainty in the future means planning for 2021/22 is difficult and may need to be revised throughout the year. With this in mind, any planning undertaken now need to be agile to adapt to any new national guidance as well as local prioritisation.

2.3 Assessment

SPRA Process

Once the submission of all the directorate and programme templates have taken place, the process will be to review and collate the submissions in order to report back to EDG on the list of service changes and programmes that will be discussed and then

prioritised. These service changes and programmes will be considered in terms of the overall objectives, quality of care as well as financial and workforce implications.

Once completed, the governance of this work will be to provide a paper on the organisation's priorities to the committees and through to the Board.

Key dates:

7 January	Update to SPRA process to EDG
21 January	Summary of submissions to EDG followed by prioritisation
24 February	Board Development Session
28 February	Submission of Remobilisation Plan 3 (RMP3)
5 March	SBAR to Staff Governance Committee
11 March	SBAR to Clinical Governance Committee
16 March	SBAR to Finance, Performance and Resource Committee
31 March	Final SPRA report and RMP3 to Board

Summary of Completed Templates

The response from directorates was positive, of the 14 submissions requested, including Health & Social Care, 10 have been received of which 3 were partially completed. Health & Social Care have agreed to submit high-level priorities separately as they are undertaking a similar piece of work for the IJB.

From 24 requested submissions for Programmes there has been 14 submitted, fully completed, to date.

An initial review of the submissions so far has provided detailed information on service priorities and risks that will inform the future strategic planning of the delivery of health care services in Fife.

Several reminders have been issued to remind directors of the request and the deadline dates. The missing returns will continue to be chased up.

2.3.1 Quality/ Patient Care

The main aim of SPRA process is to continue to deliver high quality care to patients.

2.3.2 Workforce

Workforce planning is key to the SPRA process.

2.3.3 Financial

Financial planning is key to the SPRA process.

2.3.4 Risk Assessment/Management

Risk assessment is part of SPRA process and will be part in the prioritisation of key objectives

2.3.5 Equality and Diversity, including health inequalities

Equality and Diversity is integral any redesign based on the SPRA process.

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

Appropriate communication, involvement, engagement and consultation within the organisation throughout the SPRA process.

2.3.8 Route to the Meeting

N/A

2.4 Recommendation

EDG is asked to:

- **Note** the update to the Strategic Planning and Resource Allocation process and the progress that has been made on the submission of templates from directorates and programmes.

3 List of appendices

Appendix 1: Strategic Planning and Resource Allocation Proposal Guidance

Report Contact

Susan Fraser

Associate Director of Planning and Performance

Email susan.fraser3@nhs.scot

Strategic Planning and Resource Allocation (SPRA)

Proposal and Guidance 2020/21- 2022/23

EXECUTIVE DIRECTORS GROUP November 2020

CONTENTS

Section A: Introduction

This paper outlines a proposed new strategic planning and resource allocation process for NHS Fife.

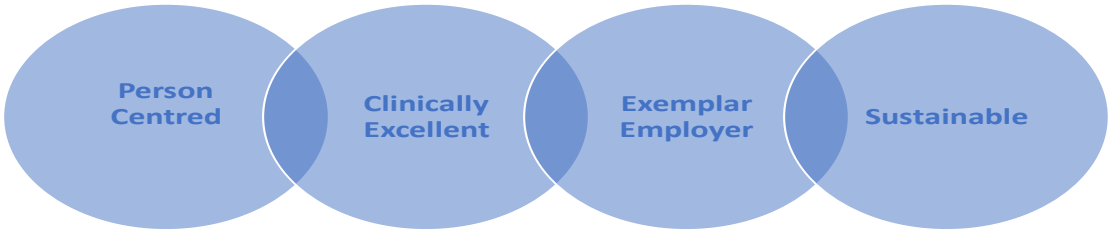
The Chief Executive has lead responsibility for developing the organisational strategy for NHS Fife for consideration and approval by the NHS Fife Board. The SPRA process is intended to create a planning and resource allocation framework to support that role. The Chief Executive relies on effective collaboration across the directorates to create the 3-year plan to inform and support the delivery of the strategy.

Each director also has a role to ensure that the knowledge and insights gathered from their individual or collective engagement with various national groups and key stakeholders is shared with EDG as part of the SPRA process and used to guide and inform this planning process.

Section B: NHS Fife Strategic Objectives

Strategic Objectives

Each year a review and objective setting exercise is completed for the Corporate Objectives. 2019/20 and 2020/21 were years characterised by a major disruption of services due to Covid-19. The immediate response and subsequent planning for remobilisation of services has resulted in significant changes in service models and, in some cases, delivery. Our 4 strategic objectives over the next 5-year period are summarised below.

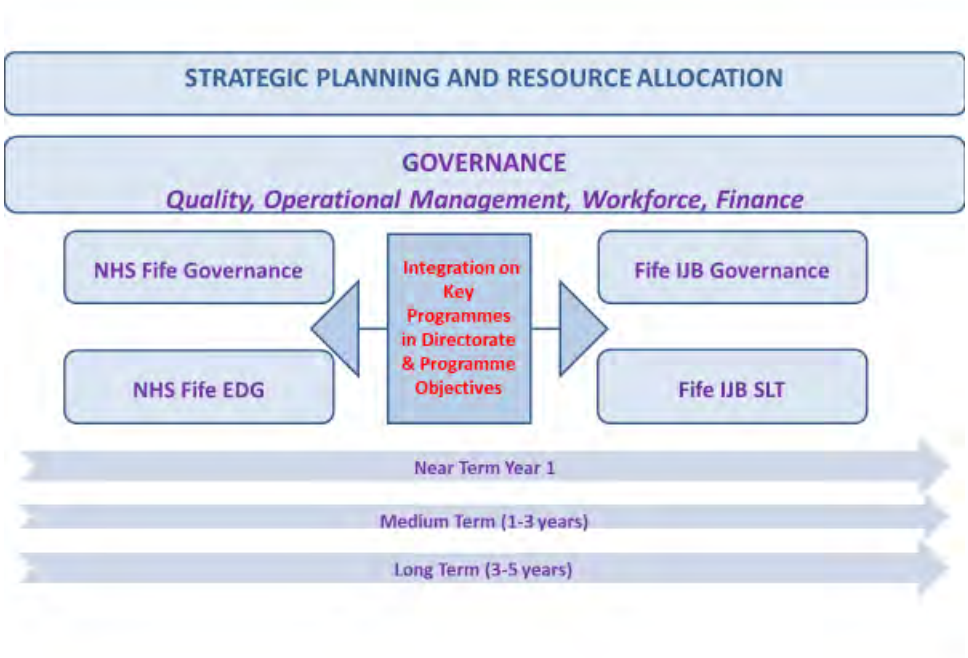


Person Centred	Clinically Excellent	Exemplar Employer	Sustainable
Listen to what matters to YOU	Work with YOU to receive the best care possible	Create time and space for continuous learning	Optimise resource for health and well-being
Design Services in partnership with service users, carers and communities	Ensure there is no avoidable harm	Listen to and involve staff at all levels	Ensure cost effective and within budget
Give YOU choices and information	Achieve and maintain quality standards	Give staff the skills, resources and equipment required for the job	Increase efficiency and reduce waste
Create environments that	Ensure environment is	Encourage staff to be	Service redesign will

encourage caring and positive outcomes for all	clean, tidy, well maintained, safe and something to be proud of	ambassadors for Health and Social Care in Fife	ensure cost effective, lean and minimise adverse variation
Develop and redesign services that put patients first supporting independent living and self-management	Embed patient safety consistently across all aspects of healthcare provision	Create high-performing MDT through education and development	Optimise use of property and assets with our partners
		Equip people to be the best leaders	

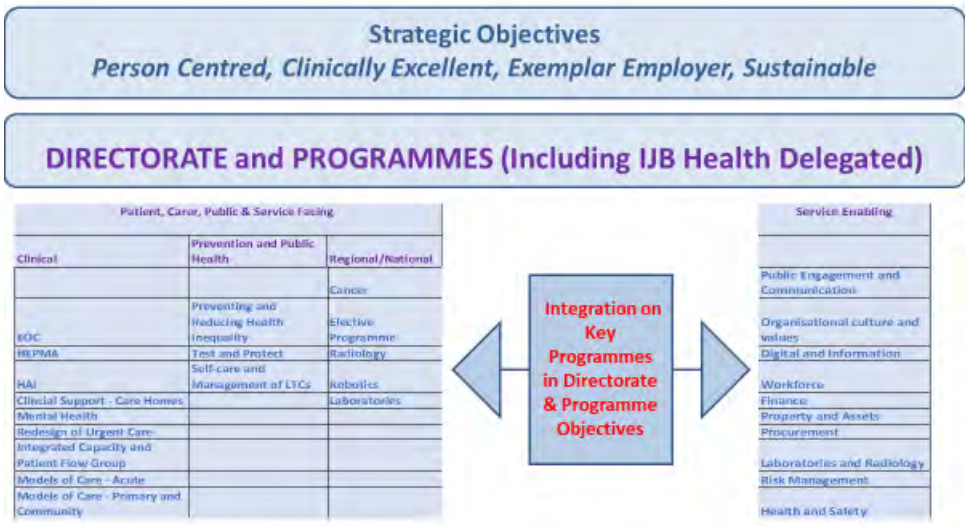
Section C: Governance

This new process will support the delivery of NHS Fife strategic objectives and will follow the current approvals and governance processes for NHS Fife. There will also be integration with Fife IJB governance to ensure consistency of approach and clarity of roles and assumptions across key programmes and objectives.



Section D: The Scope

One of the key aims of this new process is to articulate the scope of work across the organisation and within the IJB which requires to be done to deliver our strategic objectives. Understanding the scope and the potential phasing of activity will support the overall prioritisation process required to create a deliverable 3-year plan. It will also ensure that the resources available to us are targeted to those prioritised objectives.



Section E: Guidance on Preparing Strategic Planning and Resource Allocation Directorate and Programme Submissions

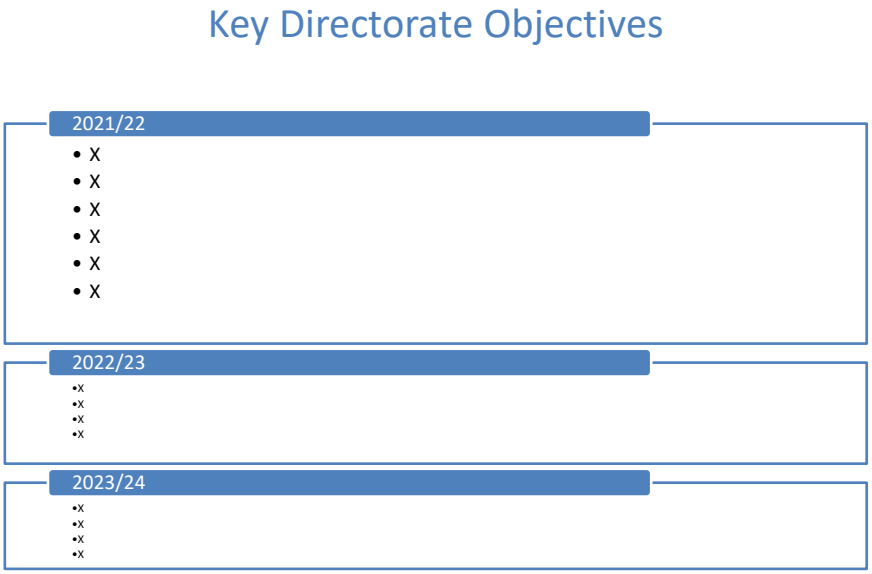
Strategic Planning and Resource Allocation (SPRA) is an annual process which details how each directorate/programme supports the delivery of the overall organisational strategy. Given this is a new approach, the proposal is to focus on the next 3 years in the first instance. The directorate positions are consolidated and considered by the EDG. The EDG discussion will require to focus on prioritisation based on delivering the most effective allocation of resources. That prioritisation will of course be influenced by the Scottish Government policy objectives and the recurring impact of COVID 19. The prioritisation process will also require to reflect that the NHS in Scotland is operating under the direction of the Scottish Government at least until the end of March 2020.

The sections below give some guidance on the content anticipated from the SPRA presentations.

In order to ensure the appropriate level of integration with the IJB strategic planning process, the proposal is that the IJB Chief Officer and the Chief Finance Officer will submit a return similar to that required from the NHS Fife directorates and programmes. This information will be drawn from the existing work and arrangements to create the strategic plan and objectives for the IJB.

Directorate/Programme Key Objectives

This summarises the key messages from the Directorate SPRA presentation. This slide sets the context for the rest of the presentation



This graphic articulates the key objectives for each directorate/programme over the next 3 years which can be shared with staff and stakeholders and outlines the key stages to be achieved with specific actions, thus enabling progress to be measured. This graphic is then consolidated to show the key objectives at an organisational level.

Directorate/Programme Service Engagement

This should be a mapping exercise against the key stakeholder groupings which we support and there should be an appropriate read across to the key objectives slide.

Directorate Service Engagement

2021/22

- X
- X
- X
- X
- X
- X

2022/23

- x
- x
- x
- x

2023/24

- x
- x
- x
- x

Workforce Planning Assumptions

Each directorate should outline the annual workforce planning assumptions supporting the 3-year plan. This will be shown at a summary "total WTE" level but will also show the detail by clinical/nonclinical staffing groups, the Workforce Directorate will support this information requirement but the planning assumptions and projections remain the responsibility of directorates.

Directorate Workforce Profile and Planning Assumptions

Workforce Plan	2021/22 WTE	2022/23 WTE	2023/24 WTE
Opening position			
Total	-	-	-
Workforce Plan	**2021/22 WTE**	**2022/23 WTE**	**2023/24 WTE**
Increases/Decreases			
Total	-	-	-
Workforce Plan	**2021/22 WTE**	**2022/23 WTE**	**2023/24 WTE**
Safe Staffing in-year			
Total	-	-	-
Workforce Plan	**2021/22 WTE**	**2022/23 WTE**	**2023/24 WTE**
Summary Overall Position			
Total	-	-	-

Financial Planning Assumptions

Each directorate should outline the annual budget and expenditure supporting the 3-year plan. This will be shown at a summary level but will also show the detail of pay and non-pay spend, the Finance Directorate will support this information requirement, but the planning assumptions and projections remain the responsibility of directorates.

Financial Plan	2021/22 £'000	2022/23 £'000	2023/24 £'000
Opening Position			
Total	-	-	-

Financial Plan	2021/22 £'000	2022/23 £'000	2023/24 £'000
Significant Cost Pressures			
Total	-	-	-

Financial Plan	2021/22 £'000	2022/23 £'000	2023/24 £'000
Planned Reductions			
Total	-	-	-

Financial Plan	2021/22 WTE	2022/23 WTE	2023/24 WTE
Summary Overall Position			
Total	-	-	-

Efficiency Savings Assumptions

Each directorate/programme should set out the level of planned efficiency savings for each of the 3 years of the plan. This should include a move to generate a significant proportion of recurring savings initiatives. For this initial stage in the planning process an assumption should be made that a minimum of 3% will be required.

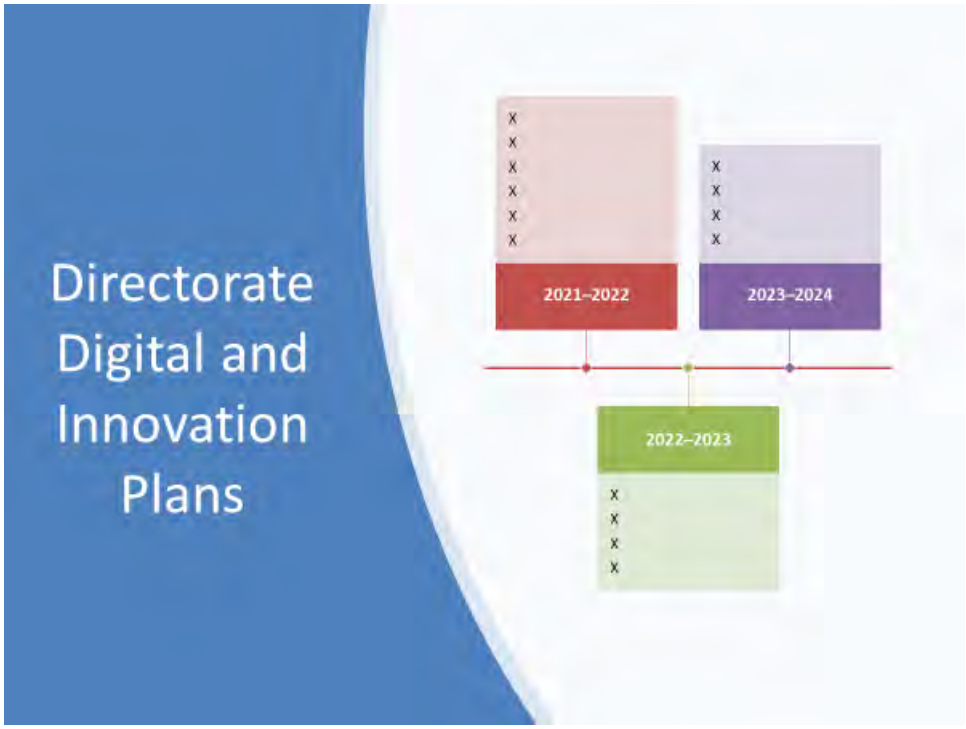
Efficiency Savings Plan	2021/22	2022/23	2023/24
	£'000	£'000	£'000
Total	-	-	-

Digital and Innovation Plans

The Digital and Information Directorate will submit a system wide plan covering capital and revenue planning assumptions. Each directorate will also submit the anticipated dependencies on this work to support key objectives.

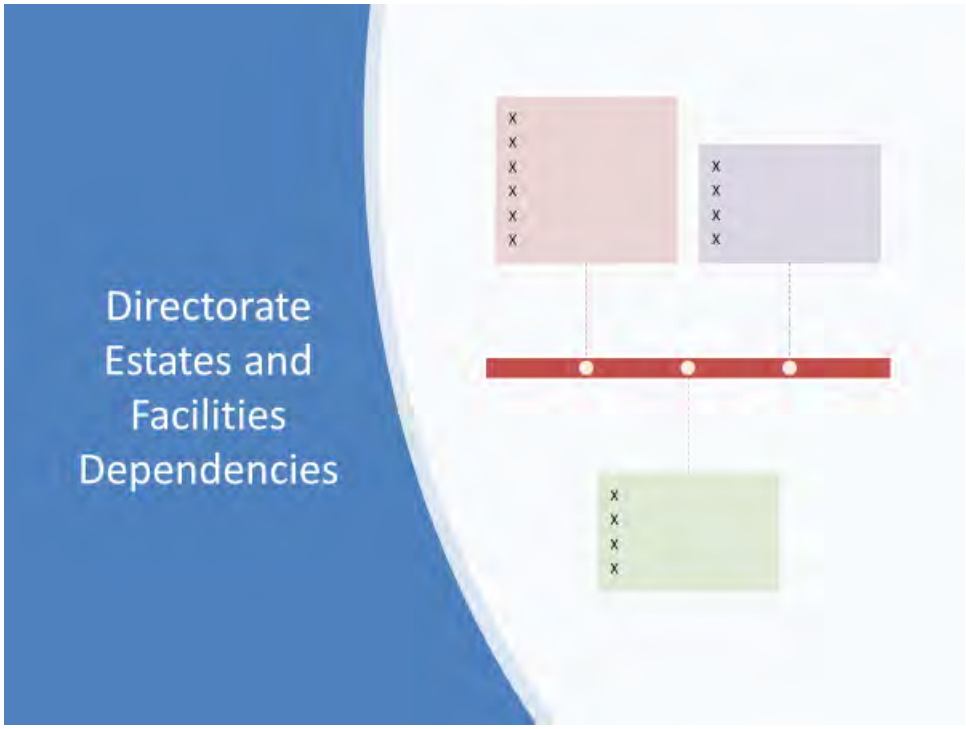
This slide should identify the main challenges and opportunities for your directorates in delivering outcomes associated with the implementation of digital solutions to support service delivery.

The plans should include an indication of how the ideas are being/will be developed, indicative timescales, costs, and sources of funds. Examples could include the roll-out of Nearme.



Directorate Estates and Facilities Dependencies

The Estates and Facilities Directorate will submit a system wide plan covering capital and revenue planning assumptions. Each directorate will also submit the anticipated dependencies on this work to support key objectives.



Directorate/Programme Risk Profile

Reflecting on the range of information gathered at directorate/programme level, an assessment should be made of the risk profile for each of the 3 years of the plan. This will be critical is supporting the prioritisation work which EDG will require to do when considering the consolidated returns.

Section D: SPRA Preparation and Governance Process

The EDG will be invited to consider and approve the SPRA process in November 2020. There will be a presentation on the process for the NHS Fife Board at the next available development session.

The Directorate SPRA presentations should be submitted by 18 December 2020 to the Director of Finance**.**

The returns will be consolidated for full EDG consideration in January 2020.

The SPRA will then be presented to the Finance, Performance and Resources Committee, the Staff Governance Committee, the Area Partnership Forum and NHS Fife Board. The SPRA outcomes will be used to populate the Annual Operating, Workforce Plan and other organisational strategies.

Mid-Year Review

A mid-year review takes place annually in September/October to assess progress. Following the mid-year review, a refreshed SPRA is presented to the EDG, Finance, Performance and Resources Committee, the Staff Governance Committee, the Area Partnership Forum and NHS Fife Board.

Annual Operating Plan

The NHS Fife plan for the 3-year period covering 2020/21 to 2022/23 will be due for submission in February 2020 as part of the Annual Operating Plan process.