

NHS FIFE CLINICAL GOVERNANCE COMMITTEE

Thu 11 March 2021, 14:00 - 17:00

VIA MS TEAMS

Agenda

14:00 - 14:00
0 min

1. APOLOGIES FOR ABSENCE

Dr Hellewell, Lynn Campbell, Susan Fraser, David Graham

14:00 - 14:00
0 min

2. DECLARATION OF MEMBERS' INTERESTS

14:00 - 14:00
0 min

3. MINUTES OF LAST MEETING HELD ON 14 JANUARY 2021

(enclosed)

 Item 3 - Unconfirmed 14 January 2021 V2.pdf (14 pages)

14:00 - 14:00
0 min

4. ACTION LIST

(enclosed)

 Item 4 - Action List 11 March 2021 V2.pdf (3 pages)


14:00 - 14:00
0 min


5. COVID19 - UPDATE

5.1. Covid-19 Vaccination Programme Update

(Enclosed)

Scott Garden

 Item 5.1 - 110321 - COVID-19 Vaccination - Clinical Governance Committee.pdf (7 pages)

 Item 5.1 - Appendix 1 - JCVI interim statement on phase 2 of the COVID-19 vaccination programme - GOV.UK.pdf (9 pages)

5.2. Expansion of Covid-19 Testing

(enclosed)

Dona Milne

 Item 5.2 - CGC 110321 SBAR Testing.pdf (23 pages)

14:00 - 14:00
0 min

6. REMOBILISATION OF CLINICAL SERVICES

6.1. Update on Remobilisation Plan




(verbal)

Chris McKenna

6.2. Redesign of Urgent Care - Flow and Navigation Update

(enclosed)

Chris McKenna

-  Item 6.2 - CGC Urgent care paper L comments (1).pdf (8 pages)
-  Item 6.2 - Appendix 1.pdf (6 pages)
-  Item 6.2 - Appendix 2.pdf (27 pages)

14:00 - 14:00
0 min

7. GOVERNANCE

7.1. Review Of Committee Terms of Reference

(enclosed) *Gillian MacIntosh*

-  Item 7.1 - CG ToR.pdf (6 pages)

14:00 - 14:00
0 min

8. QUALITY, PLANNING & PERFORMANCE

8.1. Integrated Performance & Quality Report

(enclosed) *Chris McKenna/Janette Owens*



-  Item 8.1 - SBAR CG Committee.pdf (3 pages)
-  Item 8.1 - 11 Feb 2021 IPQR.pdf (47 pages)

14:00 - 14:00
0 min

9. ITEMS FOR NOTING

9.1. HAIRT Report

(enclosed) *Janette Owens*

-  Item 9.1 - HAIRT Report Jan 2021.pdf (19 pages)
-  Item 9.1 - Hairt Board report.pdf (6 pages)

14:00 - 14:00
0 min

10. INTEGRATED SREENING ANNUAL REPORT

(enclosed) *Dona Milne*

-  Item 10.1 - SBAR for CGC Annual Screening Report 110321.pdf (23 pages)

14:00 - 14:00
0 min

11. LINKED COMMITTEE MINUTES

11.1. Fife HSCP Clinical and Care Governance Committee - 29/01/2021

(enclosed) *Nicky Connor*

-  Item 11.1 - FINAL C&CGC UNCONFIRMED MINUTE 290121.pdf (7 pages)

11.2. Integration Joint Board (IJB) - 04.12.2020

(enclosed) *Nicky Connor*

-  Item 11.2 - Final IJB Minute 4 December 2020.pdf (7 pages)

11.3. Infection Control Committee - 02/12/2020

(enclosed) *Janette Owens*

-  Item 11.3 - ICCNotes 02 12 2020.pdf (7 pages)

11.4. Public Health Assurance Committee - 20/01/2021

 Item 11.4 - PHAC Minutes 200121 DM.pdf (6 pages)

14:00 - 14:00 **12. ISSUES TO BE ESCALATED**
0 min

14:00 - 14:00 **13. ANY OTHER BUSINESS**
0 min

14:00 - 14:00 **14. PART 2 - PRIVATE SESSION**
0 min

14.1. Notes of Private Meeting held on 18 November 2020

(enclosed in Private Folder) Les Bisset

14.2. Remobilisation Plan v3 / Strategic Planning & Resource Allocation Medium Term Plan 2021-22 to 2023-4

(enclosed in Private Folder) Margo McGurk

14.3. UK Infected Blood Inquiry - Request to Waive Legal Privilege

(enclosed in Private Folder) Dona Milne

14.4. Strategic Planning Resource Allocation Update

(enclosed in Private Folder) Margo McGurk

14:00 - 14:00 **15. DATE OF NEXT MEETING: Thursday 6 May 2021 at 2pm**
0 min

Fife NHS Board

UNCONFIRMED



MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON THURSDAY 14 JANUARY 2021 AT 2PM VIA MS TEAMS

Present:

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|--|--|
| Dr Les Bisset, Chair | Martin Black, Non-Executive Member |
| Sinead Braiden, Non-Executive Member | Wilma Brown, APF Representative (left 3.45pm) |
| Helen Buchanan, Nurse Director | Rona Laing, Non-Executive Member |
| Janette Owens, Incoming Nurse Director (left 3.30pm) | Dona Milne, Director of Public Health (left 4pm) |
| Dr Chris McKenna, Medical Director | Carol Potter, Chief Executive |
| John Stobbs, Patient Representative | Margaret Wells, Non-Executive Member |
| David Graham, Non-Executive Member | |

In Attendance:

| | |
|--|--|
| Nicky Connor, Director of Health & Social Care | Scott Garden, Director of Pharmacy & Medicines (left 3.30pm) |
| Dr Rob Cargill, AMD ASD (left 2.30pm) | Claire Dobson, Director of Acute Services (left 3.40pm) |
| Gillian MacIntosh, Board Secretary | Susan Fraser, Associate Director of Planning & Performance |
| Elizabeth Muir, Clinical Effectiveness Coordinator | Helen Woodburn, Head of Quality & Clinical Governance |
| Catriona Dziech, Note Taker | |

Dr Bisset opened the meeting by noting the Committee's ongoing appreciation to staff for their resilience during the second wave of the pandemic. Although staff may be tired, they are showing perseverance and making a massive commitment, for which the Committee is very grateful.

Dr Bisset advised that, due to the current pressures the Directors were facing, the agenda only contained items that required to be considered, and it had been agreed that some of these may be verbal reports. The governance situation remains robust and the minutes would record any decisions taken. Any presentations would be issued to the Committee by email.

It was noted there was significant pressures within the Acute site at the present time and it was agreed that any members who needed to leave to address these issues could do so.

1. Apologies for Absence

Apologies were noted from Lynn Campbell and Dr Helen Hellewell.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the Meeting held on

The note of the meeting held on 4 November 2020 was formally approved.

4. Action List

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

5. MATTERS ARISING

5.1 Seasonal Flu Programme 2020 Action Plan - Progress Update

Dona Milne advised that this SBAR provides an update on the implementation of the action plan following the recent seasonal flu review. Progress has been made around the governance arrangements, which remained under review. As a result, there will be more frequent meetings of the Area Immunisation Steering Group and Public Health Assurance Committee. This will take account of the recommendations and also the additional work associated with Covid Vaccination Programme.

Dona Milne raised the issue of additional capacity within Public Health, which is required due to the level of activity. This continued to increase and she was working jointly with the Partnership to discuss how to share out some of the tasks and use some of their team to take forward some of that work.

There remain discussions around how to manage governance, links with public health and the delivery of the programme and clarity around the tasks that sit with the Partnership. Dona Milne, Nicky Connor and Scott Garden will meet to discuss further. Carol Potter had received an SBAR around the various responsibilities and we are now at the stage of defining the structures and delivery mechanisms going forward.

Dr Bisset thanked Dona Milne for her update and noted a number of actions have been dealt with and are now in place. There are also clear mechanisms for closing the rest. Dr Bisset asked that this item be brought back to the next meeting, to close off this item from the agenda.

Action:DM

5.2 Item 186 – Survey Update: Engagement and Participation in service change and redesign in response to Covid

Helen Buchanan advised that a questionnaire had been issued back in the Summer 2020 to all our services. Instances of participation and engagement work were entered via a Survey Monkey platform, to record what had been undertaken as a service change during the pandemic. This has been returned to the SGHD.

A further letter was received from SGHD in November 2020 as a reminder that if there was any significant service change, to make sure we engage and consult with the public as much as possible. This was circulated to all Managers and Services to

highlight that if changes are being made, and there is time, we will consult and engage. This is not always possible, however, especially under current circumstances. A lot of this work is under the direction of SGHD, who themselves have not consulted or engaged on many of the things we have had to do, as it has had to be done very quickly. As we move through the Pandemic, the commitment is that if services are staying the same, we will ensure the relevant engagement processes are implemented.

Helen Buchanan closed by confirming NHS Fife responded to SGHD with the information requested.

Dr Bisset thanked Helen Buchanan for her verbal update.

The Committee noted the update and closed this action.

5.3 Item 187 – Bill to incorporate the United Nations convention with Rights of the Child

Helen Buchanan advised that a letter was received in October 2020. Scotland is the first country in the UK to directly incorporate the Convention as part of a Scottish Parliament Bill, which went through in September 2020. This is good news, as it makes sure the Rights of Child are not incompatible with anything undertaken in legislation. The child has the right to go through legislation if they think there is anything proposed that is against the guidance. The Children and Young People's Right Impact Assessment is now an integral part of the NHS Fife EQIA process. This was established with the Human Rights Group and the Children's Services. The SGHD will publish a report annually to monitor any actions and outcomes.

Dr Bisset thanks Helen Buchanan for her verbal update.

The Committee noted the update and closed this action.

5.4 Item 190 – Risk 1652: Lack of Medical Capacity in Community Paediatric Service

Dr Cargill advised this report was being brought to the Committee two months ahead of the previously planned schedule.

The Committee noted:

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

In taking comment, it was recognised that collaboration with other Board areas has been explored and proved successful with Lothian and Borders, specifically around

supporting child protection issues. Attempts were made to engage with Tayside around network arrangements for a holistic Community Paediatric service but this had not been successful at this time. These possibilities will remain live. At the moment cross-border collaboration has not been a solution to our capacity problems.

Dr Cargill highlighted that there is a statutory responsibility within community paediatrics in terms of child protection. There is collaboration between community paediatrics and hospital-based paediatrics around these responsibilities, with further appointments into the medical paediatrics services in hospital, which offers resilience around the child protection duties that are shared across these two teams. These comments were echoed by Helen Buchanan and she advised these requirements are highlighted within the Child Protection Report.

Helen Buchanan noted that, in terms of child protection work, a lot of mitigation has been put in place at the moment. The NCM they feel their service is okay at the moment, in terms of that part of the business, and assurance was given.

Dr Bisset thanked Dr Cargill for his report. The Committee noted the recommendations and supported the programme of improvement work.

5.5 Update on Integration Scheme Review

Nicky Connor advised that a revised final draft Integration Scheme has been sent to NHS Fife and Fife Council for consideration and any comments are asked to be back by 18 January 2021. Thereafter, the group will be reconvened to consider any feedback and hopefully move to conclusion. A revised Scheme would then be taken through the governance structures in line with the timeline that was outlined.

Dr Bisset thanked Nicky Connor for her verbal update.

6 COVID-19 UPDATE

6.1 Covid-19 Vaccination Programme Update

Scott Garden shared a presentation with the Committee, which set out details on:

- Progress to date
- Lessons Identified
- Vaccine Development
- Local Delivery Plan
- Challenges Ahead

Key points to note from the presentation were:

- In relation to care homes, 2,800 care home staff and 2,200 care homes residents have now been vaccinated.
- 81% of all those eligible in care homes have had their first dose of the vaccine
- Around 12,800 vaccinations have been delivered in Fife. This does not capture the over 80s who are not in a care home and are being vaccinated at their GP surgery. GPs enter their data directly into the GP IT record and are not using the vaccination app. This will data will be captured in the overall figures but will take longer to come through.

- Moderna vaccine will not be available until April 2021.
- Astra Zeneca vaccine is used by GPs to vaccinate the over 80s as there are no logistical issues on storage.
- Half of GP Practices received the Astra Zeneca vaccine last week and began vaccinating practice staff. From this week, they will begin vaccinating the over 80s on the practice list. All Practices should see a delivery of vaccines by end of this week, with an anticipated completion date for the over 80s by mid February 2021.
- The four Nations have agreed the decision to extend the dosing interval to twelve weeks.
- There are currently four clinics delivering health and social care worker vaccinations in Victoria Hospital, Randolph Wemyss, Queen Margaret and St Andrews. Four thousand appointments will be delivered weekly through the four clinics. This should enable us to complete the health and social care worker vaccination first dose by around 5 February 2021.
- Flags have been raised around the proposed scheduling process but assurance was given to the Committee we have the process in place to action this at a local level.
- Working with Police Scotland to monitor security of the venues.
- Checklists are signed off by Silver Command for all venues.

The main challenges highlighted were around vaccine supply and planning assumptions; scheduling, particularly use of or linkages to the national scheduling tool, and ensuring effective communications, such as managing expectations from the public given the scale of the ask.

Dr Bisset thanked Scott Garden for his comprehensive presentation.

Carol Potter advised that she had a call with the new national Programme Director, Paul Hawkins, and had given feedback on the delivery of the programme thus far. Although nothing specific to add to the comprehensive presentation delivered to the Committee, Carol Potter wished to acknowledge the enormous effort by staff across the organisation.

In taking comments it was noted there are no shortages of batch testers and there is capacity to increase the supply of vaccine in due course. Contingency plans are in place for contacting people called for vaccination, to ensure they are appointed appropriately. Local appointments will be delivered within a 10 mile radius of an individual's home, and further information will be issued in due course on the mass programme.

Wilma Brown highlighted that, from a staff side perspective, the information and directive around the delay of the second dose of the vaccine did not go down well initially. This was in part the lack of notification given by the SGHD. However, she thanked Scott and his team, and in particular Ben Hannan, for their local communications. We were able to get on top of it, speak to staff and get explanations out to staff so people are now far more reassured. Wilma Brown asked that the minutes should note the dedication and passion of the whole Pharmacy team to get this project right.

Dr Bisset closed by asking Scott Garden to pass on the Committee's warm thanks and congratulations to the whole of his team.

The presentation was issued to the Committee (via email) on 14 January 2021 by Helen Woodburn.

6.2 Expansion of Covid-19 Testing

Dona Milne advised that, regrettably, she had not been able to produce paper due to ongoing demands and changes to national plans. A paper will however be taken to EDG on Monday 18 January 2021 and then be issued to the Committee by circulation.

Dona Milne advised that, since Christmas, there has been many letters received from SG which require action. There are new requirements for staff testing, patient testing, care home staff, care at home staff, and this has been extended to staff at work within sheltered housing and other housing situations. This is an extensive list and requires governance and follow up. The teams have been working hard to ensure measures are in place to support.

There will be two new additional asymptotic testing sites within Fife, one in Kirkcaldy and one in Levenmouth. The mobile site currently based at the Michael Woods Centre in Glenrothes will move to a static site in Glenrothes. This has been done in partnership and our colleagues at the Council have been excellent in assisting with this.

There is likely to be an announcement shortly around asymptotic community testing. A letter was received on 24 December 2020 requesting a proposal by 8 January 2021. Following submission, both Grampian and Fife were selected to take forward work and receive funding to put in place asymptomatic testing. The majority of staff will be redeployed from the Council. It is a short-term programme, running for two months initially and then possibly longer term.

A new approach is being considered around wastewater testing, whereby wastewater will be used to see if there is Covid circulating within a community. These areas will then be targeted with asymptomatic community testing within Fife. The new proposal also comes with isolation support, in particular around areas of deprivation, where individuals might find it difficult to isolate due to financial concerns.

The Committee noted the update and that a further paper will follow by circulation.

7 REMOBILISATION OF CLINICAL SERVICES

7.1 Update on Remobilisation and Clinical Prioritisation

7.2 Update on Redesign of Urgent Care

Dr McKenna advised that we are currently very much in a second wave of the pandemic, so all services across Acute and H&SCP are remobilised to respond to this. There are enhanced critical care services at VHK and enhanced Covid inpatient

facilities at VHK, as well as across the Partnership. This also impacts on how we respond to routine Winter Planning.

Elective services have been stepped back to dealing only with cancer and urgent cases. The majority of routine elective work and routine outpatients have been stood down to remobilise staff to deliver care in other parts of the system. This is being closely monitored but the impact will be significant in terms of performance in these areas, which will become apparent in due course. Remobilisation out of this will be a significant undertaking. SGHD have delayed the request for the submission of our Remobilisation Plan until February 2021 due to the pressures of the current situation.

In terms of redesign of Urgent Care, this continues as a soft launch. A hard launch was planned for January 2021 but was postponed due to concerns around the resilience of NHS24 services. Our flow navigation hub is however working successfully. There are pressures within the Emergency Department in order to respond to the senior decision-maker requests but this is being managed.

In taking comment it was noted that cancelled operations will continue to be actively managed and waiting lists reviewed in a clinically prioritised manner.

7.3 Winter Performance 2020-21

Helen Buchanan advised that this is the Winter Report for 2020/21, detailing performance to the end of November 2020. Helen Buchanan gave the Committee assurance that she currently meets regularly with Nicky Connor, Claire Dobson and Susan Fraser to discuss winter performance and any other current issues. Any issues from Bronze Command are escalated to them for resolution and, if required, these can be escalated to Gold Command. Assurance was also given that the correct pathways are in place within the community and hospitals to ensure patients are safe.

Claire Dobson advised that the position at VHK is very challenging at present and currently the critical care situation is escalating. We are currently at Stage 3 in the escalation plan and close to approaching Stage 4. We have only ever been in this position once over the course of the whole pandemic. The particular challenge is around staffing, but this is being worked through to deploy staff and support the required areas.

The number of Covid patients within the hospital has increased over the past week and other areas are being flexed to accommodate these patients. This means making wards red. Where amber surgical and medical patients were being cared for previously, these have become red to look after Covid positive patients.

The Emergency Care Department is under pressure and has seen increased trauma cases presenting with the recent icy weather.

Claire Dobson advised that, although we are in a challenging position, staff continue to work through and are grateful for the support of EDG Gold Command and Silver Winter Group.

Nicky Connor advised that there is a challenge across the whole system. There have been multiple ward closures within the community hospitals, which are being managed in line with infection control advice, IMTs and PAGs. There is a challenge around care home and care at home sectors, both in terms of closures and self isolation of staff. A strong focus is being maintained on the Home First model. This has been managed well over winter in terms of the delay position, but this has been more challenging this week as the pressures grow across the system.

Information is fed in on a daily basis to whole system discussions through the Bronze Group and we are able to bring in partners across independent partners and the voluntary sector.

In closing, Dr Bisset asked that grateful thanks be passed on to staff during this rapidly changing and challenging situation.

The Committee noted the report.

8 GOVERNANCE

8.1 Board Assurance Framework – Quality & Safety

Dr McKenna advised that there were no significant updates or changes to the associated risks. Dr McKenna and Helen Buchanan are looking at the whole risk profile and will ensure red risks are captured and a process is in place to ensure they are on the BAF.

In taking comment, it was noted the EU Risks would remain on the BAF meantime, as the effects of Brexit might continue to become apparent for some time.

It was also noted that a risk should be added around the community paediatric service. This issue would also be raised with the Child Protection Committee.

Action: HB

The Committee approved the Quality & Safety BAF ratings.

8.2 Board Assurance Framework – Strategic Planning

Dr McKenna advised that there were no significant updates or changes to associated risks. This BAF will be reviewed as we emerge from the pandemic to look at how we combine remobilisation, transformation and strategic planning. Dr McKenna has spoken with Margo McGurk to see how we can align each of the Directors and their responsibilities with the overarching delegation of strategic planning.

The Committee approved the Strategic Planning BAF ratings.

8.3 Board Assurance Framework – eHealth (now Digital & Information)

Dr McKenna advised that a couple of risks have been removed, as they were no longer applicable. There are a number of risks on the register that the Digital &

Information Team work to mitigate against the number of risks that exist within that environment.

The Committee approved the Digital & Information BAF ratings.

9 REQUESTED PAPERS

There were no requested papers for the Committee to consider at this meeting.

10 QUALITY, PLANNING AND PERFORMANCE

10.1 Integrated Performance & Quality Report

Dr McKenna advised that there are no significant concerns, although performance around completing complaints against the key deadlines remain a challenge.

Helen Buchanan advised that Keith Morris had highlighted that, for last year's performance, there was 82 SABs, the lowest on record since 2005. There has been no MRSA case for a calendar year on any of those SABs. Helen Buchanan advised that there had been many issues around workload and workforce, but we have managed to keep our SABs down.

Dr Bisset asked that thanks be passed on to Keith Morris and his team for this great achievement.

Action: HB

Dr McKenna highlighted that the reduction in Major and Extreme Adverse Events was due to the removal of tissue viability on admission from our data collection. A lot of scrutiny also goes into what is classified as major and extreme, with certain things that may have been previously over-graded now being appropriately graded. This is reviewed weekly by Dr McKenna and Helen Buchanan.

The Committee noted the report.

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

Dr McKenna advised that this report was being presented to the Committee for assurance.

The IRMER inspection process has changed recently and HIS now undertake inspections. It was a very positive inspection, with four follow-up requirements, which have been actioned and completed by Radiology Team.

The Committee noted the report.

11 PUBLIC ENGAGEMENT AND CONSULTATION

11.1 Public Engagement and Consultation Update

Helen Buchanan advised that a paper had previously been considered in February 2020 around Public Engagement and Consultation, and a proposed new structure to

be put in place to replace the Participation and Engagement Network (PEN). Following sign-off, a working model was put together for participation and engagement, which was different across Health and Social Care. An Advisory Group was put together and a process established whereby if a service development or change was being proposed, it would be taken to the Advisory Group. The Advisory Group consists of a range of individuals across health and social care and they would consider if the proposal required engagement or consultation. The Group would then support that process. There is a large directory / database of public contacts, so this is used to consider relevant participation.

This process has been used a lot over last few months and was recently utilised for proposed changes to mental health services and to seek public input into the Fife elective orthopaedic build.

New members have engaged with the system and an advert will be going out shortly for a new Chair, who will be a member of the public.

The model developed has been to the Scottish Health Council at the SGHD, who are keen that other Boards adopt this process, as it shows good practice for health and social care sectors to follow.

The end part of the process will be completed and Helen Buchanan gave the Committee assurance the work is being taken forward. Donna Hughes will bring back a report to the Committee on the work they have undertaken in the last year.

Action: HB

Dr Bisset thanked Helen Buchanan for her verbal update, welcoming the work done thus far.

11.2 Equality Outcomes 2021-25

Helen Buchanan advised that this report sets out the proposed Equality Outcomes for the period 2021 to 2025.

Helen Buchanan said it was important that the work that has already been done in the previous equality plan is not lost and it serves as a foundation for this plan. Other areas have been looked at to consider how to take forward equalities. There include:

- Improving and protecting the health of local people
- Improving health services for local people
- Focusing clearly on health outcomes and people's experience of their local health system
- Promoting integrated health and community planning by working closely with other local organisations
- Providing a single focus of accountability for the performance of the local NHS system.

It was agreed that, before the report was taken to the Board, Helen Buchanan and Rona Laing would meet to consider and expand on the rationale behind the outcomes given therein.

Action: HB / RL

The Committee noted the report and that it would be amended and taken to the Board at its March 2021 meeting.

11.3 Mainstreaming Final Equality Report 2017-21

Helen Buchanan advised that this report sets out the information and detail of the work undertaken over the past four years to progress the agreed set of equality outcomes for the period 2017-21. The report also contains details of our mainstreaming activity across different services (although these are not exhaustive) and how we intend to continue to make progress against these actions during the next four-year period.

In taking comment, it was noted the report highlights the huge amount of work that has been carried out over the past four years and the excellent outcomes. Members welcomed the useful examples and information given therein.

The Committee noted the report.

12 DIGITAL AND INFORMATION

12.1 Information Governance and Security Group Terms of Reference

Dr McKenna advised that the Terms of Reference are still being worked on and will be brought back to the next meeting of the Committee. It has been agreed that this is the correct route for governance issues relating to Digital and Information (D&I) to be brought to the Committee. Although there is no specific update at this time, Dr McKenna advised that D&I colleagues continue to prioritise work that is Covid-related, as per Government instruction. This may however result in the timetable for the implementation plan for the Strategy falling behind from that originally planned.

Dr McKenna advised that Lesly Donovan, Head of eHealth, is retiring in March 2021. It is hoped that her replacement - Alistair Graham from NHS Tayside - will start in February 2021, to have a handover period with Lesly Donovan.

Dr Bisset asked that the Committee's thanks be passed on to Lesly Donovan and her team for all their hard work, and especially the extra work undertaken during the pandemic.

The Committee noted an update would follow in due course.

Action: CMcK

13 ANNUAL REPORTS

13.1 Fife Child Protection Annual Report 2019-20

Helen Buchanan advised that this report sets out the challenges faced in this unusual year. Helen Buchanan advised that this year a group was established underneath the Child Protection Committee. This group included Helen Buchanan,

the Chief Social Worker, and had police involvement (as with the full committee, but with less stakeholder representatives). Their task has been to look at the dashboard that came forward regarding individual referrals and reviews. This was to ensure nothing was being missed during this busy time, when data might not be as robust as normal. This group continues to meet on a weekly basis.

There has been a drop in data during the pandemic but there is a National and Local campaign to report issues. Domestic violence has also been on the increase.

In taking comment, it was noted that there are issues with GP training but this is being actively worked on. Training is not mandatory for GPs and is available on LearnPro.

Medical cover has been resolved with Lothian and others to make sure, through the MCN, there is Lead cover. There is no specific Lead for Fife in terms of Child Protection to help drive it forward. There is a concern children could potentially be missed but the Child Protection Committee are very focused on this.

Concern was expressed about what is not known at the moment. It was asked how we make this as safe a service as it can be in the current times and how the clinical governance element can address this. Helen Buchanan agreed to take this back to the Child Protection Team, incorporate it into the report and bring back to the Committee. Helen Buchanan advised that we have been very clear from a health perspective that the added alerts given to Health Visitors and others is to encourage them to raise any concerns. There has been a directive from SGHD and no staff have been removed from children's services or redeployed.

Action: HB

Carol Potter advised that, as Chair of COPS, a discussion had been held at the last meeting about reissuing a joint letter, which had issued previously from the three Chief Officers in Fife for Health, Council and Police. The letter was in relation to information sharing in the context of adults and child protection and was deemed good practice and replicated in other areas.

The Committee noted the information presented within the update, in particular the significant steps being undertaken to sustain and support strong safeguarding practice within the context of the pandemic.

13.2 Medical Revalidation 2019-20

Dr McKenna advised that this report was for noting and assurance. The report will look different next year, due to the changes permitted by the GMC to move forward revalidation dates to allow doctors to deal with pandemic pressures.

The Committee noted the report.

13.3 Area Radiation Protection Annual Report

Dr McKenna advised that this report provides assurance to the Committee around the safety of Ionising Radiation and the processes and procedures in place to keep

staff and patients safe. This paper also includes details on the governance and reporting arrangements when there are incidents.

The Committee noted the report.

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 (11/11/2020)**
- 14.2 Fife Area Drugs & Therapeutics Committee (07/10/2020 & 02/12/2020)**
- 14.3 Fife HSCP Clinical & Care Governance Committee (13/11/2020)**
- 14.4 Research & Governance Group (29/10/2020)**
- 14.5 Health & Safety Sub Committee (11/12/2020)**
- 14.6 Integration Joint Board (IJB) (23/10/2020)**
- 14.7 Infection Control Committee (07/10/2020)**
- 14.8 Public Health Assurance Group (26/22/2020)**
- 14.9 NHS Fife Resilience Forum (18/11/2020)**
- 14.10 Area Radiation Protection Committee (11/12/2020)**
- 14.11 Ionising Radiation Medical Examination Regulations Board (IRMER) (20/08/2020)**

15 ITEMS FOR NOTING

15.1 HAIRT Report

The Committee noted the report.

15.2 B06/21 NHS Fife Annual Internal Audit Report

The Committee noted the findings of the report, particularly those related to its area of remit.

15.3 B25/20 Capital Management – NHS Fife Elective Orthopaedic Project

The Committee noted the report.

15.4 SPRA and Remobilisation Plan – processes January – March 2021

The Committee noted the report.

16 ISSUES TO BE ESCALATED

It was agreed Covid will be a substantive item on the Board agenda and many of the issues discussed today would feature. Dr Bisset would liaise with Dr McKenna about any further items for escalation.

17 AOCB

There was no other competent business.

18 DATE OF NEXT MEETING

Thursday 11 March 2021 at 2pm

TABLE OF ACTIONS FOR NHS FIFE CLINICAL GOVERNANCE COMMITTEE
UPDATED ON 14 JANUARY 2021
FOR DISCUSSION ON 11 MARCH 2021

| MINUTE REFERENCE | DATE OF MTG | ACTION | LEAD | TIMESCALE | PROGRESS |
|---|-------------|---|------|--|--|
| 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. |
| Survey Update <i>Engagement & Participation in service change and redesign in response to Covid-19</i> | 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 14.1.2020 Main Agenda Item 11.1 |
| Survey Update <i>Bill to Incorporate the United Nations Convention on the Rights of the Child (UNCRC)</i> | 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 14.1.2020 Main Agenda Item 5.3 |
| Lack of Medical Capacity in Community Paediatric Services | 4.11.2020 | RC to provide regular updates on the status and progress. | RC | January 2021 | 14.1.2020 Main Agenda Item 5.4 |
| | 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 |
|---|----------------|---|---------|----------------------------|--|
| 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 | 14.1.2020 Main Agenda Item 5.1 |
| | 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 | 14.1.2020 Main Agenda Item 5.1 |
| | 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 | 14.1.2020 Main Agenda Item 5.1 |
| | 4.11.2020 | SG to circulate KPMG plan after discussion with Carol Potter. | SG | January 2021 | 14.1.2020 Main Agenda Item 5.1 |
| | 14.1.2021 | It was noted a number of actions have been dealt with and are now in place. There are also clear mechanisms for closing the rest. Will be brought back to the next meeting, to close off from the agenda. | DM | March 2021 | |
| IPQR | 4.11.2020 | CMcK to check if action around HSMR figure for QMH has been actioned. | CMcK | January 2021 | 14.1.202 CMcK confirmed the numbers for QMH are included in the total number of deaths. |
| | 14.1.2021 | Thanks to be passed to Keith Morris and his team for the work around reducing SABs. | HB | March 2021 | |
| Public Engagement & Consultation | 4.11.2020 | LB to ask HB to provide an update for next meeting. | LB/HB | January 201 | 14.1.2020 Main Agenda Item 11.1 |
| | 14.1.2021 | Donna Hughes to bring a report on the work undertaken in the last year. | HB | March 2021 | |
| BAF – Quality & Safety | 4.11.2020 | CMcK and HB to look at high-level risks. | CMcK/HB | January 2021 | 14.1.2020 HB confirmed risk have been assigned to individuals. |
| | 14.1.2021 | Risk to be added around the Community Paediatric Service. | HB | March 2021 | |
| | DATE OF | | | | |

| MINUTE REFERENCE | MTG | ACTION | LEAD | TIMESCALE | PROGRESS |
|---|-----------|--|------|---------------------------------------|---|
| 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 March 2021 | 14.1.2020 CMcK advised no update at present. |
| 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 | |
| Equality Outcomes 2021-25 | 14.1.2021 | HB and RL will meet to consider and expand on the rationale behind the outcomes given therein before the report is taken to the Board. | LB | March 2021 | |
| Information Governance & Security Group Terms of Reference | 14.1.2021 | Update will follow in due course. | CMcK | March 2021 | |
| Fife Child Protection Annual Report 2019-20 | 14.1.2021 | HB agreed to take back to the Child Protection Team the issues of what is not known at the moment and how we make this as safe a service as it can be in the current times and how the clinical governance element can address this. A further report to be brought back to the Committee. | HB | March 2021 | |

NHS Fife

| | |
|-------------------------------|--|
| Meeting: | Clinical Governance Committee |
| Meeting date: | 11 March 2021 |
| Title: | COVID-19 Vaccination |
| Responsible Executive: | Scott Garden, Director of Pharmacy & Medicines |
| Report Authors: | Ben Hannan, Chief Pharmacist Jason Cormack, Pharmacy Business Manager |

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Mass vaccination of the population for COVID-19 vaccine is progressing at pace. At time of writing (1st March 2021), the Board has vaccinated 117,500 people, and has offered an appointment to everyone aged over 65, all frontline health and social care staff, and all those classed as clinically extremely vulnerable. Those in cohort 6 (defined as clinically at risk, or those who are unpaid carers) are being offered vaccination appointments in late February and into March due to the large size of this group.

This paper provides the Clinical Governance Committee with an update on developments, priority areas, programme planning and additional information which has become available to NHS Fife.

2.2 Background

There are a range of information which applies nationally, which members should be aware of.

Availability of Vaccine

Vaccine supply has been variable over the course of the programme to date. Members will remember that the Pfizer product was the first to be available: this has been used to vaccinate health and social care staff, those who live and work in care homes, and for a proportion of those vaccinated in community clinics. The AstraZeneca (AZ) product became available in January and has been used by GPs to vaccinate the over 80 population, and in community clinics.

More recently, it has become clear that supply of the Pfizer product will be limited for the coming weeks. For this reason, Boards have been directed to preserve stock of this vaccine to ensure second doses are available to those already vaccinated. There is no local concern about supply for this purpose.

Following a peak in early February, supply of the AZ product slowed which resulted in reduced clinic capacity. Supply will be expected to increase again in mid-March and the Board is well placed to respond to this availability by ramping up local capacity.

Vaccine Approval

A third vaccine was approved for use on 8th January. The Moderna vaccine has been granted an Emergency Use Authorisation. There is no supply available in the UK at this moment in time, a small volume of stock is expected to be available in early Spring.

Prioritisation of Cohorts

The Board continues to follow Scottish and UK Government direction on prioritisation of cohorts. This is in line with the Joint Committee on Vaccination and Immunisation. The Board is currently vaccinating cohort 6 (defined as clinically at risk, or those who are unpaid carers). This group is the most complex to date, with Scottish Government dividing this into four sections: a self-declaration form for unpaid carers will be live in mid-March.

Direction has been received from Scottish Government that those in JCVI Cohorts 1-9 (all those over the age of 50, and those at risk) have had their first dose of vaccination offered by mid April.

Interim advice was published by the JCVI on 26th February regarding prioritisation of the rest of the population following this

Multiple approaches have been considered, including occupation-based risk, however, advice will be that the rest of the programme is split into three cohorts:

- Those aged 40-49
- Those aged 30-39
- Those aged 18-29

Rationale for this is reflective in the speed of delivery to aged based cohorts being fastest which should have greatest benefit to public health. The full interim advice can be seen in Appendix 1. At time of writing, the AZ product is recommended for those aged over 18, the Pfizer product to those aged over 16. We await further developments regarding vaccination of under 16s.

2.3 Assessment

As at 1st March over 117,500 people have been vaccinated in Fife, including the following:

- 2400 care home residents (JCVI Cohort 1)
- 3200 care home staff (JCVI Cohort 1)
- 21,000 NHS, social care and GP Practice staff (JCVI Cohort 2)
- 17,000 over 80s (JCVI Cohort 2)
- 13,000 aged 75-79 (JCVI Cohort 3)
- 19,500 aged 70-74 (JCVI Cohort 4)
- 18,500 aged 65-70 (JCVI Cohort 5)
- 14,000 others, including the clinically extremely vulnerable and at-risk cohorts (JCVI Cohorts 4 & 6)

The current governance structure for the programme can be seen below in Figure One.

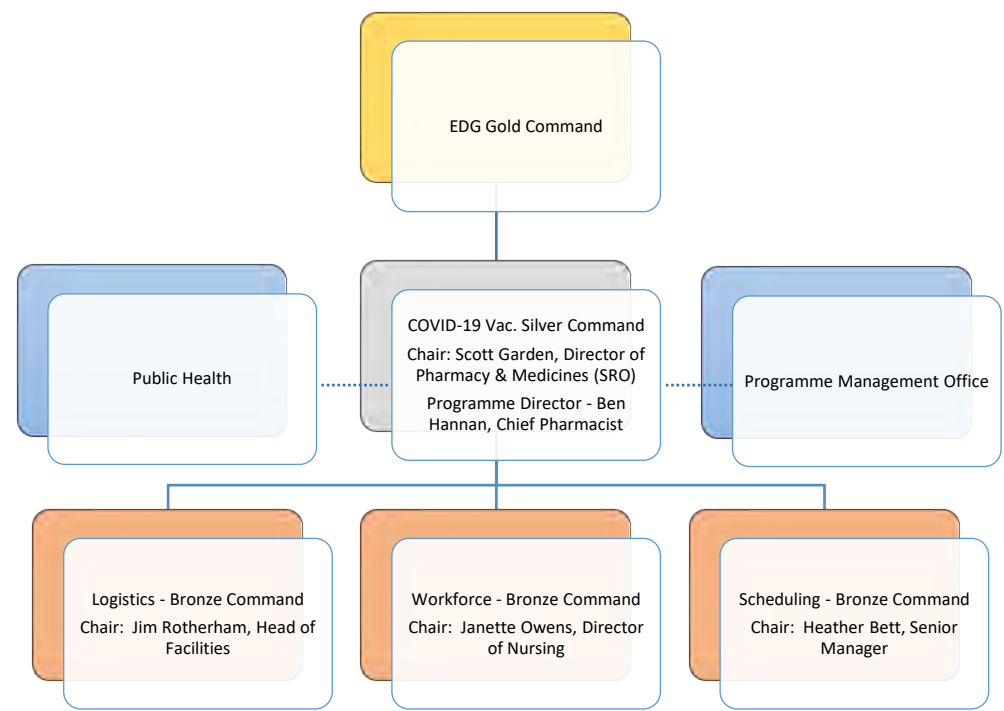


Figure One – Interim Governance Structure, COVID-19 Vaccination Programme

At this point, there is an urgent requirement to separate the planning and operational aspects of the programme, as we move into provision of second doses and into larger cohorts of the population. There are concerns regarding the capacity and resilience of those who are currently undertaking both planning and operational functions. Work to separate the different functions between planning and delivery has been considered, and quantification of the required resources is being progressed. Support services, such as communications and digital, require additional capacity to meet the ongoing demands of the programme in the immediate and longer term. An illustrative split of planning and delivery functions can be seen in Figure Two below.

| Planning, Clinical Governance & Policy | Delivery, Comms & Engagement |
|---|---|
| Legacy | Digital |
| Safe use of medicines | Workforce |
| Vaccine Transformation | Venues |
| Booster Programme | Volunteers |
| Rolling Programme | Contact Centre |
| Safety | Vaccine Supply Chain |
| Surveillance | Confidence |
| Evaluation & Monitoring | Engagement |
| Policy | Communications |
| Clinical Panel | Equalities |
| Security | |

Figure Two – Illustrative split of planning and delivery, COVID-19 Vaccination Programme

Programme Management Office

The PMO has established a full risk register for the programme, and continue to manage this with escalation through Gold Command. As well as providing programme support to each of the three work streams, the team has also delivered a robust Equality Impact Assessment and continues to work with service leaders to deliver actions from this. The PMO is also responding to considerable demands from elected officials on a weekly basis.

The programme has established robust links with NHS Fife’s Military Liaison Officers who are an integral part of planning. Support has included geomapping of proposed sites providing assurance on their suitability for the population, and more recently two teams of military vaccinators providing direct for a period of three weeks which finishes in early March. The support from military colleagues has been invaluable.

Logistics

The Board is operating a mixed model for vaccinations. Local GP Practices are offering vaccination to those aged over 80, and those who are housebound. Those who live or work in care homes are being offered their vaccination on site in care homes. Long-stay

hospital inpatients are being offered their vaccination in the hospital. Everyone else has been, or will be, offered their vaccination in one of our thirteen community vaccination clinics.

These community clinics are spread throughout Fife and the geomapping work noted above has provided assurance of their accessibility. In rural locations the sites operate on a part time basis. Contractual arrangements provide comfort for the coming months. There is a robust governance process which has facilitated sign off of each venue before its opened, with a range of clinical, accessibility and safety considerations reviewed.

To date, there have been a small number of logistical incidents, none of which has raised significant concern. This included a break in at one site and two failures of the cold chain which resulted in a small amount of wastage. Supply chain arrangements, for instance around PPE, are in place and well tested.

In the medium term, the Board plans to rationalise the number of sites, most likely to four. This will allow for the most efficient use of resources and is in line with Scottish Government direction. Second dose appointments will be offered in the same sites as first doses, to avoid confusion. However, in view of the likely demand to increase pace as those aged under 50 become eligible, development of this central approach is necessary.

The programme is currently operating two staff clinics, at VHK and QMH. Previous staff clinic sites at St Andrews Community Hospital and Randolph Wemyss Memorial Hospital are currently operating as community clinics but will be open to staff for second doses.

Workforce

The focus of the workforce bronze command group has been broad. 813 expressions of interest regarding working in the programme were received across 17 different sources, the team have reviewed these and built a substantive pool of vaccinators from which can be drawn. In addition to this, the group has led on the introduction of a new National Protocol. Under pandemic legislation, this protocol enables an expanded pool of registrants, and non-registrants, to administer COVID-19 vaccinations. This has required a step-change in ways of working as it fundamentally changes the role of a registrant in a vaccination clinic – separating the roles of assessment and consent, from administration and recording. Early feedback has shown that this is working well, and processes are continually kept under review.

Scheduling

The Board is engaged in the national scheduling system. This has brought several challenges including the well-publicised over-booking issues in February and delayed letters to cohort 6. A full review of this incident was undertaken by the programme team, and it was concluded and agreed by internal and external parties that these issues could not have been avoided through local mitigation.

However, more positively it has reduced the demand on the Board for scheduling requirements and the national system continues to improve. All Boards are required to utilise the system for upcoming cohorts. The local team continue to support scheduling of staff clinics and for more complex cases. There is a significant ongoing demand on the team to review cohort data provided by NHS NSS for scheduling.

2.3.1 Quality/ Patient Care

The Board has met Scottish Government demands on pace and is currently in the middle of the pack nationally for rate of vaccinations. Several bespoke solutions are in place for more complex groups, including those attending obstetrics, long stay in-patients, those being discharged to a care home and those with learning disabilities. The vaccination of the over 80s by GP Practices, and those living/ working in care homes in that setting should be seen as a supportive, person-centred approach.

2.3.2 Workforce

In early February the Board experienced significant workforce challenges, due to a short notice directive from Scottish Government to increase the pace of vaccination. Support was sought from a wide range of clinical colleagues and the team are extremely grateful for the flexibility and professionalism shown by so many Board employees and contractors who stepped in successfully.

A large substantive workforce has been recruited, including over 100 band 3 healthcare support worker vaccinators, a new role in NHS Scotland. These staff (who we continue to recruit and train) work closely with registrants, who are required to undertake the consent process. A 'ward style' structure is in place at each venue, with clinical leadership clear at all sites.

2.3.3 Financial

Silver command signed off a further revision and submission of costs to Scottish Government. While there are challenges with the tracking and estimation of costs (particularly in the medium term), the group is grateful to Finance colleagues for their support in capturing this information and securing funding.

2.3.4 Risk Assessment/Management

The PMO manage risks on behalf of the programme and report to the Programme Director on a fortnightly basis. There are currently 36 risks on the register; however, with pressure having eased over the recent weeks, the number of high risks has reduced to four. The four high risks related to:

- Pace of supply of vaccine, which as noted above has varied
- Medium to long term effectiveness, which remains unclear in the context of new variants entering the country
- Workforce availability, particularly in the context of the new healthcare support worker vaccinator role
- The long-term infrastructure in the Board for management of mass vaccinations

2.3.5 Equality and Diversity, including health inequalities

An Equality Impact Assessment has been developed and approved by the Silver command: it is hosted on the public facing website. Over 100 actions were captured and the vast majority of these are complete or in progress. As the programme moves towards a revised model of community clinics, the EQIA will be reviewed to ensure provision is made for those with protected characteristics.

2.3.7 Communication, involvement, engagement and consultation

The programme has taken a proactive approach to communications with regular briefings to elected representatives and a wide range of public information and statements. Given the nature of the programme as a national piece of work being delivered locally, it is important that engagement focusses on the aspects we can control locally and make provision for. To this end, a group is being set up focussing on engagement with harder to reach communities.

2.3.8 Route to the Meeting

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

- COVID-19 Vaccination Silver Command, 25 February 2021
- EDG Gold Command, 1 March 2021

2.4 Recommendation

Clinical Governance Committee are asked to consider this paper for **discussion**, closely scrutinising board plans and assumptions made in the development COVID-19 vaccination plans.

3 List of appendices

The following appendices are included with this report:

Appendix 1 – Appendix 1 – JCVI interim statement on phase 2 of the COVID-19 vaccination programme

Report Contact

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1. Home (<https://www.gov.uk/>)
 2. Coronavirus (COVID-19) (<https://www.gov.uk/coronavirus-taxon>)
 3. Vaccinations for coronavirus (<https://www.gov.uk/coronavirus-taxon/vaccinations>)
 4. Priority groups for phase 2 of the coronavirus (COVID-19) vaccination programme: advice from the JCVI (<https://www.gov.uk/government/publications/priority-groups-for-phase-2-of-the-coronavirus-covid-19-vaccination-programme-advice-from-the-jcvi>)
- Department of Health & Social Care (<https://www.gov.uk/government/organisations/department-of-health-and-social-care>)

Independent report

JCVI interim statement on phase 2 of the COVID-19 vaccination programme

Published 26 February 2021

Contents

Introduction

Background and considerations

References

Print this page



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Introduction

The Joint Committee on Vaccination and Immunisation (JCVI) is an independent expert advisory committee which advises the UK health departments on vaccination. In December 2020, JCVI advised the vaccination of nine key priority groups against COVID-19,^[footnote 1] covering all adults aged 50 years and over, and younger adults with underlying health conditions that put them at specific risk from COVID-19. This part of the programme, termed phase 1, began rollout in the UK from 8 December 2020. Phase 1 aims to reduce mortality from COVID-19, along with the protection of UK health and social care systems.

The programme has been a great success in terms of delivery, with over 18 million people vaccinated so far.^[footnote 2] Given the time taken for people to develop an immune response following vaccination, and the time between infection and disease, we are only just starting to see the impact of the programme on disease rates.^[footnote 3] These early data are encouraging, and as time goes on, we hope to see more of an impact as more people are vaccinated and start to be protected from COVID-19.

The successful delivery of the phase 1 programme can be attributed to the exceptional efforts of the NHS, volunteers and community organisations and the operational simplicity of the programme. Programmes that are less complicated to organise are more able to be delivered at speed and are more likely to achieve high vaccine coverage.

Safety data from delivery of the programme so far in the UK indicate that the available vaccines are safe, although mild to moderate short-lived side effects such as a sore arm, headache or mild fever are relatively common.^[footnote 4] After considering safety data, JCVI advises that it remains acceptably safe to consider extending the programme to the remainder of the adult population aged less than 50 years old.

Data on hospitalisations due to COVID-19 indicate a number of admissions occur in people under the age of 50 years who would not be vaccinated in the first phase of the vaccination programme.^[footnote 5], ^[footnote 6], ^[footnote 7], ^[footnote 8], ^[footnote 9] JCVI has been asked by the Department for Health and Social Care (DHSC) to formulate advice on the optimal strategy to further reduce mortality, morbidity and hospitalisations from COVID-19 disease in the next phase of the programme.

Options considered for the next phase (phase 2) of the programme include:

1. direct protection of those at higher risk of serious disease and hospitalisation, including groups associated with an increased risk
2. targeted vaccination to reduce transmission of COVID-19 in the population, or
3. vaccination of occupational groups at higher risk of exposure

These groups are not mutually exclusive.

Advice

Mathematical modelling of vaccination strategies for phase 2 indicate that rapid vaccine deployment is the most important means to maximise public health benefits against severe outcomes from COVID-19. ^[footnote 10], ^[footnote 11] A strategy aimed primarily at reducing transmission of infection would take longer to achieve reductions in hospitalisations and would require very high vaccine uptake in the target populations. Data are only now emerging on any potential impact of vaccination on transmission, and those who are vaccinated will still need to follow government advice on social distancing. There is evidence that some occupations have an increased risk of morbidity due to

COVID-19 and that males aged 40 to 49 years are more likely to be employed in these occupations. [footnote 12], [footnote 13] A mass vaccination strategy centred specifically on occupational groups would be more complex to deliver and may require new vaccine deployment structures which would slow down vaccine delivery to the population as a whole, leaving some individuals unvaccinated for longer. Operationally, simple and easy-to-deliver programmes are critical for rapid deployment and high vaccine uptake.

There is good evidence that the risks of hospitalisation and critical care admission from COVID-19 increase with age, and that in occupations where the risk of exposure to SARS-CoV2 is potentially higher, persons of older age are also those at highest risk of severe outcomes from COVID-19. JCVI therefore advises that the offer of vaccination during phase 2 is age-based starting with the oldest adults first and proceeding in the following order:

- all those aged 40 to 49 years
- all those aged 30 to 39 years
- all those aged 18 to 29 years

An age-based delivery model will facilitate rapid vaccine deployment.

In addition, data indicate that in individuals aged 18 to 49 years there is an increased risk of hospitalisation in males, those who are in certain black, Asian or ethnic minority (BAME) communities, those with a BMI of 30 or more (obese/morbidly obese), and those experiencing socio-economic deprivation. [footnote 5], [footnote 6], [footnote 7], [footnote 8], [footnote 9], [footnote 14] JCVI strongly advises that individuals in these groups promptly take up the offer of vaccination when they are offered, and that deployment teams should utilise the experience and understanding of local health systems and demographics, combined with clear communications and outreach activity to promote vaccination in these groups.

Unvaccinated individuals who are at increased risk of severe outcomes from COVID-19 on account of their occupation, male sex, obesity or ethnic background are likely to be vaccinated most rapidly by an operationally simple vaccine strategy. JCVI will continue close monitoring of the programme in terms of vaccine safety, effectiveness, and uptake, and will update its advice as required.

This interim advice refers to the COVID-19 vaccines currently used in the UK and will be reviewed following considerations on the supply and availability of COVID-19 vaccines for the second phase of the programme.

Background and considerations

Hospitalisations

Evidence from ICNARC, ISARIC/CO-CIN, SARI-watch, and OpenSAFELY [footnote 5], [footnote 6], [footnote 7], [footnote 8], [footnote 9] all indicate that the risk of hospitalisation and critical care admission increases with age. Those at highest risk of hospitalisation outside of cohorts 1 to 9 (phase 1) are those aged 40 to 49 years, with the risk reducing with descending age. An example of this evidence is provided in figure 1.

The evidence also indicates that males, certain black, Asian and minority ethnic (BAME) groups, people in lower socio-economic groups, and those with a BMI of 30 or over, are at higher risk of hospitalisation (see below).

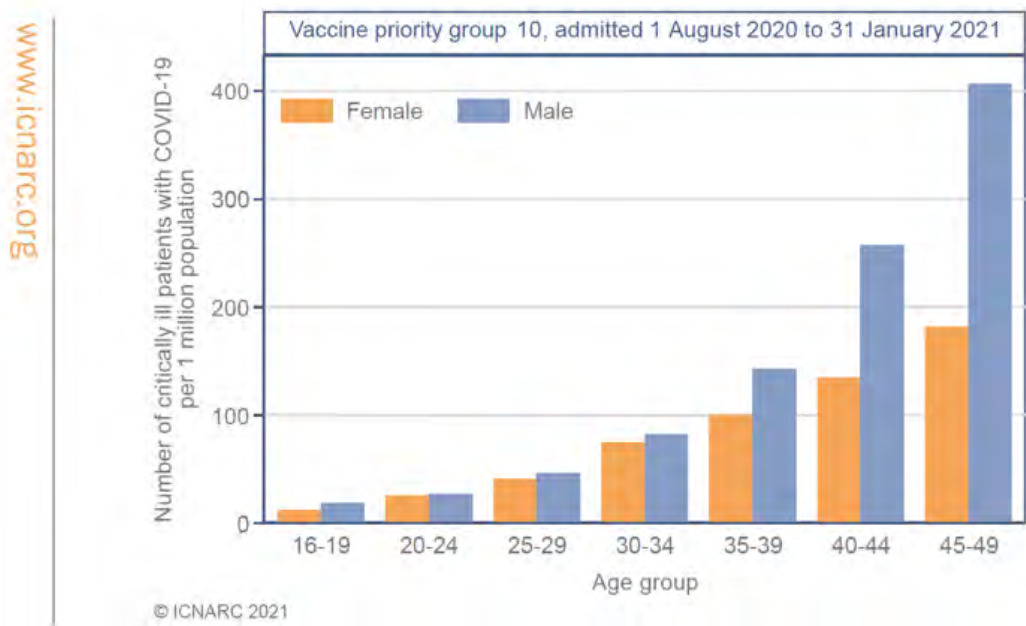


Figure 1: profile of critical care admissions with COVID-19, 1 August 2020 to 31 January 2021

Figure 1 source^[footnote 15]

The chart shows the profile of critical care admissions with COVID-19: 1 August 2020 to 31 January 2021. The number of critically ill patients with COVID-19 per 1 million population is highest in those age 40 to 49 years, and declines with reducing age. Rates are higher in males than females.

Male sex

Evidence on hospitalisations indicates an increased risk of hospitalisation in males, particularly those aged 40 to 49 years (figure 1). This risk may be associated with male sex itself, exposure to infection, occupation, and/or other factors.

JCVI strongly advises that males promptly take up the offer of vaccination.

Black, Asian and minority ethnic (BAME) groups

People in certain black, Asian and minority ethnic groups are at higher risk of hospitalisation from COVID-19.^{[footnote 5], [footnote 6], [footnote 7], [footnote 8], [footnote 9], [footnote 14]} This follows a similar pattern to data on mortality reviewed in considerations relating to phase 1 of the programme. There is no strong evidence that ethnicity by itself (or genetic characteristics) is the sole explanation for observed differences in rates of severe illness and deaths. Between waves 1 and 2 of the pandemic changes in the risk of infection and mortality to BAME groups, and within BAME groups, have been observed.^[footnote 16] Such large rapid changes are unlikely to be due to biological factors and are far more likely to be related to environmental and behavioural changes.

Discussions with **BAME** communities and opinion leaders highlight the importance of building trust and the avoidance of stigmatisation or discrimination when planning the delivery of vaccination programmes.^[footnote 17], ^[footnote 18] Thus far, in phase 1 of the vaccination programme, slower uptake has been noted in persons from **BAME** backgrounds.^[footnote 19] Well-recognised factors that impact on vaccine uptake are:

- a) access to vaccination
- b) vaccine confidence (safety and efficacy), and
- c) perception of risk from disease

The reasons for slower uptake in **BAME** communities are unclear at present, but there is evidence that addressing structural issues related to access and involving community influencers can have a positive impact.

JCVI strongly advises that priority is given to the deployment of vaccination in the most appropriate manner to promote vaccine uptake in **BAME** communities.

This may include planning to enable easy access to vaccination sites, supported engagement with local **BAME** community and opinion leaders, and tailored communication with local and national coverage. As appropriate, these efforts should consider a longer-term view beyond the current COVID-19 mass vaccination programme and seek to address inequalities which already exist across the wider immunisation programme.

JCVI strongly advises persons from **BAME** communities to promptly take up the offer of vaccination.

Underlying health conditions

Evidence indicates that individuals aged 18 to 49 years who have a BMI over 30 (obese/morbidly obese) ^[footnote 5], ^[footnote 6], ^[footnote 7], ^[footnote 8], ^[footnote 9] are at higher risk of hospitalisation compared with age matched peers. Only very modest increased risks for hospitalisation were identified in persons with certain underlying health conditions not already covered in phase 1 of the programme. Further analyses are ongoing to better estimate the size of these risks and how these might influence the advice regarding phase 2 vaccination.

Children

JCVI has started to consider evidence on the risk of serious disease in children, the role children may play in transmission, and the safety and efficacy of COVID-19 vaccines in children. Following infection, almost all children will have asymptomatic infection or mild disease. There are limited data on vaccination in adolescents, with no data on vaccination in younger children at this time. As evidence becomes available it will be reviewed and advice offered as appropriate.

Women who are pregnant

Both nationally and internationally, no concerning safety signals have been identified so far in relation to the vaccination of women who are pregnant. **JCVI** is continuing to review data on the risks and benefits of vaccination for women without significant underlying health conditions who are pregnant. As evidence becomes available it will be reviewed and advice offered as appropriate.

Transmission

Targeting groups more likely to interact with multiple other individuals with a vaccine which reduces the risk of infection, onwards transmission, or both, could have some impact on the spread of COVID-19 in the UK. There is emerging evidence that vaccination may prevent asymptomatic infection, which may be inferred as evidence of an impact on transmission.^[footnote 20] However, while these data are very encouraging, they are still limited and currently there is no strong real-world evidence of an impact of vaccination on transmission.

Furthermore, which groups contribute to viral transmission is currently not well defined. Data on mixing patterns generally indicate that people mainly mix with others of the same age group, with a higher frequency of contact than with those who are younger.^[footnote 21] In addition, members of certain occupations are required to interact with the general public to a lesser or greater degree, or have frequent close contact with co-workers. However, at present there is limited evidence to indicate that any particular age groups or occupations are associated with higher levels of transmission of SARS-CoV2 infection.

Mathematical modelling of strategies for phase 2 vaccination indicates that a transmission-based approach affords modest benefit at best. Speed of vaccine deployment is the single most important factor for an optimal programme that maximises public health benefit. As evidenced in phase 1, a simple age-based programme is considered the keystone of rapid vaccine deployment. Maintaining this structure through phase 2 of the programme will enable the continued high pace of vaccine deployment.

Occupational exposure

While many have been able to work at home during the pandemic, some occupations are not compatible with home working and cannot be undertaken without interaction with other people. In these circumstances individuals may be exposed to SARS-CoV-2. These include workers who have public facing roles, or who work in close contact with co-workers. Commuting to a workplace using public transport constitutes a potential additional risk of infection.

JCVI has reviewed data to understand the association between occupation and the risk of exposure to SARS-CoV2, the risk of COVID-19 disease and the risk of COVID-19 related severe outcomes, including mortality.

The evidence indicates that certain occupations have a higher risk of exposure, and these are more likely to be occupations involving frequent contact with multiple other people in enclosed settings. These encompass the elementary occupations, manufacturing, processing and those working in the caring, leisure and a broad range of service occupations. Where increased risk of serious disease is evident, this is considered likely to be associated with a combination of various risk factors for exposure and poorer outcomes including: older age, an overrepresentation of certain underlying health conditions in those undertaking certain jobs, socio-economic deprivation, household size and inability to work from home. Occupational risk associated with poorer outcomes from COVID-19 has predominantly affected men aged 40 to 49 years (please see annex A

(<https://www.gov.uk/government/publications/jcvi-interim-statement-on-phase-2-of-the-covid-19-vaccination-programme/jcvi-interim-statement-on-phase-2-of-the-covid-19-vaccination-programme>) for more details).

Delivery of a programme targeting occupational groups is recognised to be operationally complex given a number of key factors:

- robust data on the infection exposure risk for every occupational group, or in every occupational setting, are not available
- occupation is not routinely recorded within primary care records and these records may not be up-to-date

- advice to target certain occupations could be considered discriminatory towards those in occupations where no data are available or that are not accurately listed within primary care records
- workplaces that may be associated with higher exposures to infection may include individuals from multiple occupational groups

Overall, JCVI considers that an operationally simple, age-based programme starting with those aged 40 to 49 years is the optimal way to protect individuals, working in jobs with a potentially higher risk of exposure to SARS-CoV2, from severe disease related to COVID-19.

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NHS Fife

| | |
|-------------------------------|---|
| Meeting: | Clinical Governance Committee |
| Meeting date: | 11 March 2021 |
| Title: | COVID-19 Testing in Fife |
| Responsible Executive: | Dona Milne, Director of Public Health |
| Report Author: | Josie Murray, Clinical Lead of Health Protection |

1 Purpose

This is presented to the Committee for:

- Awareness
- Discussion

This report relates to a:

- Emerging issue
- Government policy/directive
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

On 27th November 2020, Scottish Government issued direction in terms of planned expansion of COVID-19 testing in both testing methods and settings.

This report provides an update to the Clinical Governance Committee on proposed and existing Testing policy and activity within Fife. It provides an additional summary of proposals to augment testing carried out across Fife and summarises the main areas of risk and mitigation actions in place.

2.2 Background

On 4 May 2020, the Scottish Government published the Test, Trace, Isolate and Support (TTIS) Strategy (now known as 'Test and Protect') which set out plans to disrupt community transmission of COVID-19 in Scotland. This strategy laid out recommendations to:

- Increase testing capacity and availability
- Increase capacity to undertake high volume contact tracing
- Increase capacity to undertake complex contract tracing
- Improve support available to people who are asked to self-isolate, acknowledging that without support, self-isolation will be impossible for many people and this will result in ongoing community transmission of COVID-19

Transmission of COVID-19 between people remains the biggest drivers of direct COVID-19 harm to the population in Fife. Transmission increases cases, which increases morbidity and mortality.

While vaccination programmes are currently being rolled out, and will provide protection against disease severity and fatality, the vaccine is not evidenced to prevent transmission of the virus. Therefore at a population level the tools available to decrease transmission continue to be testing, tracing, isolation and support.

Any COVID-19 testing intervention can only have an impact on transmission if it results in a behavioural change. Therefore efforts to provide appropriate support (including financial and social support are important) to ensure people can isolate following a positive test result is crucial.

2.3 Assessment

Appendix 1 is a detailed table of current testing indicating the date the programme was started, rationale, and delivery model (who takes sample, where tested, who gives result).

2.3.1 Current Testing Activity

Fife currently has a mixed model of testing which has developed over time. The table below illustrates the types of test we have currently deployed in Fife, their mode of delivery and which segments of the population that have access to them. The colour key is: Green boxes are established and operational, Amber boxes denote areas which require further development.

| Grouping | Group Segment | Antibody | POC | PCR | Lateral Flow |
|--------------------|----------------------------------|----------|--|--|----------------------------------|
| Schools & ELC | School & ELC Staff | X | X | For Symptomatic by UK Gov | X2 per week |
| | Senior Pupils | X | X | For Symptomatic by UK Gov | X2 per week |
| Health Care Sector | Inpatients | X | On admission via ED & AU1 staff | By Inpatient HCW | X |
| | Elective Patients | X | X | By Community Testing Team | X |
| | Health Care Workers | X | X | Occ Health by Community Testing Team | Commenced, now rolling out |
| | | X | X | Possible Peer-to-Peer | X |
| Social Care Sector | Care at home staff | X | X | Commenced, now rolling out | Commenced, now rolling out |
| | Care Home Visiting Professionals | X | X | | Commenced, now rolling out |
| | Care Home Staff | X | X | By Community Testing Team/Self taken and processed via East Region node | Commenced |
| | Care Home Residents | X | X | By Community Testing Team | Satellite Testing |
| | | X | X | | By Care Staff |
| | Care Home Visitors | X | X | For Symptomatic by UK Gov | Satellite Testing |
| | | X | X | | By Care Staff |
| | Universities | Staff | X | X | For Symptomatic by UK Gov |
| X | | | X | By Community Testing Team | By University Team |
| Students | | X | X | For Symptomatic by UK Gov | Satellite Testing |
| Students | | X | X | By Community Testing Team | By University Team |
| Whole Population | Symptomatic | X | X | For Symptomatic by UK Gov / MTU | X |
| | Asymptomatic | X | X | By Community Testing Team | Possibly asked to introduce soon |
| | Underserved Communities | X | X | For Symptomatic by UK Gov | Satellite Testing |
| | Employer-led Testing | X | X | For Symptomatic by UK Gov | Amazon Other Employers |

| | | | | | |
|------------|------------------------------------|---|---|----------------------------------|--|
| | High Prevalence Areas | X | X | MTU | Fixed sites for symptomatic, pop up sites for asymptomatic |
| | Contacts | X | X | For All by UK Gov | |
| Workplaces | Food processors, food distributors | x | x | For Symptomatic by UK Gov | |
| | | | | | |
| | | | | | |

2.3.2 Testing Programme Update of sites in Fife

The current testing sites provided to the general population within Fife are:

- St Andrews – fixed walk through site
- Glenrothes – mobile testing unit
- Dunfermline – mobile testing unit
- Leven – mobile testing unit

New developments are underway to replace the current mobile unit in Glenrothes and Dunfermline with fixed site buildings to augment testing capacity across Fife. These tests are all supported by the UK government Lighthouse programme. The new proposed sites are:

- Miners Charitable Society, Glenrothes
- Dell Farquharson Leisure Centre, Dunfermline
- Overton Community Centre, Kirkcaldy

Further plans have been approved for a Regional testing site to be located at the Fife Council Bankhead site. This is a 6 lane drive through facility, akin to what is offered at Dundee and Edinburgh Airports.

Additionally, due to signals of increased levels of SARS-CoV-2 in waste water data, we have requested a mobile testing unit to be deployed in Kincardine, and are seeking a suitable venue to deploy this.

2.3.3 Community Testing

All health boards and local authorities were invited by Scottish Partnerships to form Partnerships to bid to Scottish Government for funding to develop a community testing programme. Fife was one of two health board/local authority partnerships to be successful in the initial bidding process. Developments are now underway operationally led by Fife Council and strategically supported by NHS Fife with support from Military planning integrated from the outset. Further offers of support from Fife Voluntary Action are being explored. . The programme aim is to target

areas of need, identified as low uptake of testing and high levels of vulnerability, and to provide testing and direct onsite access to support to enable isolation. This will provide Fife with additional tools to stop chains of transmission in the community to control the pandemic.

The model Fife has adopted uses Lateral Flow devices to identify individuals who may be at high risk of carrying and infecting others with COVID-19. If an individual is positive, they are subsequently testing with PCR test, offered initial contact tracing, and offered further welfare advice, and subsistence in the form of food packages. This is in order to provide the support required to isolate.

So far Fife has opened x2 Sites:

- Maxwell Community Centre, Cowdenbeath
- Glebe Neighbourhood centre, Kirkcaldy

A proposed third site is going to be opening in response to testing need in North West Kirkcaldy and a fourth site in Methil.

The bid for Fife's community testing included a proposal for two mobile units which could be deployed at short notice, to provide an agile and flexible response to testing need, as a means of rapidly identifying and preventing transmission of COVID-19.

Plans of further expansion must be considered in light of Scottish Governments further commitment to fund this programme until September 2021.

2.3.4 Testing Programme Approach and Governance

Since May 2020 the leadership for testing has passed between identified leads on a number of occasions. The development of testing strategies and capacity has been led by both availability of resource and national direction on priorities. This has led to a huge amount of work being done to set up testing processes, procedures and capacity. Whilst we have been able to expand testing activity across Fife, the method of delivery has meant that we have flows of information that aren't as yet as joined up as they could be due to the pace of development. Our short-term future ambition is to have a grasp of all testing and reporting across Fife.

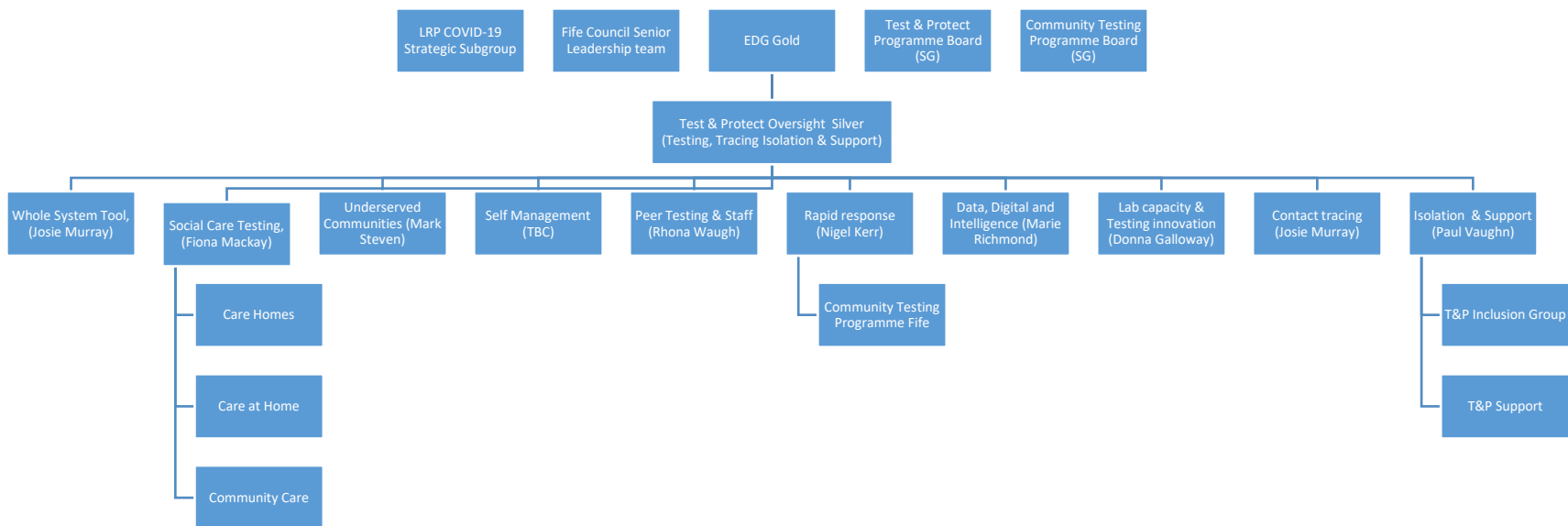
In order to ensure effective governance and oversight, we have established a Silver Group for Testing and we have taken a programme management approach to driving and delivering our work. We have identified 8 key objectives to move work forward, namely:

- Objective 1 - Develop a whole system DCAQ Tool to serve as a centralised management information source for Fife. LEAD: Josie Murray
- Objective 2 - Develop a Social Care Testing strategy and delivery mechanism (Staff, Visitors, Residents, supported people). LEAD: Fiona McKay

- Objective3 - Underserved Communities - Responsive Services & use of mobile units/satellite testing (links to Obj 6: outbreak responsiveness too). LEAD: Mark Steven
- Objective 4 - Self-Management (info and advice) & Training for those in a test administering role. LEAD: TBC
- Objective 5 (a) – Implementation of asymptomatic staff testing programme etc. LEAD: Andy MacKay
- Objective 5 (b) - Implementation of Staff Lateral Flow Device Testing in line with Scottish Government guidance and protocols LEAD: Rhona Waugh
- Objective 6 - Rapid and effective response to areas of high prevalence (subject of a recently developed bid for Scottish Government funding). LEAD: Nigel Kerr
- Objective 7 - Ensuring there is a robust Data Flow into Fife intelligence systems (all cohorts, all tests, all delivery mechanisms). LEAD: Marie Richmond
- Objective 8 - Expanding capacity of Labs to process tests / most effective use of current capacity. LEAD: Josie Murray / Donna Galloway

For updates on the workstreams to support delivery of these objectives please see Appendix 2.

The Silver Command Group, also known as the Test and Protect Oversight Group reports into EDG Gold Command on a weekly basis via the Director of Public Health and is chaired by a consultant in public health. The group is multi professional and includes representatives from Local Authority, HSCP and NHS staff (including, HR, Acute, Public Health, Laboratories). An organogram is shown below.



2.3.5 Laboratory Prioritisation

Appendix 3 outlines the NHS Fife laboratory prioritisation list. This list has been agreed by the Medical Director, the Clinical Lead for laboratories, Public Health Consultant with testing strategy remit, and has been reviewed by the NHS Fife Scientific and Technical Advisory Cell (STAC). All groups on the list have access to testing, but where there are short-term supply issues in laboratory supplies that limit local capacity, tests taken from groups lower down the prioritisation list will be sent to NHS Lothian for testing.

2.3.6 Quality/ Patient Care

Access to timely testing for symptomatic patients is essential for clinical management and safe patient placement within the hospital. Timely and accessible testing of symptomatic individuals within the general population is essential for the success of the Test and Protect programme in order to disrupt chains of community transmission and protect public health. The over 70s programme of asymptomatic testing was introduced as a pilot programme and has shown little to no clinical benefit. Ethical aspects of asymptomatic testing have been reviewed by the Fife Ethics group and feedback given to inform the review process.

2.3.7 Workforce

The testing of asymptomatic staff and Lateral Flow testing programme will continue to be essential to support staff health and wellbeing and to protect patients.

Workforce will be required to deliver the testing programmes and current work is ongoing to work with NHS, HSCP, Council and Voluntary sector to carry out the proposed plans. Engagement with staff side representatives is in progress. The workforce requirements for the new community testing proposal are extensive but will predominantly be met by Fife Council. Additional military support has been sought and provided through the MACA process, with three teams of 6 staff provided until the first week of April.

2.3.8 Financial

Finance aspects of specific testing programmes will be reviewed through the appropriate management pathway.

2.3.9 Risk Assessment/Management

The more detailed areas of risk in relation to the various testing programmes in Fife are summarised in the table below. A programme risk register is currently being finalised.

| Risk | Mitigation |
|--|---|
| Results <ul style="list-style-type: none">Concern regarding the quality and accuracy of Lateral Flow Devices | <ul style="list-style-type: none">Consider that no change in behaviour is required on the basis of results. In care home settings, no change in behaviour or public health restrictions will be recommended on the basis of a negative LFT result |

| | |
|--|---|
| <ul style="list-style-type: none"> • Concern regarding the interpretation of Lateral Flow Devices is not standard, and can reduce the sensitivity and specificity of the test • Concerns in potential harms of false negatives in lateral flow devices – including individuals assuming a negative result equates to non-infectiousness | <ul style="list-style-type: none"> • Consideration be given to the supervision of NHS staff who may be carrying out their first test. Extra training be carried out for care home staff carrying out this test • Suggested monitoring of all LFD programmes supported by Scottish Government – local discussion of digital and IG solutions to assist with this monitoring currently. |
| <p>Data flow</p> <ul style="list-style-type: none"> • Tests via NHS Fife labs – person requesting the test gives result – potential for OOH delay for community cases • Tests via UK programme – limited context information when results comes through to Test & Protect team • Long-term sustainability of staff testing programme • Delay in data flow / national solutions | <ul style="list-style-type: none"> • Communication to clinicians reminding of responsibilities for sharing results and informing contact tracing team when result is shared; automated notification system in development for community testing pathways. • Contact tracers obtain more contextual details • Automated notification system gone live w/c 23/11/2020 |
| <ul style="list-style-type: none"> • Vulnerable symptomatic groups in the community who can't access UK programme | <ul style="list-style-type: none"> • Test and Protect Inclusion group set up, suggestion to augment set sites, work underway to identify a mobile unit to serve vulnerable groups, and supported by bid to Scottish Government • Evaluation work with social care providers in Fife has been initiated to try to establish if there are ongoing barriers to access and if so, how best to resolve these |
| <p>NHS Fife laboratory capacity and testing consumables</p> <ul style="list-style-type: none"> • Short term: near capacity, supply issue with swabs, • Long term: need for extra | <ul style="list-style-type: none"> • Alternative swab - over-flow testing sent to Lothian; • Validation of new 'national swab' from |

| | |
|--|--|
| <p>capacity to respond to outbreak testing at short notice; winter pressures</p> <ul style="list-style-type: none"> • There is a risk that any lateral flow test will create demand on an overstretched system • Risk we run out of consumables for testing due to high global demand and shortages | <p>national procurement</p> <ul style="list-style-type: none"> • Additional assay being introduced • Point of Care testing now commenced • Regional nodes programme of laboratories in development • System designed to use PCR tests in UK Lighthouse lab testing system to avoid any extra pressure on NHS labs • This will be monitored closely, and should there be indications of global shortage, and escalations and action plans developed on certain thresholds of stock |
| <p>Transmission</p> <ul style="list-style-type: none"> • Symptomatic people attend asymptomatic testing, and therefore exposure at testing site • Lateral flow tests have a higher rate of false negatives potentially creating the opportunity for further virus transmission. | <ul style="list-style-type: none"> • Using lessons learned from other centres, having queue managers to identify these individuals and take them to a 'red zone' for PCR test, with red transport home. • Data flow to public health system is being built to evaluate the level of false negatives as part of quality control. All lateral flow results will be cross checked with positive PCR in test and protect. |
| <p>Staff who carry out testing</p> <ul style="list-style-type: none"> • Existing programmes identify that staff wellbeing is particularly important in test centres as they are dealing with public with no break from this environment and this is challenging • Staff safety may be at risk due to the open access of the centres, and the situation of rising unemployment and COVID-19 exhaustion in the population, And also potential crowd control issues | <ul style="list-style-type: none"> • Planned to either find a breakout room for staff, or if not ensure there is a volunteer role to focus on staff wellbeing • Police Scotland have been approach to advise as to suitable safety measures for staff, and further training provided for staff on safety and crowd control |
| <p>Resilience</p> <ul style="list-style-type: none"> • There is reputational risk that expectation will be created within communities of testing, but demand may exceed supply • Concern for resilience for staff absence at test sites | <ul style="list-style-type: none"> • By design the mobile testing units will be able to be deployed at short notice to provide additional testing should demand rise expectantly • Staff will be trained in several roles to cover for shortage at site. Using a network of sites, staff may be redeployed between sites dependent upon activity |

2.3.10 Equality and Diversity, including health inequalities

A differential access to testing within the general population is a concern, however specific programmes of work outlined above seek to address these inequalities. A comprehensive impact assessment has not been completed.

2.3.11 Other impact

Nil

2.3.12 Communication, involvement, engagement and consultation

Issues relating to testing are raised at the relevant silver group or STAC meeting and escalated to GOLD as required.

2.3.13 Route to the Meeting

A written update on COVID-19 testing expansion was given at EDG on 22nd January 2021.

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.

- CGG – 22/01/2021
- EDG – 07/01/2021
- Testing Programme Silver - Extraordinary Meeting – 08/01/2021
- Community Testing Programme Silver – 06/01/2021

2.4 Recommendation

- Clinical Governance Committee is asked to **note** the contents of the paper for awareness and **consider** the new developments as part of the ongoing expansion of COVID-19 testing programmes.

3 List of appendices

The following appendices are included with this report:

- Appendix 1: Testing Policy and Delivery in Fife
- Appendix 2: Testing programme updates
- Appendix 3: NHS Fife Laboratory Prioritisation
- Appendix 4: Terms of Reference Test and Protect

Report Contact

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Appendix 1: Testing Policy and Delivery in Fife

| Category | Group(s) | Date started | Rationale | Delivery in Fife |
|------------------------------------|--|---|---|---|
| Acute patient care | All ICU patients; All symptomatic patients admitted to hospital | Since start of outbreak | <ul style="list-style-type: none"> To ensure patients receive the necessary and specific clinical care, and to protect against onward transmission. | NHS Fife clinical staff take samples: NHS Fife laboratory process tests; results via team that arranged test |
| Health and social care key workers | All symptomatic NHS and social care key workers or symptomatic household members | 24 March | <ul style="list-style-type: none"> To enable health and social care staff to return to work when safe to do so. | Community testing team operate a drive-through testing site 6 days / week at Cameron Hospital, home tests available for those without private transport; NHS Fife laboratory process tests; results via Occupational Health |
| Care home residents | All symptomatic care home residents | 15 April (since start of pandemic where local outbreak suspected) | <ul style="list-style-type: none"> All symptomatic care home residents tested to ensure that all appropriate measures are then taken to protect residents. | NHS Fife Community Testing Team take samples; NHS Fife lab carry out test; results via Health Protection Care Home Support Team |

| Category | Group(s) | Date started | Rationale | Delivery in Fife |
|---------------------|--|--------------|---|---|
| Care home residents | All ages discharged into care homes from hospital and admitted to care homes from community (symptomatic and asymptomatic) | 22 April | <ul style="list-style-type: none"> To provide reassurance for care home residents, families, and care home staff All COVID-19 patients discharged from hospital should provide 2 negative tests before discharge, unless risk assessed by Public Health. For non COVID-19 patients being discharged from hospital, and new community admissions, single test is sufficient. Discharge admissions to be accompanied by full risk assessment and 14 day isolation. | Clinical team take sample for patient in hospital; NHS Fife Community Testing Team take sample for admission from community; NHS Fife lab carry out test; results via clinical team (hospital discharge) or Health Protection Care Home Support Team (admission from community) |
| Acute patient care | All over 70s (symptomatic and asymptomatic) admitted to hospital | 29 April | <ul style="list-style-type: none"> All hospital admissions over the age of 70 regardless of whether they present symptoms tested, recognising higher risk and vulnerability these patients have, and potential to present atypically. If negative test, further tests conducted every four days to allow for potential false negatives and/or subsequent infection (subject to consent). | NHS Fife clinical staff take samples: NHS Fife lab carry out test; results via team that arranged test (awaiting outcome of national review) |
| Care home residents | Asymptomatic Care home residents and staff where there is at least one confirmed case | 1 May | <ul style="list-style-type: none"> One suspected case of COVID-19 should be considered by care homes as trigger for contacting the local Health Protection Team in order to initiate an investigation. Health Protection Teams ascertain the extent of infection in a care home and identifying how many residents and staff are affected, by testing all residents and staff when there is at least one confirmed case | NHS Fife Community Testing Team take samples; NHS Fife lab carry out test; results via Health Protection Care Home Support Team |

| Category | Group(s) | Date started | Rationale | Delivery in Fife |
|---------------------|---|--|---|---|
| Care home residents | Group/linked care home testing | 1 May | <ul style="list-style-type: none"> Given potential for staff who work for group/chain home providers to move between homes, upon an outbreak in one home, testing conducted in linked homes to protect against transmission between homes. | NHS Fife Community Testing Team take samples; NHS Fife lab carry out test; results via Health Protection Care Home Support Team |
| Care placements | Children being moved between or to new care placements | 14 May | <ul style="list-style-type: none"> In emergency situations when a child is being accommodated or moved between care placements, if the child has been in contact with an individual with symptoms of Covid-19, or with someone who has tested positive for the virus, or if the child has returned from having absconded to unsafe situations where the risk of infection has been unclear, a decision on whether it is appropriate for a child in this situation to be tested should be made locally in discussion with the Health Protection Team. | Sample arranged via local testing pathway appropriate to situation by Health Protection Team; NHS Fife lab carry out test; results via Health Protection Team |
| General public | Anyone age 5 and over with symptoms | 18 May (prior to 12 March – those meeting case definition) | <ul style="list-style-type: none"> Identifying cases in the community through testing is integral part of Test and Protect approach | Drive through self-taken swab (Regional testing centre e.g. Edinburgh Airport, or Mobile Testing Unit e.g. Glenrothes) or self-taken home-test; UK lab carry out test; results via text message to individual |
| General Public | Anyone who is a symptomatic contact (as identified by Test and Protect) of a confirmed case | 28 May | <ul style="list-style-type: none"> A fast turnaround for a result is needed in order to interrupt chains of transmission (they might otherwise access the UK testing programme via usual route when the turnaround time is quicker and more reliable) | NHS Fife Community Testing Team take samples (drive-through or mobile team); NHS Fife lab carry out test; results via Health Protection Team |
| General Public | Symptomatic contact as part | 28 May | <ul style="list-style-type: none"> Setting-specific testing arrangements may be required to ensure testing for large | NHS Fife Community Testing Team or MTU take samples (ad hoc site-specific) |

| Category | Group(s) | Date started | Rationale | Delivery in Fife |
|----------------|--|--------------|---|---|
| | of an community outbreak setting | | number of contacts in a timely way in order to support outbreak management | arrangement); NHS Fife or UK lab carry out test; results via Health Protection Team or UK programme |
| General Public | Anyone age 5 and over with symptoms who can't access UK testing programme | 2 June | <ul style="list-style-type: none"> • They do not have access to a mobile phone • They do not have access to transport to get to a drive-through appointment and home-testing is unsuitable due to cognitive, physical or sensory impairment • They do not have the language skills to navigate the system • Their social circumstances are unstable | Self-referral via NHS24 into Fife Triage hub, community testing team take sample; NHS Fife lab carry out test; result via triage hub |
| Primary Care | Anyone seen at COVID Assessment Centre with symptoms | 2 June | <ul style="list-style-type: none"> • They have been assessed via the triage hub and given an appointment at the COVID Assessment centre based on clinical risk • Testing required as for all general public, but will also inform clinical management | COVID assessment centre staff take swab; NHS Fife lab carry out test; result via Triage Hub |
| Primary Care | Anyone at home under with symptoms under GP or District Nurse / other community Health professional care | 2 June | <ul style="list-style-type: none"> • Patient may be too unwell or frail to access UK programme drive-through for a self-taken swab or to manage to arrange a take self-taken swab via a home-test kit | Telephone request from health professional to NHS Fife Triage Hub; swab taken at COVID assessment centre or mobile Community Testing Team; NHS Fife lab carry out test; result via Triage hub |

| Category | Group(s) | Date started | Rationale | Delivery in Fife |
|---------------------|--|---------------------|---|--|
| Care home residents | Sample surveillance testing in care homes | 8 June | <ul style="list-style-type: none"> Sample testing introduced – by definition, those homes where there may not be any cases, for surveillance and to better help identify early any homes at risk of outbreak. Local policy – rolling programme of 10% (min 5) sample from residents. | NHS Fife Community Testing Team take samples; NHS Fife lab carry out test; results via Health Protection Care Home Support Team |
| Care home residents | Rolling (weekly) testing of all care home staff – both symptomatic and non-symptomatic | 8 June | <ul style="list-style-type: none"> Risk of transmission within a care home as a result of the contact from care workers. | Self-taken swabs ordered on weekly basis by care home manager; UK Lighthouse laboratory carry out test; results by text message direct to individual |
| Acute patient care | Babies born to confirmed or suspected COVID-19 mothers who are admitted to the neonatal unit | Policy under review | <ul style="list-style-type: none"> Test at 72 hours of age and repeat test 48 hours later | NHS Fife clinical staff take samples: NHS Fife laboratory process tests; results via team that arranged test |

| Category | Group(s) | Date started | Rationale | Delivery in Fife |
|-------------------------|---|---|--|--|
| Planned patient care | All planned overnight and day-case admissions which have signs and symptoms of COVID-19 as per NHS Fife screening checklist and where delayed admission is not possible | Policy under review (currently all planned surgery and pre-endoscopy patients are being tested) | <ul style="list-style-type: none"> To guide patient placement NHS Fife document 'Strategy for SARS-CoV-2 testing for patients seen in hospital for clinic appointments, trauma and emergencies in a COVID-19 endemic environment' under review | NHS Fife clinical staff take samples: NHS Fife laboratory process tests; results via team that arranged test |
| Education | All university students | 28/11/2020 | <ul style="list-style-type: none"> To identify and isolate any COVID-19 cases prior to travel at end of term prior to travel home at end of term | St Andrews university staff obtain and interpret Lateral Flow Device tests, positives are retested in UK.gov testing site, repeat equivocal are retested by NHS Fife community Testing team. Results by text message direct to individual. |
| Hospital patient care | Hospital Admissions – emergency | 30/11/2020 | <ul style="list-style-type: none"> Detecting COVID-19 cases to enable appropriate patient placement | Led by Andy Mackay & Lynn Garvie |
| Planned patient care | Hospital Admissions – planned | Mid December | <ul style="list-style-type: none"> Detecting COVID-19 cases to enable appropriate patient placement | Led by Andy Mackay & Lynn Garvie |
| Health care key workers | Healthcare Workers | 01/12/2020 | <ul style="list-style-type: none"> add to the layers of protection in place for staff and patients via methods to ascertain asymptomatic cases of COVID-19 in staff | Led by Rhona Waugh |
| General Public | Social Care - Care Home Visitors | 07/12/2020 | <ul style="list-style-type: none"> add a layer of protection to those vulnerable care home residents via methods to ascertain asymptomatic cases of COVID-19 in lay visitors | Led by Fiona Mackay |

| Category | Group(s) | Date started | Rationale | Delivery in Fife |
|------------------------------------|--------------------------------------|---|--|---|
| Social care key workers | Social Care - Visiting Professionals | Mid December 2020 – for all NHS staff From 11 January 2021 - for non-NHS staff | <ul style="list-style-type: none"> add a layer of protection to those vulnerable care home residents via methods to ascertain asymptomatic cases of COVID-19 in staff | Led by HSCP |
| Health and social care key workers | Social Care – Care at Home | From 11 January 2021 | <ul style="list-style-type: none"> add a layer of protection to those vulnerable care home residents via methods to ascertain asymptomatic cases of COVID-19 in domiciliary staff | Led by HSCP |
| General Public | Community Asymptomatic Testing | Early December | <ul style="list-style-type: none"> case finding of cases of COVID-19 | Led by Fife Council |
| Education | School (staff and senior pupils) | February 2021 | <ul style="list-style-type: none"> case finding of cases of COVID-19 in education staff and senior pupils | Led by Fife Council |
| Workplace | Food processors, Food distributors | March 2021 | <ul style="list-style-type: none"> Testing to support safe, essential services in a sector that is critical to ensure that the public can maintain access to food supplies. | TBC |
| General population | Contacts of cases | February 2021 | <ul style="list-style-type: none"> Testing to case find in individuals known to be exposed to confirmed COVID-19 cases | Automatically initiated by Sg/NSS/PHS and tested by PCR via UK Gov Lighthouse Lab |

Appendix 2 – Progress Updates from Testing programme

| Objective | Lead | Progress Update | Risks Identified |
|---|--------------|--|--|
| Objective1- Develop a whole system DCAQ Tool to serve as a centralised management information source for Fife | Josie Murray | Links made with Public Health Scotland and local Information & Digital colleagues re: data flow and current reporting. Development of tool underway | Data flows insufficient to allow tool to be useful |
| Objective 2- Develop a Social Care Testing strategy and delivery mechanism (Staff, Visitors, Residents, supported people) | Fiona McKay | National Guidelines in place for Care Home testing. Working with Scottish Care to ensure awareness, education, support and engagement across Fife. Care Homes over 90% compliance – though care homes still closing due to COVID-19 | New guidelines issued for Care at Home workforce – this will be much more complex to implement. Data flow incomplete. |
| Objective3- Underserved Communities - Responsive Services & use of mobile units / satellite testing | Mark Steven | Inclusion approach to COVID-19 approved by LRP Strategic Subgroup and operationalisation in planning. Go-Live 1 April 2021. Links with wider community testing and rapid response workstreams | None articulated |
| Objective 4- Self-Management (info and advice) & Training for those in a test administering role. | TBC | The development of training for patient facing roles in testing teams is advancing. | Those who are being tested are unsure of how to follow guidance/misapplying techniques of self testing, and potentially transmitting virus |
| Objective 5- Development of a Staff (Peer) Testing strategy and protocols | Rhona Waugh | Staff testing progressing well. Asymptomatic Testing in place for Cancer Wards, Old Age Psychiatry & LD. Lateral Flow Tests phased by Operational Unit, including Vaccinators, Urgent Care Service and front facing support services staff, with the addition of any identified clusters. January student intakes covered. | Loss of staff due to a positive test remains a high risk associated with this testing programme. Lack of access to data in sufficient quality does not allow targeting of particular groups to encourage uptake Outbreak reports to STAC suggest some staff have poor swabbing technique |
| Objective 6- Rapid and effective response to areas of high prevalence (subject of a recently developed bid for | TBC | Scottish Government call for proposals closes 8/01/21. Fife proposal developed. | Highly complex programme of work, significant resource requirements to implement, ongoing operational costs |

| | | | |
|--|--------------------------------|--|---|
| Scottish Government funding) | | | covered by ring-fenced ScotGov funds. |
| Objective 7- Ensuring there is a robust Data Flow into Fife intelligence systems (all cohorts, all tests, all delivery mechanisms) | Lesly Donovan / Marie Richmond | Programme currently being scoped. | TBC |
| Objective 8- Expanding capacity of Labs to process tests / most effective use of current capacity | Josie Murray / Donna Galloway | <p>Evaluation of new technologies ongoing, establishment of POC testing in VHK. Plans for regional nodes testing progressing.</p> <ul style="list-style-type: none"> Lothian are comfortably able to manage the number of specimens that we are currently sending them. Numbers will increase and there are plans for Care Home specimens to be tested using regional resource (rather than the Lighthouse) The East Region hub goes live on 21st January but capacity there will be limited for the first few weeks until staff are trained, etc. | There is an awareness that demands for testing will only increase and we will try to keep pace but have agreed a national prioritisation list which will be similar to what we already have for Fife. |

Appendix 3: NHS Fife Laboratory Prioritisation

i) NHS Lothian have been approached and have agreed to test 200 samples / day if required.
ii) The laboratory has introduced triage criteria in order to manage capacity. Priority for testing in NHS Fife will be given as follows; from high **(1)** to low **(13)**. When capacity is reached, the lowest priority samples will be referred to NHS Lothian for testing in the first instance: highlighted in red; starting from (9). Once NHS Lothian capacity is also reached, testing of lower priority test groups will need to be suspended:

- (1) Symptomatic hospital admissions / in patients and care home residents**
- (2) Asymptomatic ICU / SHDU, Pre-surgical and in-patient Endoscopy testing**
- (3) Hospital Patients waiting discharge to care homes**
- (4) Drive thru testing – health care staff / their family members**
- (5) Testing asymptomatic staff with positive lateral flow tests**
- (6) Testing babies born to COVID positive mothers at day 3 and day 5.**
- (7) Asymptomatic care home residents in outbreak settings**
- (8) Asymptomatic staff in ward outbreak settings**
- (9) Weekly screening of asymptomatic babies requiring aerosol generating procedures or ventilation**
- (10) Admission screening of asymptomatic mental health patients**
- (11) Admission screening of asymptomatic emergency care / maternity patients**
- (12) Admission screening of asymptomatic planned care patients**
- (13) Day 5 screening of asymptomatic hospital patients**

iii) NHS Fife Microbiology is in regular contact with our commercial suppliers regarding consumables and is actively engaged in procuring alternative testing solutions (e.g. NumoDx platform).

Appendix 4

TEST AND PROTECT (T&P) OVERSIGHT GROUP – SILVER COMMAND TERMS OF REFERENCE

1 AUTHORITY

The Test and Protect Oversight Group is a Silver Command Group and part of the COVID-19 Response for NHS Fife.

2 PURPOSE OF THE GROUP

To provide oversight of the Test and Protect Programme for cases of Covid-19 and their contacts.

The group has a **co-ordination role** in ensuring the different elements of the cross-sectoral Test and Protect programme are working together and are capable of scaling up or down depending on circumstances.

It has a **governance role** to ensure the programme meets the required standards and assure NHS Fife that the national Public Health approach of Test, Trace, Isolate and Support in Fife is delivered effectively, risks are managed adequately and the programme is demonstrating improvements in performance over time.

Executive Lead: Dona Milne, DPH

The group reports to the Fife LRP Covid Strategic Co-ordinating Group and EDG Gold.

3 ROLES AND SPECIFIC DUTIES

- Oversee the collation and provision of data for the purposes of surveillance and programme management to inform operational and strategic functions.
- Ensure processes and capacity for Testing are in line with national guidance and local professional advice in order that NHS Fife is finding cases of Covid-19 in a timely manner and health and care services are able to operate in a covid-secure manner.
- Ensure that Test and Protect processes are planned, implemented and reviewed so that potential impacts on inequalities are identified, assessed and mitigated and vulnerable population groups are protected
- Ensure processes and capacity for Testing, Case Investigation and Contact Tracing are in line with national guidance and local professional advice in order that Fife can be confident that cases are self-isolating, their contacts identified and put in quarantine for the required period and other measures for control of transmission are in place and this is done in a timely manner to prevent onward transmission of coronavirus.
- Ensure processes and capacity for supporting people whilst isolating are in place and where necessary this is in accommodation outwith their usual place of residence in line with national guidance and local professional advice.
- Ensure accurate, up to date and consistent messages are communicated to the public, staff and other agencies to maximise the uptake and impact of the T&P programme in ultimately eliminating the spread of coronavirus in Fife.
- Model, review and anticipate variations in case numbers and mobilise workforce and resourcing (finance and digital) accordingly.
- Evaluate the programme using an agreed set of process indicators and outcome and share learning with local and national agencies and networks.
- Ensure good governance is designed and executed throughout the programme and undertake small audits of this to provide assurance.
- Identify and manage risks associated with the Test and Protect programme, keeping a risk log, escalating if unable to manage adequately to the Executive Lead and recording escalated risks on Public Health Risk Register.

- Ensure Test and Protect Programme is integrated with the wider Covid-19 response in Fife and nationally including outbreak prevention and management, remobilisation of health services, the local resilience response and aims to reduce health inequalities.
- Report to Covid-19 Strategic Co-ordinating Group on actions specified in the Fife Covid-19 Strategic Framework

4 CORE MEMBERSHIP

- | | |
|---------------------|--|
| • Josie Murray | Programme Lead (Chair) |
| • Brenda McFall | Head of Transformation & Change (Deputy Chair) |
| • Julie O'Neil | Public Health Manager |
| • Marie Richmond | IT & eHealth Manager |
| • Derek Sloan | ID Consultant |
| • Rhona Waugh | Senior HR Manager |
| • Kirsty McGregor | Director of Comms |
| • Fiona Mackay | General Manager, H&SCP |
| • Paul Vaughan | General Manager, Fife Council |
| • Nigel Kerr | Head of Protective Service, Fife Council |
| • Donna Galloway | Laboratory Service Manager |
| • Clare Campbell | Data and Intelligence Lead |
| • Mark Steven | Inclusion Coordinator |
| • Natalie Wilson | Administrative Assistant |
| • Andrew Henry-Gray | Project Support Officer |

The Oversight Group is supported by several Implementation Groups which are responsible for managing the day-to-day operation and co-ordination of the T&P programme. Other sub-groups may be required to work on specific issues.

5 QUORUM

The Quorum for any meeting will be decided by the Chair or Deputy Chair present.

6 FREQUENCY OF MEETINGS

The T&P Oversight Group will meet weekly until this frequency is reviewed at the end of March 2021. Meetings will be scheduled for 1 hour by video conferencing (Teams).

7 ADMINISTRATIVE SUPPORT

The Oversight Group will be supported by the Programme Management Office until such time as its work is seen as core business for public health or the Covid-19 Strategic Co-ordinating Group.

A summary note of decisions taken will be made and circulated to the Oversight Group and shared with the Health Protection Team.

8 LIFESPAN

The T&P Oversight Group will continue to meet for as long as the NHS Fife COVID-19 Response is active.

9 CONDUCT OF THE GROUP

The T&P Oversight Group will conduct its business in accordance with the Nolan principles and the values of the NHS Fife Board. Decision making will be open, transparent and evidence based.

NHS Fife

Meeting: NHS Fife Clinical Governance Committee
Meeting date: 11 March 2021
Title: Urgent Care Transformation – Design and Delivery of Fife Flow and Navigation Centre
Responsible Executive: Dr Chris McKenna Medical Director
Report Author: Lisa Cooper CSM Urgent Care Service Fife

1 Purpose

Please select one item in each section and delete the others.

This is presented to the Board for:

- Awareness
- Discussion

This report relates to a:

- Emerging issue
- Government policy/directive
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper seeks to outline the design and development of Fife's Flow and Navigation hub (FNH) within the Urgent Care Service, Fife (UCSF) as part of the national programme to redesign urgent care; introducing a more scheduled approach as well as optimising access to a senior clinical decision maker to ensure people are navigated to the most appropriate place for their needs.

On the 7th of August 2020, the interim Chief Executive of NHS Scotland sent a letter instructing NHS boards to implement a Flow Navigation Centre (Hub) by the 1st of November 2020. This

initial date was revised to the 1st of December 2020 to take into account the significant operational and service delivery requirements to support an effective and safe launch.

The strategic vision for the programme is to support the public to access the right care, at the right place, at the right time, first time. This is being assisted by a national Single Point of Access (SPoA) through NHS24/111, available 24/7 for urgent care and applying a digital first approach.

This report sets out the considerable work to date, undertaken by key stakeholders, to design and deliver the (FNH), meeting the requirements set out by Scottish Government for the launch on the 1st December 2020, including development, initial implementation and ongoing delivery

2.2 Background

The FNH is one of five key workstreams underpinning the Urgent Care Redesign Programme in Fife. The purpose of the FNH is to ensure safe care for people who contact NHS 24 with the aim that they are directed to the right place with the right person to deal with their needs.

The FNH offers rapid assessment by a senior decision maker, optimises digital health to support the clinical consultation and the vision is it will have the ability to advise self care, signpost to available local services such as Ambulatory Care / Same Day Emergency Care, Mental Health Hubs, Minor Injury Units, Primary Care (in and out of hours) and the Emergency Department if required. This will assist people to receive the right care with the right person, at the right time, in the right place, first time based on clinical need. If a face to face consultation is required this will be in as scheduled an approach as possible. General Practice will remain the principal access route for urgent care in hours. This Redesign of Urgent Care will not alter the way emergency care is accessed.

Through the Autumn, work has been ongoing to develop the FNH model incorporating a digital first approach in line with the strategic direction, where possible to support the patient's journey including appointing, messaging and virtual consultations.

An initial clinical model has been developed which includes new roles such as the clinical co-ordinator working directly within the FNH, responsible for providing clinical oversight and ensure that people are navigated to the right clinician. Emergency Department Consultants and Senior Nurses act as senior clinical decision makers within the virtual element of the FNH, undertaking virtual consultations to identify people's needs and where they should have these met.

2.3 Assessment

A FNH workstream was established on the 21st of September with the aim to design and deliver the requirements detailed in the interim Chief Executive of NHS Scotland letter, 7th of August 2020.

These were to:

- Implement a local Flow and Navigation Hub
- Optimise digital healthcare where possible
- Establish scheduling process where appropriate
- Review and redefine urgent care pathways
- Identify and establish resources to support new pathways

- Engage and communicate with key stakeholders, workforce and members of the public regarding the changes in accessing urgent care.

Three subgroups were established to take forward the specific aspects of the design and delivery of the FNH:

- Workforce
- Digitisation
- Communications

Meetings of the subgroups were scheduled and took place weekly with progress reviewed at the overarching, weekly F&NH Project group.

The communications group met only twice as the national programmes communication strategy defined the local communications and was not published till week of launch. Communications locally could not be progressed without access to the national toolkit. The essential task of communication with staff, ensuring effective engagement for those directly involved/ impacted by the programme was delegated to the workforce subgroup and in line with staff side representation it is assured there has been active workforce communications consistently through the design and delivery of the FNH.

The pro-active approach to public communication will be referenced within the public engagement section.

Urgent Care Pathways

Collaborative working across departments and services across NHS Fife and the H&SCP has been evident throughout to build upon existing pathways for care and enable development of new clinical pathways. The aim is these will ensure that patients who require urgent care are navigated to the most appropriate service for their needs first time. This includes the development of virtual referral and appointing systems to a range of services. All clinical pathways have been developed and reviewed by senior clinical leads, managers and staffworking in the Urgent Care Services Fife (UCSF), Mental Health, General Practice, Community Pharmacy, Emergency Department, Minor Injury Units and Scottish Ambulance Service (SAS) at this time.

Digitisation

A digitisation development plan was put in place to scope digital and information requirements to deliver the FNH. Significant work was progressed to digitally enable scheduling, appointing and monitoring patient activity using Adastra and Trakcare systems. Assess and procure IT equipment and develop and implement a robust training plan to support the model. Data reporting requirements were also progressed to support monitoring and quality improvement. There is ongoing work to support virtual consultation and referral.

Workforce See 2.3.2

Go Live

The FNH is being implemented locally in three phases; Phase one – “go live”, Phase two implementation and Phase three embedding into core service delivery.

1st December 2020 was the service “Go live” date. From 1st December to mid January 2021, Phase one, saw the implementation of the model, during this time, the model of care was closely monitored and evaluated both qualitatively and quantitatively. Real time learning

allowed for adjustments and service delivery issues being resolved, refining the model to meet the demands. From mid January 2021 to 31st March 2021, Phase two, will see the model embedded into core service delivery. It is anticipated the programme and model will take 2-3 years to fully embed and further evolve to include other services across health, social care and third sector organisations.

The national Phase 2 steer for priorities is anticipated mid March but ongoing discussions with the national contact for NHS Fife suggests the priorities will be scheduling urgent care needs for persons presenting to Community Pharmacy, Paediatrics, General Practice, Scottish Ambulance Service and Mental Health Services with a continued focus on the digitisation needs at a national level to support.

Implementation

During the implementation phase there have been twice daily huddles with wide representation e.g. clinicians, service managers, digital and information services, project management. These stakeholders provided feedback, troubleshooting and immediate resolution to any issues raised within the model. These included clinical and staffing issues and data reporting. The huddles have also supported reporting to Scottish Government of quality data, as part of the national programme roll out. Local representatives also attended the national safe space meeting hosted by NHS24 to learn from other boards and escalate issues.

Data

NHS Fife Information Services have undertaken focused work re data quality. The quality of data has evolved given a new process, new system and continued training of new staff. Data is reported daily and submitted to Public Health Scotland. Due to the soft launch and national marketing campaign due to commence mid April, the numbers are low and expected to rise by the end of April. The past 14 days data is attached. (**Appendix 1**)

2.3.1 Quality/ Patient Care

The FNH Workstream is an exemplar of effective and collaborative working with consistent clinical oversight assured. The pathways can be evidenced as adding value to the persons journey with decisions tailored to the patient to support care delivery in the right place, right time with the right person employing a digital first approach.

Examples of positive patient care journeys:-

- Patient A called NHS24 @ 21:36 with ongoing ankle pain. Patient had attended ED 3 days previous with initial complaint of ankle pain. NHS 24 endpoint ED4H. FNHCC liaised with ED Floor Co-ordinator and Xray result discussed. FNHCC was able to offer self care advice with a robust worsening statement. FNHCC began telephone consult @ 21:44 and call was closed @ 22:13
- Patient B contacted NHS24 with a wound to L hand for 4hr @ 22:23, NHS24 endpoint MIU4H, FNHCC called patient back, had near me consultation and call was closed @ 23:23 with self-care advice.

2.3.2 Workforce

A training needs analysis was undertaken which provided the information to allow the development of a training plan to support workforce development, including digital training in

using new systems and virtual technology. This included clinical and non clinical staff and those from Secondary and Primary Care.

Once the clinical model was identified, rotas were developed to ensure optimal safe staffing levels and skill mix in the FNH to support anticipated patient activity. Previous service activity across UCSF and the ED was used to inform this. Ongoing work is being supported to develop an electronic rota management system as a long-term solution.

Prior to “go live”, a readiness exercise was undertaken to test the model, the implementation plan and assess the general readiness of the service to implement the model. As part of an ongoing model of quality improvement ongoing assessment and data collection and analysis continues.

Recruitment to support the additional workforce requirements has commenced including new clinical co-ordinators and additional dispatchers. The dispatch role is a key element to support effective operational delivery of the FNH model with the clinical co-ordinator role being key to the safe service delivery of the model.

To date the additional dispatchers' required have been appointed and all have start dates. The clinical coordinator post (s) is being actively recruited to. Until all posts are fully recruited too, an UCSF workforce bank has been created, with internal staff and staff from SAS, with the appropriate skill set providing the additional staffing requirements. This will help reduce the temporary shortfall in workforce capacity to deliver a safe 24/7 FNH.

There is an established knowledgeable skilled workforce in situ via the UCSF Out Of Hours and Emergency Care team, supported clinically by GPs, Scottish Ambulance Service and UCSF clinicians and dispatch team.

The model to date has been a positive example of staff across Acute and HSCP working collaboratively to deliver the best care for the people of Fife. The majority of this work has been delivered with great enthusiasm and significant good will especially in light of ongoing capacity issues encountered during these challenging times.

2.3.3 Financial

The Scottish Government (SG) asked all Boards to submit estimated costs using the agreed template.

The Redesign of Urgent Care programme financial template covers a 3 year period. Whilst funding has been received to support Urgent Care Redesign for 20/21; there is no assurance as yet of recurrence of funding. The recruitment of staffing the model extends beyond this year and there is then a risk of committing to costs without funding.

The initial financial cost template submitted to SG last year is currently being updated and refreshed. Currently the 20/21 costs are estimated at £784k with the associated full year cost for 21/22 estimated at £2,208K. It is anticipated there will be slippage within this due to the timings around recruitment as yet to be agreed for the model. The risk of non-recurring funds is known. However, this funding has been allocated to facilitate change, and in the longer term this should generate efficiencies and allow for resources to be freed up elsewhere

In line with the national priorities for Phase 2 there will be further SBARS for service development and staffing, considered for approval over the coming months which will add to

the 21/22 spend. This will be updated as items are approved through the Urgent Care group chaired by the Medical Director.

A robust financial planning and management process is now agreed to ensure the FNH is delivered effectively and efficiently in line with monies available

2.3.4 Risk Assessment/Management

Risk registers are managed through DATIX and escalated via the governance structure as appropriate.

2.3.5 Equality and Diversity, including health inequalities

NHS Fife completed stages one and two of NHS Fife Board Equality Impact Assessment (EQIA) as part of the process to establish the changes to Urgent Care (**Appendix 2**). Stage two was published January 2021 and is embedded as an appendix 1. This EQIA stage 2 involved a comprehensive process involving over 45 local and national agencies representing protected characteristics, Fife's geographies, disadvantaged communities, topic and subject interests. The wide representation mean NHS Fife is able to gather and reflect on the potential discrimination for some, the advantages for others and how we are advancing opportunity, reducing discrimination and fostering good relations.

Actions arising from this comprehensive process are now embedded into the individual work stream action plans and highlighted in a single action plan. This will be used monitor how NHS Fife intend to address these concerns and considerations

2.3.6 Communication, involvement, engagement and consultation

Communication

NHS Fife communication team were members of the national group developing the national communication strategy, setting out a phased implementation plan. The team worked in partnership with Fife HSCP to promote accessing urgent care via 111.

Right Care at the Right Time" is the phrase being used nationally and locally and continues the local communication plans established through the Fife HSCP Transforming Urgent Care programme.

The Scottish Government are co-ordinating the national media and communication plans. The national programme will start the week beginning 18th January 2021 via a Scotland wide leaflet drop. The social and digital media plan roll out has been delayed to February due to current impact of the pandemic and winter pressured. NHS Inform has information available on their website. The main campaign information is available at: - <https://www.nhsinform.scot/right-care>. Materials are also available in translated forms and can be accessed here: <https://www.nhsinform.scot/translations>. Information will be available in a number of languages as well as Easy Read and BSL.

NHS Fife have also updated their website and information can be accessed at <https://www.nhsfife.org/services/right>

Locally the Head of Communication chairs a fortnightly meeting of the Resilience Public Engagement Group giving Fife access to multiple individuals in the community to both engage with and consult.

As advised effective workforce engagement is also a key objective for the programme and the FNH group have proactively taken ownership of effective staff communications in partnership with staff side representation throughout. Staff side are content this has been managed appropriately, consistently and effectively.

Public engagement

In order to extend our reach and public participation the plan is to use our Fife Participation and Engagement Public Directory. This approach is also in line with NHS Fife and the H&SCP new Community Engagement model. Members of the previous Urgent Care Communication Subgroup have been invited to become a member of the Directory to continue their role in supporting NHS Fife in sharing information related to urgent care redesign.

The Participation and Engagement Public Directory consists of patients, carers, members of the public, and community groups who have an interest in knowing about and improving local health and care services in Fife. The Directory is used by NHS Fife and Fife H&SCP to provide up to date information about the health and care services that matter to them and hear about ways they can give their views or time in different ways to help us put people and communities at the heart of Fife NHS and social care services.

2.3.5 Route to the Meeting

Via Executive lead for Redesign of Urgent Care Programme

2.4 Recommendation

- Note the proactive approach to effective communication internally and externally to support launch of the programme with a commitment to ongoing public engagement
- Note the content of the report and the significant input clinically, operationally and digitally to design and deliver a Fife flow and navigation hub as part of the wider redesign of urgent care.
- Note the ongoing commitment of all teams involved to support the ongoing implementation plan in line with national and local strategic direction to continue to provide safe and effective person centred care with the right person, right place, right time, first time.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Data



- Appendix 2, EQIA



Report Contact

Lisa Coper

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RUC002 | Redesigning Urgent Care - Daily Overview Report - Previous 14 Days

Report No: RUC002
Source: Business Objects < Adastra & Trakcare
Last Refreshed: 03/03/2021 09:03

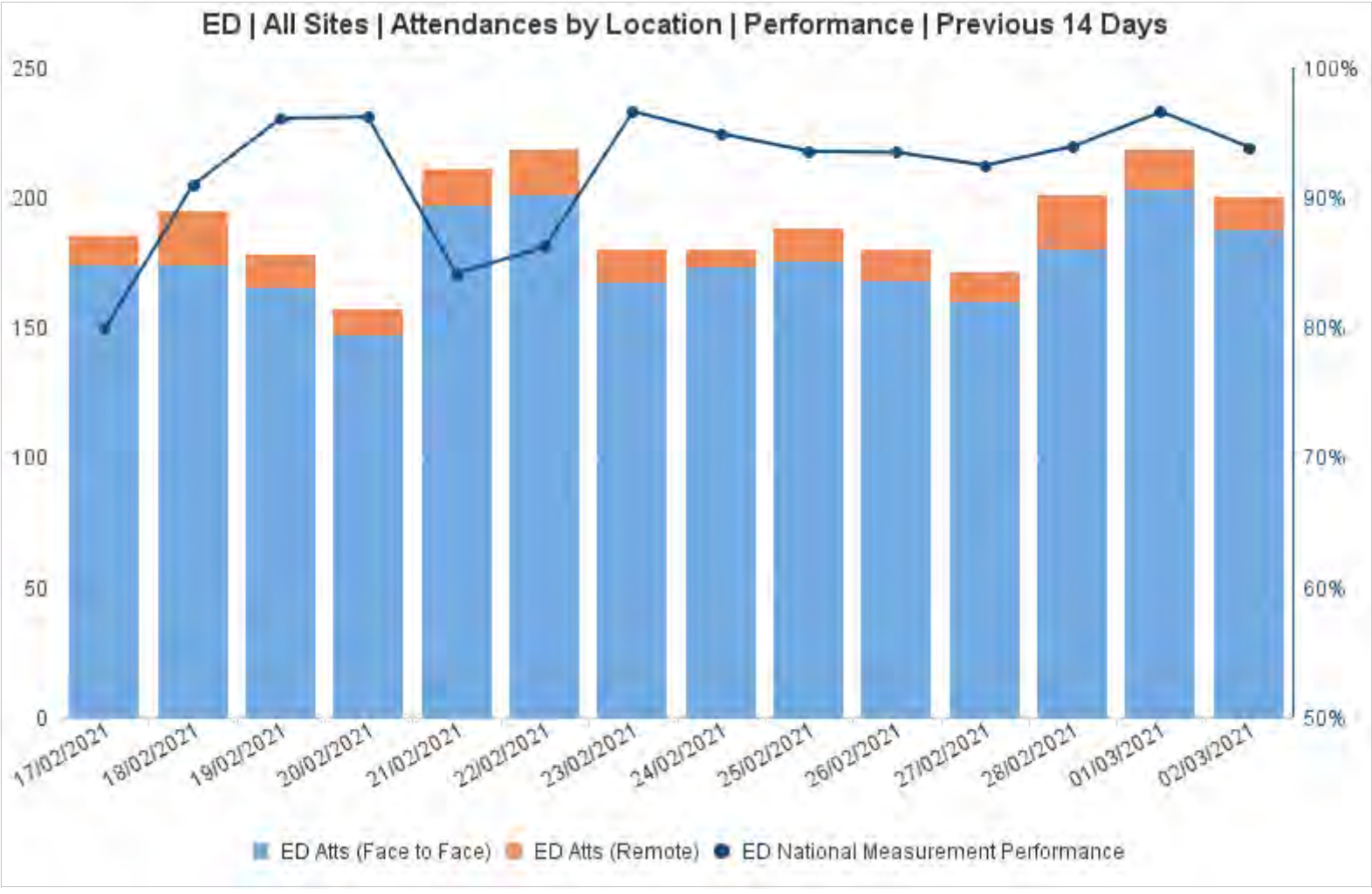
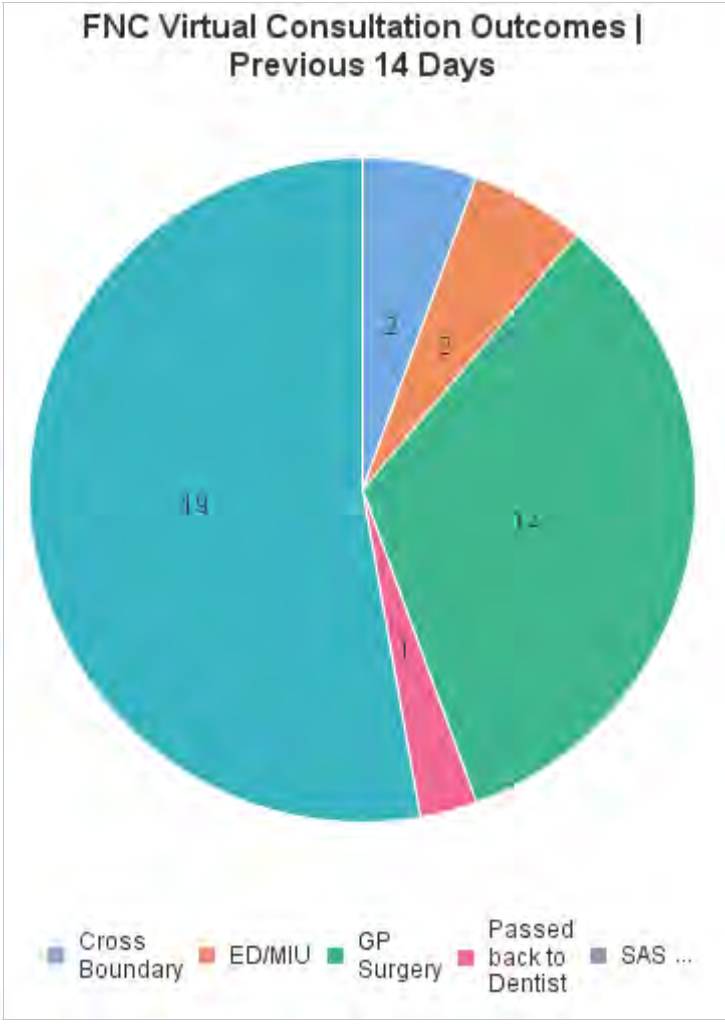
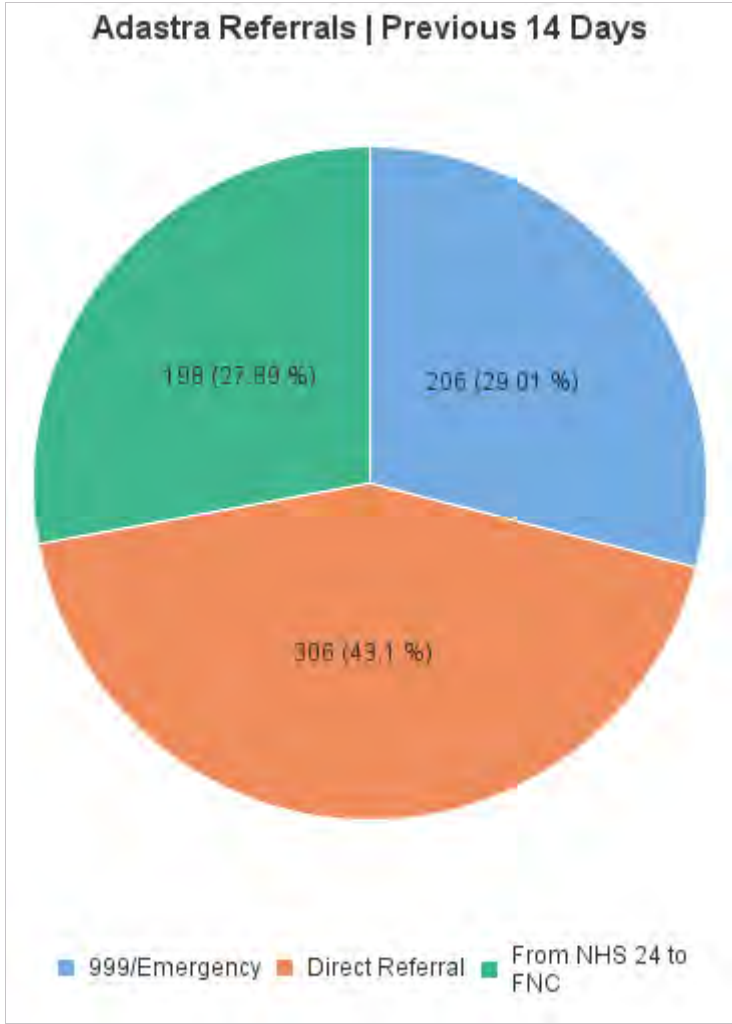
This report provides an overview of the high level activity associated with the patient pathways introduced alongside the Redesigning Urgent Care programme on 1st Dec, 2020.

Please note that the introduction of RUC has implications upon the national 4-hour Unscheduled Care Target and Standard. A portion of patients who previously would have been unplanned A&E/MIU attendances are now being encouraged to call NHS24 111 and from there channelled into appropriate pathways. Some of these patients will ultimately present at A&E/MIU in person or via a virtual consultation as "new-planned" attendances. Historically, these patients tend to belong to a cohort that is less complex and therefore less likely to breach the unscheduled care standard and target. Guidance from Scottish Government on reporting the 4-hour target/standard remains unchanged, planned attendances should not be included.

Key/Definitions

| | |
|------------------------------------|--|
| 999 / Emergency | Adastra records with a Final Priority of "999/Emergency" |
| Urgent / Direct Referrals (1-hour) | Adastra records with a null Location of Treatment and a Case Type on Completion of "Direct Referral ED", as well as Final Priority of "URGENT" |
| From NHS 24 to FNC | Adastra records with a Source of Referral of "NHS24" and a Location of Treatment of "A&E Location" |
| Planned ED/MIU appts (4-hour) | Adastra records with an "A&E" Location of Treatment and a Case Type on Completion of "ED to Book" or "MIU to Book" |
| Telephone/Virtual Assessment (FNC) | Adastra records with an "A&E" Location of Treatment and a Case Type on Completion of "Telephone/Virtual Assessment" |
| Other | Adastra records that do not fit into either of the above outcome categories. Likely data entry errors that have come from Adastra elsewhere. |
| Location | Trak records split by Location; "Remote Consultation" or other (physical locations) |
| Attendances | Trak records for the given attendance/contact date plus breakdown by Attendance Category |
| Arrivals not Admitted | Trak records with a Source of Attendance of "Self Referral" who do not go on to be admitted or transferred |
| UC 4-Hour Target | The Unscheduled Care 4-Hour Target |
| UC 4-Hour Target (inc New-Planned) | The Unscheduled Care 4-Hour Target performance if we incorporate "New-planned" patients into the calculation - not the current SG guidelines |

| Attendance /Contact Date | Flow Navigation Centre (Adastra) | | | | | | Emergency Department (All Sites) | | | | | | | | | | |
|--------------------------|----------------------------------|------------------------------------|--------------------|-------------------------------|-------------------------------------|-------|----------------------------------|--------------|-------------|-------------|---------------|----------------|------------------|--------|-----------------------|------------------|------------------------------------|
| | Referrals (Adastra) | | | Outcomes (FNC) | | | Location | | Attendances | | | | | | Self Presenters | Performance | |
| | 999 / Emergency | Urgent / Direct Referrals (1-hour) | From NHS 24 to FNC | Planned ED/MIU appts (4-hour) | Telephone/ Virtual Assessment (FNC) | Other | Remote Consults | Face to Face | Total | New-Planned | New-Unplanned | Return-Planned | Return-Unplanned | Recall | Arrivals not Admitted | UC 4-Hour Target | UC 4-Hour Target (inc New-Planned) |
| Tue 02 Mar | 10 | 27 | 15 | 14 | 1 | 0 | 13 | 187 | 200 | 26 | 159 | 10 | 4 | 1 | 84 | 93.87% | 94.18% |
| Mon 01 Mar | 12 | 29 | 27 | 18 | 7 | 2 | 15 | 203 | 218 | 26 | 172 | 15 | 4 | 1 | 89 | 96.59% | 97.03% |
| Sun 28 Feb | 19 | 31 | 24 | 21 | 3 | 0 | 21 | 180 | 201 | 24 | 157 | 12 | 8 | 0 | 67 | 93.94% | 94.71% |
| Sat 27 Feb | 14 | 21 | 14 | 12 | 2 | 0 | 11 | 160 | 171 | 18 | 142 | 7 | 4 | 0 | 68 | 92.47% | 93.29% |
| Fri 26 Feb | 12 | 16 | 10 | 8 | 2 | 0 | 12 | 168 | 180 | 16 | 150 | 9 | 3 | 2 | 77 | 93.46% | 94.08% |
| Thu 25 Feb | 14 | 24 | 10 | 9 | 1 | 0 | 13 | 175 | 188 | 21 | 147 | 10 | 8 | 2 | 80 | 93.55% | 94.32% |
| Wed 24 Feb | 12 | 22 | 22 | 14 | 8 | 0 | 7 | 173 | 180 | 16 | 154 | 7 | 3 | 0 | 76 | 94.90% | 95.38% |
| Tue 23 Feb | 13 | 19 | 22 | 15 | 6 | 1 | 13 | 167 | 180 | 17 | 141 | 13 | 6 | 3 | 74 | 96.60% | 96.95% |
| Mon 22 Feb | 17 | 29 | 19 | 16 | 3 | 0 | 17 | 201 | 218 | 27 | 179 | 8 | 2 | 2 | 94 | 86.19% | 87.50% |
| Sun 21 Feb | 27 | 26 | 0 | 0 | 0 | 0 | 14 | 197 | 211 | 23 | 181 | 5 | 2 | 0 | 81 | 84.15% | 85.44% |
| Sat 20 Feb | 27 | 15 | 4 | 4 | 0 | 0 | 10 | 147 | 157 | 17 | 128 | 9 | 3 | 0 | 56 | 96.18% | 95.95% |
| Fri 19 Feb | 7 | 18 | 12 | 11 | 1 | 0 | 13 | 165 | 178 | 15 | 152 | 6 | 2 | 3 | 74 | 96.10% | 96.45% |
| Thu 18 Feb | 12 | 15 | 4 | 3 | 1 | 0 | 21 | 174 | 195 | 27 | 151 | 13 | 4 | 0 | 70 | 90.97% | 92.31% |
| Wed 17 Feb | 10 | 14 | 15 | 14 | 1 | 0 | 11 | 174 | 185 | 15 | 159 | 6 | 5 | 0 | 77 | 79.88% | 81.56% |



| | Emergency Department (VHK) | | | | | | | | | | |
|-----------------|----------------------------|--------------|-------------|-------------|---------------|----------------|------------------|--------|-----------------------|------------------|------------------------------------|
| | Location | | Attendances | | | | | | Self Presenters | Performance | |
| Attendance Date | Remote Consults | Face to Face | Total | New-Planned | New-Unplanned | Return-Planned | Return-Unplanned | Recall | Arrivals not Admitted | UC 4-Hour Target | UC 4-Hour Target (inc New-Planned) |
| Tue 02 Mar | 13 | 143 | 156 | 24 | 126 | 2 | 4 | 0 | 51 | 92.31% | 92.86% |
| Mon 01 Mar | 15 | 152 | 167 | 23 | 134 | 7 | 3 | 0 | 52 | 95.62% | 96.25% |
| Sun 28 Feb | 21 | 141 | 162 | 22 | 126 | 8 | 6 | 0 | 35 | 92.42% | 93.51% |
| Sat 27 Feb | 11 | 142 | 153 | 16 | 129 | 4 | 4 | 0 | 54 | 91.73% | 92.62% |
| Fri 26 Feb | 12 | 129 | 141 | 16 | 118 | 4 | 3 | 0 | 47 | 91.74% | 92.70% |
| Thu 25 Feb | 13 | 137 | 150 | 19 | 119 | 7 | 5 | 0 | 50 | 91.94% | 93.01% |
| Wed 24 Feb | 7 | 147 | 154 | 15 | 132 | 4 | 3 | 0 | 57 | 94.07% | 94.67% |
| Tue 23 Feb | 13 | 131 | 144 | 15 | 114 | 9 | 6 | 0 | 45 | 95.83% | 96.30% |
| Mon 22 Feb | 17 | 152 | 169 | 24 | 141 | 3 | 1 | 0 | 53 | 83.10% | 85.54% |
| Sun 21 Feb | 14 | 172 | 186 | 20 | 162 | 2 | 2 | 0 | 63 | 82.32% | 83.70% |
| Sat 20 Feb | 10 | 127 | 137 | 15 | 114 | 7 | 1 | 0 | 40 | 95.65% | 95.38% |
| Fri 19 Feb | 13 | 134 | 147 | 15 | 127 | 4 | 1 | 0 | 49 | 95.31% | 95.80% |
| Thu 18 Feb | 21 | 135 | 156 | 27 | 121 | 5 | 3 | 0 | 40 | 88.71% | 90.73% |
| Wed 17 Feb | 11 | 131 | 142 | 14 | 122 | 3 | 3 | 0 | 38 | 73.60% | 76.26% |

| Attendance Date | Emergency Department (QMH) | | | | | | | | | | |
|-----------------|----------------------------|--------------|-------------|-------------|---------------|----------------|------------------|--------|-----------------------|------------------|------------------------------------|
| | Location | | Attendances | | | | | | Self Presenters | Performance | |
| | Remote Consults | Face to Face | Total | New-Planned | New-Unplanned | Return-Planned | Return-Unplanned | Recall | Arrivals not Admitted | UC 4-Hour Target | UC 4-Hour Target (inc New-Planned) |
| Tue 02 Mar | | 34 | 34 | 2 | 25 | 7 | 0 | 0 | 26 | 100.00% | 100.00% |
| Mon 01 Mar | | 33 | 33 | 1 | 25 | 6 | 1 | 0 | 26 | 100.00% | 100.00% |
| Sun 28 Feb | | 39 | 39 | 2 | 31 | 4 | 2 | 0 | 32 | 100.00% | 100.00% |
| Sat 27 Feb | | 18 | 18 | 2 | 13 | 3 | 0 | 0 | 14 | 100.00% | 100.00% |
| Fri 26 Feb | | 25 | 25 | 0 | 20 | 5 | 0 | 0 | 19 | 100.00% | 100.00% |
| Thu 25 Feb | | 24 | 24 | 2 | 18 | 1 | 3 | 0 | 21 | 100.00% | 100.00% |
| Wed 24 Feb | | 20 | 20 | 1 | 18 | 1 | 0 | 0 | 16 | 100.00% | 100.00% |
| Tue 23 Feb | | 27 | 27 | 2 | 21 | 4 | 0 | 0 | 22 | 100.00% | 100.00% |
| Mon 22 Feb | | 36 | 36 | 3 | 27 | 5 | 1 | 0 | 30 | 96.43% | 93.55% |
| Sun 21 Feb | | 25 | 25 | 3 | 19 | 3 | 0 | 0 | 18 | 100.00% | 100.00% |
| Sat 20 Feb | | 20 | 20 | 2 | 14 | 2 | 2 | 0 | 16 | 100.00% | 100.00% |
| Fri 19 Feb | | 20 | 20 | 0 | 17 | 2 | 1 | 0 | 18 | 100.00% | 100.00% |
| Thu 18 Feb | | 27 | 27 | 0 | 21 | 5 | 1 | 0 | 22 | 100.00% | 100.00% |
| Wed 17 Feb | | 28 | 28 | 1 | 25 | 2 | 0 | 0 | 25 | 100.00% | 100.00% |

| | Emergency Department (Adamson) | | | | | | | | | | |
|-----------------|--------------------------------|--------------|-------------|-------------|---------------|----------------|------------------|--------|-----------------------|------------------|------------------------------------|
| | Location | | Attendances | | | | | | Self Presenters | Performance | |
| Attendance Date | Remote Consults | Face to Face | Total | New-Planned | New-Unplanned | Return-Planned | Return-Unplanned | Recall | Arrivals not Admitted | UC 4-Hour Target | UC 4-Hour Target (inc New-Planned) |
| Tue 02 Mar | | 2 | 2 | 0 | 2 | 0 | 0 | 0 | 2 | 100.00% | 100.00% |
| Mon 01 Mar | | 5 | 5 | 0 | 4 | 0 | 0 | 1 | 5 | 100.00% | 100.00% |
| Sun 28 Feb | | | | | | | | | | | |
| Sat 27 Feb | | | | | | | | | | | |
| Fri 26 Feb | | 7 | 7 | 0 | 7 | 0 | 0 | 0 | 7 | 100.00% | 100.00% |
| Thu 25 Feb | | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 100.00% | 100.00% |
| Wed 24 Feb | | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 100.00% | 100.00% |
| Tue 23 Feb | | 5 | 5 | 0 | 4 | 0 | 0 | 1 | 5 | 100.00% | 100.00% |
| Mon 22 Feb | | 7 | 7 | 0 | 6 | 0 | 0 | 1 | 7 | 100.00% | 100.00% |
| Sun 21 Feb | | | | | | | | | | | |
| Sat 20 Feb | | | | | | | | | | | |
| Fri 19 Feb | | 4 | 4 | 0 | 1 | 0 | 0 | 3 | 4 | 100.00% | 100.00% |
| Thu 18 Feb | | 5 | 5 | 0 | 5 | 0 | 0 | 0 | 5 | 100.00% | 100.00% |
| Wed 17 Feb | | 7 | 7 | 0 | 5 | 1 | 1 | 0 | 6 | 100.00% | 100.00% |

| | Emergency Department (STACH) | | | | | | | | | | |
|-----------------|------------------------------|--------------|-------------|-------------|---------------|----------------|------------------|--------|-----------------------|------------------|------------------------------------|
| | Location | | Attendances | | | | | | Self Presenters | Performance | |
| Attendance Date | Remote Consults | Face to Face | Total | New-Planned | New-Unplanned | Return-Planned | Return-Unplanned | Recall | Arrivals not Admitted | UC 4-Hour Target | UC 4-Hour Target (inc New-Planned) |
| Tue 02 Mar | | 8 | 8 | 0 | 6 | 1 | 0 | 1 | 5 | 100.00% | 100.00% |
| Mon 01 Mar | | 13 | 13 | 2 | 9 | 2 | 0 | 0 | 6 | 100.00% | 100.00% |
| Sun 28 Feb | | | | | | | | | | | |
| Sat 27 Feb | | | | | | | | | | | |
| Fri 26 Feb | | 7 | 7 | 0 | 5 | 0 | 0 | 2 | 4 | 100.00% | 100.00% |
| Thu 25 Feb | | 13 | 13 | 0 | 9 | 2 | 0 | 2 | 8 | 100.00% | 100.00% |
| Wed 24 Feb | | 5 | 5 | 0 | 3 | 2 | 0 | 0 | 2 | 100.00% | 100.00% |
| Tue 23 Feb | | 4 | 4 | 0 | 2 | 0 | 0 | 2 | 2 | 100.00% | 100.00% |
| Mon 22 Feb | | 6 | 6 | 0 | 5 | 0 | 0 | 1 | 4 | 100.00% | 100.00% |
| Sun 21 Feb | | | | | | | | | | | |
| Sat 20 Feb | | | | | | | | | | | |
| Fri 19 Feb | | 7 | 7 | 0 | 7 | 0 | 0 | 0 | 3 | 100.00% | 100.00% |
| Thu 18 Feb | | 7 | 7 | 0 | 4 | 3 | 0 | 0 | 3 | 100.00% | 100.00% |
| Wed 17 Feb | | 8 | 8 | 0 | 7 | 0 | 1 | 0 | 8 | 100.00% | 100.00% |

Equality Impact Assessment Full Impact Assessment (Form 2)

EQIA Document Control

| | |
|----------------|---------|
| Date started | 21.9.20 |
| Date completed | |
| Date published | |
| EQIA approved | |

Full Equality Impact Assessment Form 2

You have by this stage identified an adverse impact for a protected characteristic group including any cross cutting issues or where a potential impact for those affected by economic disadvantage or poverty is apparent.

The Equality Impact Assessment (full) picks up from the Standard Impact Assessment (Stage 1) process, where the proposal has been identified or highlighted as having a potential negative impact.

It is now that you need to move onto a full Equality Impact Assessment.

This is more of a **detailed examination** of what you have identified at stage 1-Form 1.

Included here – see below- is the EQIA template to complete with your service, group, participation and engagement forum/involvement and partners etc. This will help to set you to set out who is affected, what the impacts are and what we are going to do about them.

The EQIA can be as part of your overall document (policies always have these attached) or you can keep this separately (i.e. if you are using it to work on as part of your bigger plans) as long as it evidences your ongoing actions to remedy the concerns, and remains linked to the plan etc so we can see that you are reducing the negative impacts.

The aims of an EQIA are to support your thinking in all your processes, so we ensure we are not being discriminatory towards any group. It is our legal duty to do this and to ensure we make a reasonable adjustment.

The EQIA must also demonstrate and record where we have eliminated discrimination, advanced opportunity or fostered good relations between those with a protected characteristic and those who haven't. This can be documented as you go along-some things you will highlight may be helping us to do one or all three of these duties, not all the content of an EQIA is negative, as our plans and developments are aimed to improve our services.

The EQIA must be published in full along with your plan or policy etc and signed off by the lead officer responsible. A copy should be then sent to Equality and Human Rights lead officer to publish and to quality assure.

1. **Rational and aims**

Implement an Urgent Care transformation programme including a Flow, Navigation and Assessment Hub within NHS Fife which will direct access to re-imagined urgent care services which deliver care appropriate to patient need, as close to home and scheduled where possible and which maximise opportunities in digital health.

Implementation of the Flow/Navigation hub: The Hub design and delivery group is tasked with building on experience in Primary care out of hours services and enables continuation of COVID19 assessment function. This work stream will be taken forward at pace to ensure implementation, original date was by 31st October 2020, however this was pushed back.

Clinical work streams to review and refine service attendance and service admission pathways will work in parallel to realise the opportunities of digital health, scheduling and joint working and implement the national redirection policy. Discrete work streams to optimise urgent mental health care and to review emergency pathways will ensure these remain accessible where needed.

To direct those whose care requirements are not an emergency, to more appropriate and safer care, closer to home, by optimising clinical consultations through telephone and virtual near me consultations. Those who require to attend for a face to face appointment will have their attendance scheduled, where appropriate to ensure the safety of patients and staff.

Provide an efficient, effective and safe urgent care service for the public and the wider system ensuring patients receive the right care, in the right place, at the right time, first time.

NHS Fife is mindful of the three needs of the Public Sector Equality Duty (PSED) - eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity between people who share a protected characteristic and those who do not, and foster good relations between people who share a protected characteristic and those who do not - and recognises while the measures may positively impact on one or more of the protected characteristics, also recognises that the introduction of the measures may have a disproportionate negative impact on one or more of the protected characteristics. Where any negative impacts have been identified, we have sought to mitigate/eliminate these. We are also mindful that the equality duty is not just about negating or mitigating negative impacts, as we also have a positive duty to promote equality. We will seek to do this through support and guidance.

2. Who will be affected by this?

NHS Scotland has embarked on an ambitious programme to transform the delivery of urgent care which builds on what we learned from our response to the coronavirus pandemic and from previous change programmes within unscheduled care.

The population level aim is to enable NHS 24/NHS 111 to direct access to all urgent care needs. At board level this will be facilitated by the development of a Flow and Navigation hub with an advanced clinical triage and appointing function. At service level, this will require a re-imagining of our current urgent care services in general practice as well as in primary, secondary and social care.

The policy will have an impact on everyone coming into contact with urgent care services this will include - people, who may have one or more of the protected characteristics—everyone is a potential user of urgent care; - the workforce who again may have one or more of the protected characteristics will be expected to deliver this new model of care; - specific groups of people, including, but not limited to, disabled people, older people etc. who are more likely to contact urgent care services. For example - Previous analysis of historical data published by Public Health Scotland shows population rates of contacts with unscheduled care services on the whole are higher for those from specific age groups (aged under 5, and those aged 80 and over), females, and those from more deprived areas but that demand by characteristic group varies by service.

The service redesign is intended to benefit service users who require urgent care access. The new system will:

- provide alternative and innovative solutions to Emergency Departments using a Telephone and Digital First approach,
- ensure service users receive the right care, at the right time in the right place,
- involve the use of appointments via Attend Anywhere/Near Me (remote video appointments).

The service redesign is also intended to benefit staff in that the service redesign is aiming to deploy and use staff in the most appropriate way, In the most appropriate place.

3. What do we know from our evidence base?

An initial scoping exercise was carried out (Scottish Government summary EQIA Urgent Care appendix 1) using Management Information from Public Health Scotland covering Emergency Department (ED) attendances (including specific data on self referrals), contacts with the NHS24 on 111 service, contacts with Primary Care Out of Hours services and Scottish Ambulance Service (SAS) attended incidents broken down by sex, age and Scottish Index of Multiple Deprivation (SIMD). Demand of these services by age and sex varies by service, while those from the most deprived SIMD areas use a higher service:

- the NHS24 on 111 service is used more by women (57%; January to July 2020), particularly among younger working age adults (aged 15-34) where women make up over 60% of contacts and contact rates per population are also substantially higher among women for this age group.
- Women are more likely to have childcare responsibilities and be parents to children under 5, therefore are more likely to access urgent care.
- Annually over half of all contacts with NHS24 on 111 are 15- 64, and over a fifth are aged 14 and under. Over three quarters of younger age groups (5-9, 10-14) were self referrals to emergency departments
- Volume of demand at Emergency Departments is broadly similar among men and women (51% male; January – July 2020), though men tend to attend (and also self-present) at a slightly higher rate than women across most age groups.
- Older age groups attending Emergency Departments are also much less likely to self-present: a quarter of Emergency Department attendances aged 85+ were self-referrals older age groups (aged 60+) represent a larger proportion of Scottish Ambulance Service attendances compared to other services such as NHS24 on 111.
- Urgent care services are more likely to be used by people from more deprived areas: around twice as many more (self presenters) attending Emergency Departments and contacts with NHS24/111 are from the 20% most deprived areas than the 20% least deprived areas.

4. Who is present at this EQIA?

| Name | | | |
|-------------------|-----------------------------------|-----------------------------|--|
| Name | Agency | Community/equality group | Attended/ protected characteristic and subject/topic |
| Amber Reid | Young Carers | Young carers | Young carers |
| Connie Simms | Deaf Communication Service | Deaf | Deaf and hard of hearing |
| Deon Loudoun | MH | MH | Mental health and acute |
| Tara Irvin | Children and young people | Children and YP | Children and young people |
| Rachael Annand | Advocacy | Advocacy | Citizens advocacy |
| Kevin Ward | HIS Community engagement | HIS | Community engagement |
| Lynne Campbell | Lead nurse | Fife Sexual Health Service | Sexual health/ reproductive services |
| Barbara Ann Robb | GBV nurse advisor | Sexual Health Service | Domestic violence/adult protection/ |
| Nina Munday | Manager for Centre for equalities | Equality | Third sector equality |
| Marie Richmond | Digital services | NHS Fife | Digital services |
| Sharon Mullen | GP Kennoway practice | GP | General practices |
| Karen Gibb | Change improvement | HSCP | Change and improvement |
| Joyce Kelly | GP services | NHS Fife | Link for general Practices |
| Lorna Donaldson | Inverkeithing medical practice | GP | General Practice |
| Andrew Woodall | Administration | HSCP | Administration |
| Stephen McNamee | Project Manager | NHS Fife | Information services |
| Marie Gilmour | Public Health | NHS Fife | Public Health |
| Ainslie Dryburgh | Fife Forum | Fife Council HSCP | All ages |
| Cheryl King | Scottish Stammering Network Chair | Scottish Stammering network | Communication and support/spoken language |
| Mario Medina | Equality Officer | NHS 24 | Equality and HR |
| Dianne Williamson | EQ HR lead | NHS Fife | Equality and HR |
| Brenda McFall | IMPACT team | NHS Fife | Improvement teams |
| Lisa Cooper | Out of hours | HSCP | Urgent care |

| | | | |
|--------------------------------|----------------------------------|----------------------------|---|
| Stuart Duffy/Dominic Graham | Pink Saltire | LGBT Pink Saltire | LGBT and Transgender |
| Miriam Watts | General manager emergency care | NHS Fife | Emergency care |
| Karen Gregory | NHS Fife | Near me | Information technology |
| Esther Davidson | A and E | NHS Fife | Emergency Dept |
| Lynette Marshal | A and E | NHS Fife | Emergency Dept |
| Gareth Balmer | Addictions | We are with you | Addictions |
| Louise Ewing | Older peoples services 65 + | HSCP | Older people |
| Katie Cook | People 1 st Worker | People 1st | Disability |
| Donna Hughes | Head of Patient Centred Care | NHS Fife | Patient centred care |
| Jamie Doyle | A and E | NHS Fife | Emergency Dept |
| Jacqueline Herkess | HR Officer | NHS Fife | Emergency Dept and urgent care |
| Lorraine King | Business manager | HSCP Fife-wide | Business management |
| Heather Kirkbride | EQ HR Administrator | NHS Fife | Administration |
| Kirsty McGregor | Communications | NHS Fife | Communications and media |
| Jim Cooper | Speakers of community languages | FCIS | Not proficient in English Language |
| Louise Bowman | Addictions third sector | We are with you | Drug and alcohol |
| Sheila Rodgers | Seescape manager | Seescape | Visually impaired |
| Sheena Watson | Community Planning Officer | Community Planning NE Fife | Rural issues and poverty |
| Adolescent befriending project | Youth befriending | Befriending | Young people |
| Curnie Club | Support worker | Befriending | All ages |
| Third sector strategy group | Various leads from organisations | | All ages / locations/ subjects and protected characteristics, |

5. Consulted at Stage 1 standard impact Assessment

Associate Medical Directors, Associate Directors of Nursing , Deputy Chief Operating Officer, General Managers, Clinical Services Manager, Scottish Ambulance Service, NHS24 Representatives, Staff Side, Consultants, Clinical Nurse Managers, Transformation and Change Team, Digital & Information Representatives, Service Managers, Heads of Nursing,

Including membership of work streams and short life working groups. Communications Plans (will be developed to support proposed changes. National marketing will be available for the public).

| Population groups and factors contributing to poorer health/health inequality | Potential Impacts and explanation why | Recommendations to reduce or enhance such impacts |
|---|---|---|
| Issues that apply to everyone Transport Income Air quality Transmission of infection Education Community space and leisure Housing Low pay | Not all service users will have access to technology required to access or no funds for data etc. Working with partners who are supporting anti-poverty initiatives in Fife Less contact in person between patients/public and practitioners reduces level of infection exposure and leads to better control of viral spread GT sites are often not recognised as valid addresses The cost of bus travel in Fife is a key issue as is digital inclusion. Will there be any provision for those people who stammer? Using the telephone can sometimes prove difficult especially when anxious or stressed. Can a WebChat be implemented for example? A good inclusive communications plan will be needed. | Public know how to claim travel costs back from the urgent care centres and hospitals Urgent Care Service out of hours do have a transport process in place for a person who does not have access to their own transport – promote this use/use of taxi service Forward recent research on the cost of transport and impact on rural North East - circulate report Public may also need help to have data available for certain calls –Near me is data free so no data required Further work/use of web chats for those who |

| | | |
|--|---|--|
| <p>Unemployment</p> <p>Digital access</p> <p>Communication and understanding</p> <p>Access to Interpreting and Translations</p> | <p>Is the taxi option available for some to be able to attend?</p> | <p>stammer and have spoken communication challenges.</p> <p>Guides for staff and public using a BSL or community language interpreter and/ Near me is available and can be issued and shared with all/public-see NHS Fife web site for copies to down load for public information</p> <p>Copies of information in other languages and easy read formats to be distributed amongst partner agencies and organisations to support and aid access</p> <p>We need to add access to IT equipment for public across available community settings and support to use / NHS Fife are looking at putting Near Me sites around NHS Fife to assist, where people can attend to do a Near Me consultation</p> <p>Less contact between services and public, if not needed and essential is protective against transmission of COVID 19-new services via telehealth to be considered</p> |
| <p>Issues that apply to all the population groups mentioned in the table below that are linked to the COVID-19 pandemic</p> <p>BAME staff and population.</p> <p>Care Homes</p> | <p>BAME staff and public are disproportionately affected by COVID 19. Specific information and support must be made available for these communities to be aware of access to urgent care especially and in particular to come forward at an earliest stage in their symptoms to prevent longer term harm and a poorer health outcome.</p> <p>How will those in care homes, sheltered housing use urgent care-are they able to access internet/telephones / do they need support? Does the eHealth systems recognise those places and addresses?</p> | <p>More prevention is required information and messaging</p> <p>Interpreted materials and small video films for patients to use and which will help them understand</p> <p>Work with partner agencies to promote these communication resources</p> |

| | | |
|---|---|---|
| Older people | | <p>Care sector to be included in the promotion of all communication, and an agreement to support early identification and access is required</p> <p>Easy read for those families who require more pictorial formats</p> <p>More health monitoring is required from home to prevent attendance</p> <p>Ensure that all our urgent care and NHS test and protect services are able to contact families where there is no registration with gp or telephone access</p> <p>Explore the role of support workers to link and engage with individuals that lack means or access to services and information (either as a result of language, ethnicity or social situation)</p> |
| Population groups and factors contributing to poorer health | Potential Impacts and explanation why THINK Access to services, health differences or inequality, communication barriers, trust, knowledge, cost, social norms and attitudes, cultures. | Recommendations to reduce or enhance such impacts |
| <p>Age: older people; middle years; early years; children and young people.</p> <p>A separate Impact assessment on</p> | <p>Awareness of new process for accessing urgent care</p> <p>Age is the leading characteristic of low digital engagement, with digital engagement decreasing as age rises. Those over 70 are particularly less likely</p> | <p>The Deaf Communication service is keen to continue our work alongside NHS Equalities to support the barriers to communication for the Deaf Community. Particularly those who are</p> |

| | | |
|--|---|---|
| <p>Children and Young People's rights and wellbeing is available-see under LAC looked after children and seek support from Children's services to complete this.</p> | <p>to engage digitally.</p> <p>Moreover, older Asian people are significantly less likely to have used the internet than white people belonging to the same age groups, suggesting that there may be particular digital barriers to the engagement of some older minority ethnic groups.</p> <p>The NHS NSS 'Who Attends Emergency Departments' report highlights that very young (0 to 4) and older people (65+) are more likely to attend an emergency department and more likely to be admitted to hospital following their attendance.</p> <p>Older people are less likely to have internet access, and even if they do they are less likely to use it.</p> <p>Over a third (36%) of households where all adults are over 65 do not have home internet access. This rises to three fifths (60%) of households where all adults are over 80. Two-thirds (65%) of adults aged 60+ used the internet in 2018 – compared to under one-third (29%) in 2007.</p> <p>Young people will not be able to easily identify themselves via on line and virtual services using their young carers card</p> <p>While almost all young people use the internet, there are still many who lack good digital skills or access to resources such as home computing and broadband.</p> <p>Lots of people over certain age can only type O K</p> <p>We have found elderly, those with visual impairment and low reading age, all have found accessing our new GP online contact challenging but they can STILL phone the practice and we will assist. I think the fact patients CAN still self present to A&E and won't be refused is important.</p> | <p>older and digital access is extremely challenging</p> <p>Ensure all urgent care services are aware of young carers, and what that means for the patient and young person. Ensure that if a Young Person identifies as a Young Carer during an online consultation for the Cared-for person, that they are also included in discussions on the persons health and given advice as per law; Carers (Scotland) Act 2016.GP surgeries can help as we can add that information (that a young person is a young carer) to the patient's Key Information Summary –promote this via GP services</p> <p>Dementia Friendly Fife role-developed a generic transport leaflet for Fife-promote</p> <p>Fife Forum can assist in supporting public to understand systems and processes for accessing urgent care.</p> <p>We will explore access and use of Apps to support people with low vision or who are impaired visually by working with our local ophthalmologists teams and Seescape</p> <p>We will improve our web site accessibility and increase information on supports for each protected characteristic</p> |
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| <p>Disability: physical, sensory and learning impairment; mental health conditions; long-term medical conditions.</p> | <p>Disabled people are more likely to be digitally excluded. For example, in 2018, 27% of adults in Scotland with a long-term physical or mental health condition reported not using the internet, compared with 8% of adults who do not have any such condition. Disabled people are more likely than nondisabled people to live with socio-economic deprivation and some people with a disability will have conditions which might make them more prone to needing urgent care. This makes them more likely to present to A&E (based on earlier analysis of SIMD). Moreover, some disabled people may be experiencing gaps in social care provision as a result of Covid-19 and responses to the pandemic. This could mean they are in less regular contact with social care staff / a PA and may be more inclined to contact emergency services. Reduced availability of some therapies and treatment may mean people feel they can cope less well with existing conditions. They may then be more likely to request emergency care. Clear communication and access options at every stage will be important for people who rely on information in, for example, Easy Read, BSL, Braille, audio/visual formats. A range of access points for information will also be important for people who are more likely to be digitally excluded and / or without regular access to media.</p> <p>In 2019, NHS 24 staff undertook a number of engagement activities (Art of the Possible; was a workshop held by NHS 24, which considered the digital vision aligned to their organisational Strategy 2017-22, and the opportunities this and the new Digital Health & Social Care Strategy could create for NHS 24 and its impact across the wider health and social care system. Complex language and jargon can make it difficult for people who can experience barriers to communication to interact with services. It was noted that not everyone has the confidence to ask questions when they are given information they don't understand.</p> <p>Staff should have awareness and understanding of communication differences, and how this negatively impacts the accessibility of phone based services. For example, background noise in a contact centre.</p> | <p>Advocates will be briefed about changes to urgent care services, so they can support and educate their partners to understand the processes</p> <p>Easy read materials will be provided / shared</p> <p>Communication awareness will be provided on line or via teams for staff to understand challenges for people who are deaf or visually impaired or those who stammer or use AAC</p> <p>Contact and project plan to be in place with the lead for AAC –head of SLT to ensure people who require assistance to communicate using technology are supported</p> <p>NHS Fife awaits national developments to support people with AAC-such as similar service to Contact - Scotland</p> <p>Communication training or learning sessions will be provided to enable staff to use and understand interpretation and translation services and provision</p> <p>Ensure Adastra and other systems are up to date with knowledge about the patient communication needs and capacities/ and ethnicity data collection etc</p> |



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| | <p>Environment can make it difficult for someone with a hearing impairment to communicate effectively, and they may need more time.</p> <p>There was a general lack of awareness of healthcare services and knowledge of how to access them.</p> <p>Introducing a feature whereby communication support needs are highlighted on the call handling system, so that NHS 24 staff is immediately aware of a caller's specific needs and can share this with our health board as part of the triage process.</p> <p>Involving users in the development of services, and planning for reasonable adjustments at the start of a project is imperative; NHS Fife will make progress with engagement as part of the longer terms actions for the changes to urgent care.</p> <p>In 2016, the Scottish Parliament passed legislation which entitles people with severe communication difficulties to be provided with communication equipment and support. Referred to as Augmentative and Alternative Communication (AAC), this equipment includes communication aids– EQIA draft accessories, as well as other non-electronic aids such as symbol communication books. The duty to fulfil the legislation lies with NHS Boards and Integration Joint Boards throughout Scotland.</p> <p>People who require AAC equipment may contact healthcare services, but it is more likely that a carer, a relative or a friend will call on their behalf, which means for those without a 24-hour care presence, it can be difficult to make the call when they might need it. It could be difficult for healthcare providers to meet the needs of people who use AAC equipment; however an approach proposed to address this is to create a national communication hub similar to the service provided by Contact-SCOTLANDBSL.</p> <p>Interactive voice recorded menus could be a barrier to some disabled people. People with hearing impairments may struggle to hear the options or people with cognitive impairments may find long questions or multiple response options difficult to remember. People with cognitive disabilities may find using such on line or telephone dials and services challenging.</p> | |
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| | <p>Disabled people whose conditions impact their verbal communication could be deterred from accessing urgent care further to the introduction of the requirement to call NHS 24. For example, a person with a stammer may be deterred from calling because of their anxiety around having telephone conversations.</p> <p>When promoting changes to the urgent care model and the new NHS 24 pathway, consideration should always be given to the provision of information in accessible formats, such as easy read, large print, colour contrasted backgrounds or audio. The need to make information accessible to British Sign Language Users should also be met.</p> | |
| Gender Reassignment: people undergoing gender reassignment | <p>Past experience of discrimination or poor treatment can mean that LGBT people are less likely to access some key health services, like GP services and screening programmes, but are more likely to use A&E and minor injuries clinics. Some trans people may experience misgendering over the phone depending on a number of factors. It may be that their CHI details do not recognise the gender they identify as or call handlers could mistakenly assume someone's gender</p> | <p>dom@pinksaltire.co</p> <p>Trans and non-binary people are finding tele-medicine helpful, there are risks to using public transport and being visible while transitioning</p> <p>Categorising gender on Adastra or Trak etc must be explored</p> <p>Appropriate questioning and use of pronouns – staff awareness in LGBT and completion of on line learning or short briefing via teams to be arranged</p> |
| Marriage & Civil Partnership: people who are married, unmarried or in a civil partnership. | <p>At times staff ask the question which assumes a heterosexual relationship</p> | <p>Further support/awareness or training on the use of pro nouns</p> |
| Pregnancy and Maternity: women before and after childbirth; breastfeeding. | <p>Complications or health conditions associated in pregnancy may create a need for urgent care. People who are pregnant or who have recently had a baby are often offered a direct contact number for their labour unit ward so that they can speak directly to a midwife.</p> | <p>Consider how the urgent care redesign may impact on this. Ensure clear messaging on the best route for urgent care is provided for people who are pregnant/recently had a baby.</p> |

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| Return to work | | |
| <p>Race and ethnicity: minority ethnic people; speakers of community languages; Gypsy/Travellers; migrant workers.</p> | <p>35% of Minority Ethnic people are in poverty compared to 18% of White British people. A significant number of people speak English as a second language and this is more common among minority ethnic communities.</p> <p>Access issues such as the availability of interpreters, literacy issues and perception around short appointment times can impact early engagement with health services.</p> <p>The new system may specifically support Black, Asian & Minority Ethnic (BAME) communities who have irregular working hours and have difficulty in attending regular GP surgery or outpatient clinic hours i.e. those people working for small commercial businesses, who work anti-social hours or require preparation during the day may find it a challenge to attend face to face appointments.</p> <p>As the BAME population is at higher risk of becoming infected with Covid, use of remote consultations will have added benefits for this group of patients.</p> <p>For Gypsy Traveller communities, issues to consider include difficulties with GP registration, anticipated discrimination or poor treatment, digital exclusion, lower levels of literacy and the need for a tailored approach to communicating within communities, who may not be engaged with mainstream messaging or who may have concerns about a digital first approach. Known that Gypsy Travellers have poorer health than the general population.</p> <p>In 2017, it was reported by NHS Health Scotland that Gypsy/Travellers had low rates of outpatient appointments, hospital admissions, A&E attendances, cancer registrations and maternity hospital admissions. It was suggested that this may be due to the under-recording of Gypsy/Travellers compared with the proportions reported in the census, and issues with accessing services. Engagement with Gypsy/Travellers, undertaken in 2015 and 2016 by NHS 24,</p> | <p>All urgent care services will have access to 24/7 interpreting and translation. Specific guides are available for patients and staff and have been shared. Guides in various languages are available</p> <p>Guides in easy read are available</p> <p>NHS Fife will take forward work with Gypsy Travellers via the Gypsy Traveller steering group, and will liaise with national bodies to ensure that any national tasks identified are relayed so action can be taken nationally. Specific actions re communication, support and access will be addressed via the steering group. Utilizing existing partnerships / relationships, such as site liaison officers, to ensure that the new system of accessing urgent care, including Near Me, is promoted within the Gypsy / Travelling communities.</p> <p>Ensure all GT communities are registered with their local GP. Use of the GP registration card will be further distributed (PHS).</p> <p>GT training available on Learn pro and TURAS</p> <p>Specific work with local industry and business is required to ensure that migrant workers are able to receive information and understand the use of urgent care.-link in with contacts via public health.-sharing of all communication</p> |

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| | <p>highlighted that Gypsy/Travellers can often use urgent care services as their primary healthcare access point due to barriers relating to registering with GP services.</p> <p>The EHRC's 'Is Scotland Fairer', (2018) report noted migrants were generally found to be low-level users of health services, possibly due to a lack of knowledge around how the healthcare system works in Scotland. Changes to the urgent care model may increase confusion for this group of people.</p> <p>Minority ethnic people whose first language is not English, may be unable to understand information about the changes to the urgent care model unless this information is communicated in their preferred languages.</p> <p>There was a reported lack of awareness of Language Line and it was noted that there were difficulties in understanding and using Language Line when it was accessed.</p> <p>Language Line interpreters should be provided to suit the caller, for example if a woman states that she would prefer to have a woman interpret then she should be given one.</p> <p>Staff should be aware of the cultural sensitivities related to sharing some health issues, for example, mental health issues or sexual health issues.</p> <p>Plans for Gypsy/Traveller and the homeless communities - as we know access to information, technology and sometimes GPs can be problematic resulting in default of presenting at A&E</p> <p>Issue that family members whilst speaking the same language may not be the right person to deliver personal/medical/upsetting information</p> | <p>formats and information</p> <p>An improvement to the current flow chart for accessing interpreters is being created, which will provide an easy yes/no diagram from start of patient contact till interpreter arrives</p> <p>Language line can provide this –we must ask the patient who they prefer and then request this when accessing interpreting via LL</p> <p>Cultural awareness training is available on turas and learn pro</p> <p>Share more information about LL. Use the language identification card at all out patients and for A and E.</p> <p>Further support will be required at the on site hub facilities/community venues to enable access to urgent care if need be, Fife Council and digital services to work together to implement.</p> <p>Awareness that interpreters provided on a face to face basis must be given to enable news to be appropriately given.</p> |
| Religion and belief: people with different religions or beliefs, or none. | NA | <p>NA</p> <p>Some patients may prefer to see a male or female doctor or practitioner-this must be offered where possible. It is useful to identify</p> |

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| | | this prior to any appointment so preparation can be made. |
| <p>Sex: men; women; experience of gender-based violence.</p> <p>Sex workers</p> | <p>Children and parents / care-givers are noted as more frequent attendee's at A&E.</p> <p>Around 60% of unpaid carers are women. People who provide unpaid care for someone because of a long-term physical condition, mental ill-health or disability, or problems related to old age. Women do more unpaid caring than men in most age groups: 90% of single parents are women, with 45% of single parents living in poverty. Just over half (51%) of Scotland's population are women. There is a higher ratio of women to men in older age groups, reflecting women's longer life expectancy. Therefore it is possible that women may need to access unscheduled care more frequently. Women are disproportionately more likely to experience domestic abuse. In 82% of all incidents of domestic abuse recorded by the Police in 2018-19 the victim was a woman and the accused was a man (where gender information was recorded).</p> <p>This could make a preliminary conversation / digital engagement with services more risky if it takes place in the home. However, further research would be beneficial here. Women are more likely to be the victim of controlling behaviours/ coercive control and this could impact on their access to healthcare or access to healthcare for their families.</p> <p>Key point for women experienced domestic violence; often minority ethnic women rely on their spouse/partner to access services. They can't disclose everything they were experiencing.</p> | <p>Dr Sue Brechin created a great resource for GBV on phonecalls</p> <p>https://vimeo.com/408344058/4454d27aaf</p> <p>To be circulated and staff to be made aware</p> <p>Further training and support to be given by GBV nurse service to A and E/Admissions and telephone call handlers</p> <p>Staff to be aware of community support service provided by third sector</p> <p>Information to be hosted in NHS Fife web site</p> <p>Initial and routine enquiry skills to be promoted</p> |
| <p>Sexual orientation: lesbian; gay; bisexual; homosexual, transgender, heterosexual</p> | <p>Past experience of discrimination or poor treatment can mean that LGBT people are less likely to access some key health services, like GP services and screening programmes, but are more likely to use A&E and minor injuries clinics.</p> <p>Though there is evidence to suggest that LGB people can experience poorer</p> | <p>Current work underway to establish a public/patient forum between Fife and Lothian to help share and learn / provide training and gather experiences from those involved in health services.</p> |

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| | <p>health outcomes than non LGB people, it is unclear if the redesign of urgent care would present any new issues/barriers.</p> <p>Contraception is also an issue, women don't always have male partners</p> <p>Staff may presume that by the sound of the patient voice they are female/male</p> <p>Staff may not recognise the name nor the pronoun etc using CHI if contact is made with a person who is transitioning</p> | <p>Sexual health to advise teams on access to sexual health and relationships for LGBT and trans patients</p> |
| <p>Looked after (incl. accommodated) children and young people</p> <div>  <p>CRWIA - URGENT CARE.docx</p> </div> <div>  <p>CYP Participation and Engagement fran</p> </div> | <p>Students and young people often live in shared accommodation and therefore may lack space to undertake a confidential consultation.</p> <p>Many young people do not have digital access -</p> <p>A range of access points for information will also be important for people who are more likely to be digitally excluded and / or without regular access to media.</p> | <p>Confidentiality may be a concern.</p> <p>Access via residential units</p> <p>Are residential units recognised on any e system including for follow up/ contact</p> <p>Student accommodation may not be recognised /address</p> <p>Student may be registered with home GP or local GP to their accommodation and information or system may not be accurate for location of patient or follow up</p> <p>See young carers comments</p> <p>Contact via community work with youth groups and on line youth services/ contacts to ensure sharing of information and details about changes to urgent care</p> |

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| <p>Carers: paid/unpaid, family members.</p> | <p>To contact carers centre for information</p> <p>Evidence relating to care experienced young people has highlighted the inequalities they can experience when accessing health services.</p> <p>They are also a group of people more likely to experience socio-economic disadvantage. Ensuring that efforts are made to engage with this group of people to convey information around the changes is essential.</p> <p>This group may also benefit from the new system for themselves or those they care for. They have expressed difficulties in the past in attending hospital due to caring commitments, and where this can be dealt with in a remote way could be positive. Carers can be present during the virtual consultation with a patient.</p> | <p>Contact carers centre to ask for comment and secure joint working arrangement re urgent care</p> <p>Contact carers centre to reach patients who are supported by the minority carers project support workers</p> <p>Carers may not be recognised on our e health systems</p> <p>Carers need more time for consultations</p> <p>Carers need to be recognised as the patients advocate</p> <p>Consideration of the role of carers in care of the patient/ including paid care</p> |
| <p>Homelessness: people on the street; staying temporarily with friends/family; in hostels, B&Bs.</p> | <p>GP surgeries can be far away and even in KDY allocation is not always close to house</p> <p>Lack of access to GPS and un registered homeless individuals.</p> <p>People living with no fixed abode</p> | <p>Working with partners and via the inclusion working group we will improve information, GP access cards distribution, and help those who are homeless to understand urgent care processes</p> <p>Further access to telephone and internet for care will be addressed for those currently without access and supported by third sector leads and workers</p> |

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| Involvement in the criminal justice system: offenders in prison/on probation, ex-offenders. | Fife is not a board area which has a prison service | Those being released back into Fife following incarceration will be supported to understand and access urgent care services-third sector will enable this along with psychology and mental health services (including acute) |
| Those affected by addictions and/ substance misuse | We would welcome anything that improves access to urgent care and/or emergency for drugs users in Fife. We have major issues with injecting site infections in Fife and need improved access to wound care and prescribing interventions eg antibiotic therapy for a client group who often will falter at the first real, or perceived, barrier to accessing help. | Offer; training called 'sex , drugs and vulnerable young people'-that covers inequities discussed louise@sdf.org.uk addiction services to be made aware of the points raised in this EQIA and asked to report back on any actions-feed into mental health pathway sub group and covid pathway sub group |
| Staff: full/part time; voluntary; | Training and staff support Do staff have access to a range of self help materials or can sign post patients to those services and materials? | To be taken from workforce sub group Training on social and cultural issues Training on addictions and homeless Training on interpreting and translation, including use of contact Scotland and telephone interpreting Training on health literacy Training in equality and inclusion |

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| Low income/Poverty/Low pay | <p>Access to digital means</p> <p>Cost of travel</p> <p>The redesign of urgent care has the potential to have a positive impact on the use of ambulances and people using public transport, their own cars or other people's cars as people will be directed to the most appropriate route for care. The use of remote consultations either using the telephone or the Near Me video consultation platform will reduce the need for travel.</p> | <p>Taxi use-public to understand how this scheme works/ dementia transport leaflets to be stocked and distributed</p> <p>Public to understand how to claim funds back</p> <p>SAS use-public to understand how SAS works</p> <p>Promotion of access to SAS and NHS 24 to be circulated</p> |
| Low literacy / Health Literacy: Includes poor understanding of health and health services as well as written language skills. | <p>Further to comment re easy read – agree that we need to think about how we prepare people to use systems prior to point of urgency</p> <p>Adult Learning Disability services. I have been delighted to see more Easy Read documents re Covid 19 and how to keep people safe... More of the same for normal health/GP access would be positive going forward</p> | <p>Communication must be in plain English and accessible in a variety of formats</p> <p>Health literacy skills training to be implemented for the triage and sign posting to self help information etc</p> <p>Awareness of GP as first point of call should be drafted and circulated</p> |
| Living in deprived areas | <p>Poor digital signal</p> <p>Lack of self help options available?</p> <p>Low motivation to use on line and fear of use and reception to their use</p> <p>Initial contact for the redesign of urgent care is via the NHS 24 111 telephone number. People across Scotland can access the service, on landlines and mobile phones free of charge and the number is short and easy to remember. By making contact directly through 111 and being triaged to the most appropriate service has the potential to reduce the amount of travel required for individuals thus potentially reducing any cost incurred on public transport / use of own or others vehicles.</p> <p>While many young people use the internet, there are still many who lack</p> | <p>Website to contain information on local support services</p> |

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| | good digital skills or access to resources such as home computing and broadband. | |
| Living in remote or rural areas West and NEF | Digital access-remote connectivity issues Travel and transport costs and recent report into poverty in NEF Particular use of telephone and video remote engagements, may positively impact patients who live in our rural and island settings with reduced cost and time to travel to our Emergency Departments. Some patients that live in rural areas may not have the network coverage to take advantage of video consultations. However, we are aware that the Scottish Government's digital ambition for Scotland is for Next Generation Broadband to be available to all by 2020. Due to the impact of Covid this has been delayed. https://labs.thinkbroadband.com/local/broadband-map#9/55.3229/-3.0556/uso/ | Recommendations from report from Sheena- distribute and publish report on website and via groups Increase use of telehealth and telecovid routes |
| Discrimination/stigma Mental Health Disability Hidden disability Impairment | A lot of people finding it difficult with GP receptionists, the stigma impacts access at this point You can't get into GP without an appointment just now When looking at appts, how does this interface with those relying on public transport or those with chaotic lifestyles who might struggle to keep to exact timings? Coupled with stigma to client groups that they might face at front door/reception areas if arriving late? | GPs are open though, offering primarily phone triage 1st but OPEN NHS Fife will ensure these are considered, as part of the appointing pathway discussions. Explore; if the process would still be to accept the person's attendance. Will pass on your comments in relation to reception staff to the Head of Service as we would not expect anyone to suffer stigma when they attend our service so |

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| Age Cognitive impairment | Autism and neurological conditions can make change challenging. Telephone calls can be equally difficult. | <p>we can look at how this is resolved. – Marie Richmond/ and HSCP business administration</p> <p>Joint training with Marie Richmond and Digital working group to tie together equality training and digital training-we will include third sector partners in the training/ Also bring in GBV training re Barbara Ann Robb/ SHF service.</p> <p>Internalised stigma needs to be recognised in public messaging.</p> <p>Further work with LD and third party sector agencies to provide information and support to use urgent care provision</p> |
| Refugees and asylum seekers Syrian resettlement program | <p>Do we need to include people who have no recourse to public fund in this assessment?</p> <p>I know of individuals taking all their paperwork with them to A&E terrified of being put in detainment or charged. Charged as in given a bill not by the police</p> | <p>National SG work is being done to address no recourse to public funds-awaiting further details from SG.</p> <p>LGBT Unity and LGBT Health and Well Being run national project supporting LGBTQI+ refugees and asylum seekers-this information to be promoted on NHS Fife webpages under sexual orientation and ethnicity</p> <p>To ensure that information received is translated and shared with our partners for distribution</p> <p>To ensure that the resettlement program, once re-established is aware of NHS and national health developments so refugees and asylum</p> |

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| | | <p>seekers are able to access health appropriately and timely</p> <p>Monitor patient feedback and complaints via third sector relating to access</p> |
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NHS Fife considers Human Rights in all our actions and evidences what we do to ensure we improve our Human rights focus and outcomes.

Children and Young People Rights impact assessment must be completed when children and young people are affected by change- this may occur when the policy is aimed at adults but will indirectly affect CYP.

| Articles | Potential impacts and any particular groups affected | Recommendations to reduce or enhance such impacts |
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| The right to life (absolute right) | All ages may be affected as a result of disability, condition, impairment | Action issues as reasonable to continue to increase accessibility |
| The right not to be tortured or treated in an inhuman or degrading way (absolute right) | <p>Recommendations to address stigma and discrimination re access to all health services via training, awareness for staff and community.</p> <p>Ensure digital services are in place to appropriately record patient details and characteristics to prevent discrimination</p> | |

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| The right to liberty (limited right) | NA | |
| The right to a fair trial (limited right) | NA | |
| The right to respect for private and family life, home and correspondence (qualified right) | | <p>Ensure data is collected appropriately and not used without scrutiny and process of governance and control</p> <p>Confidentiality is recognised for those who receive advocacy, who have power of attorney and who are carers of those who are patients</p> |
| The right to freedom of thought, belief and religion (qualified right) | All religions and beliefs will be respected as part of any urgent care triage/process. | Additional training will be provided in equalities for all staff involved. |
| The right to freedom of expression (qualified right) | Understanding complaints and comments services | <p>Patient complaints service is available and will continue to be promoted to all communities.</p> <p>A BSI version is still available and promoted for those wishing to comment or complaint.</p> |
| The right not to be discriminated against | Action to be taken to address stigma | The EQIA provides listed concerns and issues and |

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| | | <p>recommendations.</p> <p>Actions will be listed and addressed as part of the aim to ensure urgent care is more inclusive of all communities.</p> |
| Any other rights relevant to this policy. | | |

Will there be any cumulative impacts as a result of the relationship between this policy and others?

What sources of evidence have informed your impact assessment? Evidence can be local enquiry, research, evaluation or data etc and can come from patient feedback or complaints. Please note that sometimes data is not always available nor is research, this should not hold you back on completing this document.


As documented in main body of EQIA

Summary of key impacts, research questions and evidence sources

- Communication plan for all communities and staff, including in easy read and translated documents
- Access to digital services to enable communities to use urgent care
- Access to transport / reclaim travel costs and support to travel to enable public to attend urgent care centres when necessary
- Improvements to help and support for those who have an addiction/ build this into the urgent care pathway and process
- Ensure early identification for young carers and support their speedy flow through the system to alleviate time lost in schooling etc

- Ensure data recording and questioning of status and gender is sensitively done and recorded appropriately especially for those identifying as transitioning or non binary. Improve data recording and reporting for BAME and ethnicity groups, and those with specific health conditions.
- Training for staff on various subjects and issues made available

Document Control

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| Name of Lead Officer | Dr Chris McKenna |
| Signed |  |
| Date | 19 January 2021 |

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| Equality and Human Rights Lead Officer |
| Signed |
| Date |

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|------------------------|--|
| Meeting: | Clinical Governance Committee |
| Meeting date: | 11 March 2021 |
| Title: | Review of Committee's Terms of Reference |
| Responsible Executive: | Dr Chris McKenna, Medical Director |
| Report Author: | Gillian MacIntosh, Board Secretary |

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Local policy

This aligns to the following NHSScotland quality ambition:

- Effective

2 Report summary

2.1 Situation

All Committees are required to regularly review their Terms of Reference, and this is normally done in March of each year. Any changes are then reflected in the annual update to the NHS Fife Code of Corporate Governance, which is reviewed in full by the Audit & Risk Committee and then formally approved by the Board thereafter.

2.2 Background

The current Terms of Reference for the Committee were last reviewed in March 2020, as per the above cycle.

2.3 Assessment

An updated draft of the Committee's Terms of Reference is attached for members' consideration, with suggested changes tracked for ease. Proposed amendments largely relate to clarifying routine attendees at the Committee and reflecting the new terminology now in use for Digital & Information.

Following review and approval by each Committee, an amended draft will be considered by the Audit & Risk Committee as part of a wider review of all Terms of Reference by each standing Committee and other aspects of the Code. Thereafter, the final version of the Code of Corporate Governance will be presented to the NHS Board for approval.

2.3.1 Quality / Patient Care

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

The regular review and update of Committee Terms of Reference will ensure appropriate governance across all areas and that effective assurances are provided to the Board.

2.3.5 Equality and Diversity, including health inequalities

This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently, an EQIA is not required.

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 initially by the Committee Chair and Lead Executive Director.

2.4 Recommendation

This paper is provided for

- **Decision** – consider the attached remit, advise of any proposed changes and approve a final version for further consideration by the Board.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Committee's Terms of Reference

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.scot

CLINICAL GOVERNANCE COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ***

1. PURPOSE

- 1.1 To oversee clinical governance mechanisms in NHS Fife.
- 1.2 To observe and check the clinical governance activity being delivered within NHS Fife and provide assurance to the Board that the mechanisms, activity and planning are acceptable.
- 1.3 To oversee the clinical governance and risk management activities in relation to the development and delivery of the Clinical Strategy.
- 1.4 To assure the Board that appropriate clinical governance mechanisms and structures are in place for clinical governance to be supported effectively throughout the whole of Fife NHS Board's responsibilities, including health improvement activities.
- 1.5 To assure the Board that the Clinical and Care Governance Arrangements in the Integration Joint Board are working effectively.
- 1.6 To escalate any issues to the NHS Fife Board, if serious concerns are identified about the quality and safety of care in the services across NHS Fife, including the services devolved to the Integration Joint Board.

2. COMPOSITION

- 2.1 The membership of the Clinical Governance Committee will be:
 - Six Non-Executive or Stakeholder members of the Board (one of whom will be the Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or the Area Clinical Forum)
 - Chief Executive
 - Medical Director
 - Director of Nursing
 - Director of Public Health
 - One Staff Side representative of NHS Fife Area Partnership Forum
 - One Representative of NHS Fife Area Clinical Forum
 - One Patient Representative
- 2.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Director of Acute Services
- Director of Health & Social Care
- Director of Pharmacy & Medicine
- Associate Medical Director, Acute Services Division
- Associate Medical Director, Fife Health & Social Care Partnership
- Associate Medical Director, Women & Children Services
- Head of Quality & Clinical Governance
- Board Secretary

2.3 The Medical Director shall serve as the lead officer to the Committee.

3. QUORUM

3.1 No business shall be transacted at a meeting of the Committee unless at least three Non-Executive members or Stakeholder members are present. There may be occasions when due to the unavailability of the above Non- Executive members, the Chair will ask other Non-Executive members to act as members of the Committee so that quorum is achieved. This will be drawn to the attention of the Board.

4. MEETINGS

4.1 The Committee shall meet as necessary to fulfil its remit but not less than six times a year.

4.2 The Chair of Fife NHS Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Committee members to chair the meeting.

4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.

5. REMIT

5.1 The remit of the Clinical Governance Committee is to:

- monitor progress on the health status targets set by the Board.
- provide oversight of the implementation of the Clinical Strategy in line with the NHS Fife Strategic Framework and the Care and Clinical Governance Strategy.
- receive the minutes of meetings of:
 - Acute Services Division Clinical Governance Committee
 - Area Clinical Forum
 - Area Drug & Therapeutics Committee
 - Area Radiation Protection Committee
 - Digital & Information~~Health~~ Board

- Fife Research Committee
 - Health & Safety Sub Committee
 - H&SCP Clinical & Care Governance Committee
 - H&SCP Integration Joint Board
 - Infection Control Committee
 - Information Governance & Security Group
 - Integrated Transformation Board
 - Public Health Assurance Committee
 - NHS Fife Clinical Governance Steering Group
 - NHS Fife Resilience Forum
- The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit and Risk Committee. The Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.
 - Receive updates on and oversee the progress on the recommendations from relevant external reports of reviews of all healthcare organisations, including clinical governance reports and recommendations from relevant regulatory bodies which may include Healthcare Improvement Scotland (HIS) reviews and visits.
 - Issues arising from these Committees will be brought to the attention of the Chair of the Clinical Governance Committee for further consideration as required.
 - To provide assurance to Fife NHS Board about the quality of services within NHS Fife.
 - To undertake an annual self-assessment of the Committee's work and effectiveness.
 - The Committee shall review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's responsibility.
- 5.2 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".
- 5.3 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.

6. AUTHORITY

- 6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.
- 6.2 In order to fulfil its remit, the Clinical Governance Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

7. REPORTING ARRANGEMENTS

- 7.1 The Clinical Governance Committee reports directly to Fife NHS Board. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.
- 7.2 Each Committee of the Board will scrutinise relevant risks on the Corporate Risk Register on a bi-monthly basis.
- 7.3 Each Committee of the Board will scrutinise the Board Assurance Framework risk(s) aligned to it on a bi-monthly basis.

NHS Fife

| | |
|-------------------------------|---|
| Meeting: | Clinical Governance Committee |
| Meeting date: | 11 March 2021 |
| Title: | Integrated Performance & Quality Report |
| Responsible Executive: | Margo McGurk, Director of Finance & Performance |
| 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 December 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 2020 meeting of the SG Committee was cancelled due to the pandemic, but 'virtual' meetings have taken place bi-monthly since July 2020.

2.3 Assessment

The IPQR was changed for FY 2020/21, to include improvement actions which reflected 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. The Scottish Government were provided with a plan which forecast recovery trajectories in the period up to the end of FY 2020/21, and progress against this (impacted by the second wave of the pandemic) 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 | Not 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 | Not achieving |
| ECB (HAI/HCAI) | Monthly | 36.6 per 100,000 TOBD | Not achieving |
| C Diff (HAI/HCAI) | Monthly | 6.7 per 100,000 TOBD | Achieving |
| Complaints (S1) | Monthly | 80% | Not achieving |
| Complaints (S2) ² | Monthly | 65% | 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 December 2020

² Following discussion with the Nursing Director, we agreed to work towards achieving the 65% target by March 2021, from a starting point in July 2020 of around 30%; performance has been severely impacted in the final quarter of 2020 by the second wave of the pandemic, and a revised target for FY 2021/22 is to be considered

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 2020.

Standing Committees and Board Meetings were cancelled in May 2020, but restarted in July 2020, and the February IPQR will be available for discussion at the round of March meetings.

2.3.8 Route to the Meeting

The IPQR was drafted by the PPT, ratified by the Associate Director of Planning & Performance and reviewed by EDG members on 18 February. The report was authorised for release to Board Members and Standing Committees at EDG.

2.4 Recommendation

The CG Committee is requested to:

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

3 List of appendices

None

Report Contact

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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 8 (28%) classified as **GREEN**, 7 (25%) **AMBER** and 14 (47%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

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

- C Diff – infection rate fell below improvement trajectory following a low number of infections in the last quarter of 2020
- Cancer 31-day DTT – continued to exceed the 95% Standard, for the 8th month in succession
- Psychological Therapies Waiting Times - % of patients treated within 18 weeks of referral the highest monthly figure recorded

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 (25%) within upper quartile, 17 (58%) in mid-range and 5 (17%) in lower quartile.

































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

Indicator Summary

| Section | LDP Standard | Standard | Target 2020/21 |
|-------------------------|--------------|---|----------------|
| Clinical Governance | N/A | Major & Extreme Adverse Events | N/A |
| | N/A | HSMR | N/A |
| | N/A | Inpatient Falls | 5.97 |
| | N/A | Inpatient Falls with Harm | 2.16 |
| | N/A | Pressure Ulcers | 0.42 |
| | N/A | Caesarean Section SSI | 2.5% |
| | N/A | SAB - HAI/HCAI | 19.5 |
| | N/A | SAB - Community | N/A |
| | N/A | C Diff - HAI/HCAI | 6.7 |
| | N/A | C Diff - Community | N/A |
| | N/A | ECB - HAI/HCAI | 36.6 |
| | N/A | ECB - Community | N/A |
| | N/A | Complaints (Stage 1 Closure Rate) | 80% |
| | N/A | Complaints (Stage 2 Closure Rate) | 65% |
| Operational Performance | 90% | IVF Treatment Waiting Times | 90% |
| | 95% | 4-Hour Emergency Access | 95% |
| | 100% | Patient TTG (Ongoing Waits) | N/A |
| | 95% | New Outpatients Waiting Times | N/A |
| | 100% | Diagnostics Waiting Times | N/A |
| | 95% | Cancer 31-Day DTT | N/A |
| | 95% | Cancer 62-Day RTT | N/A |
| | 90% | 18 Weeks RTT | N/A |
| | 29% | Detect Cancer Early | 29% |
| | N/A | Freedom of Information Requests | 85% |
| | N/A | Delayed Discharge (% Bed Days Lost) | 5% |
| | N/A | Delayed Discharge (# Standard Delays) | N/A |
| | 80% | Antenatal Access | 80% |
| | 473 | Smoking Cessation | 473 |
| | 90% | CAMHS Waiting Times | N/A |
| | 90% | Psychological Therapies Waiting Times | N/A |
| | 80% | Alcohol Brief Interventions (Priority Settings) | 80% |
| | 90% | Drugs & Alcohol Treatment Waiting Times | 90% |
| | N/A | Dementia Post-Diagnostic Support | N/A |
| | N/A | Dementia Referrals | N/A |
| Finance | N/A | Revenue Expenditure | £0 |
| | N/A | Capital Expenditure | £13.348m |
| Staff Governance | 4.00% | Sickness Absence | 4.39% |

| 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 | | |

| Reporting Period | Year Previous | | Previous | | Current | |
|------------------|---------------|--------|----------|----------|---------|------------|
| Month | Dec-19 | 45 | Nov-20 | 22 | Dec-20 | 25 ↓ |
| Year Ending | Jun-19 | 1.04 | Mar-20 | 1.01 | Jun-20 | 1.00 ↑ |
| Month | Dec-19 | 6.95 | Nov-20 | 9.56 | Dec-20 | 8.98 ↑ |
| Month | Dec-19 | 1.61 | Nov-20 | 2.16 | Dec-20 | 2.42 ↓ |
| Month | Dec-19 | 0.97 | Nov-20 | 1.55 | Dec-20 | 0.87 ↑ |
| Quarter Ending | Dec-19 | 2.3% | Sep-20 | 2.2% | Dec-20 | 2.4% ↓ |
| Quarter Ending | Dec-19 | 10.9 | Nov-20 | 11.8 | Dec-20 | 20.6 ↓ |
| Quarter Ending | Dec-19 | 8.5 | Nov-20 | 12.9 | Dec-20 | 11.7 ↑ |
| Quarter Ending | Dec-19 | 13.1 | Nov-20 | 9.2 | Dec-20 | 6.5 ↑ |
| Quarter Ending | Dec-19 | 4.3 | Nov-20 | 2.1 | Dec-20 | 2.1 ↔ |
| Quarter Ending | Dec-19 | 60.0 | Nov-20 | 45.9 | Dec-20 | 50.3 ↓ |
| Quarter Ending | Dec-19 | 36.2 | Nov-20 | 29.0 | Dec-20 | 24.4 ↑ |
| Quarter Ending | Dec-19 | 75.7% | Nov-20 | 74.2% | Dec-20 | 76.8% ↑ |
| Quarter Ending | Dec-19 | 50.5% | Nov-20 | 26.8% | Dec-20 | 21.6% ↓ |
| Month | Dec-19 | 100.0% | Nov-20 | 100.0% | Dec-20 | 100.0% ↔ |
| Month | Dec-19 | 88.0% | Nov-20 | 92.9% | Dec-20 | 89.4% ↓ |
| Month | Dec-19 | 89.7% | Nov-20 | 62.3% | Dec-20 | 62.3% ↔ |
| Month | Dec-19 | 91.8% | Nov-20 | 60.3% | Dec-20 | 57.5% ↓ |
| Month | Dec-19 | 98.6% | Nov-20 | 96.5% | Dec-20 | 95.9% ↓ |
| Month | Dec-19 | 96.3% | Nov-20 | 98.1% | Dec-20 | 98.8% ↑ |
| Month | Dec-19 | 87.3% | Nov-20 | 88.0% | Dec-20 | 91.3% ↑ |
| Month | Dec-19 | 82.0% | Nov-20 | 67.0% | Dec-20 | 70.9% ↑ |
| Year Ending | Jun-19 | 27.2% | Mar-20 | 24.6% | Jun-20 | 23.5% ↓ |
| Quarter Ending | Dec-19 | 53.0% | Nov-20 | 85.1% | Dec-20 | 85.4% ↑ |
| Month | Dec-19 | 7.6% | Nov-20 | 5.9% | Dec-20 | 5.3% ↑ |
| Month | Dec-19 | 73 | Nov-20 | 60 | Dec-20 | 25 ↑ |
| Month | Jun-20 | 88.2% | May-21 | 85.7% | Jun-21 | 91.4% ↑ |
| YTD | Oct-19 | 95.7% | Sep-20 | 49.6% | Oct-20 | 50.4% ↑ |
| Month | Dec-19 | 71.3% | Nov-20 | 85.8% | Dec-20 | 85.8% ↔ |
| Month | Dec-19 | 75.8% | Nov-20 | 76.3% | Dec-20 | 80.8% ↑ |
| YTD | Mar-19 | 60.2% | Dec-19 | 75.7% | Mar-20 | 79.2% ↑ |
| Month | Oct-19 | 95.2% | Sep-20 | 93.8% | Oct-20 | 90.9% ↓ |
| Annual | 2017/18 | 86.7% | 2018/19 | 94.0% | 2019/20 | 95.5% ↑ |
| Annual | 2017/18 | 55.4% | 2018/19 | 60.7% | 2019/20 | 58.1% ↓ |
| Month | Dec-19 | N/A | Nov-20 | +£2.693m | Dec-20 | +£2.829m ↓ |
| Month | Dec-19 | N/A | Nov-20 | £3.789m | Dec-20 | £4.817m ↑ |
| Month | Dec-19 | 6.25% | Nov-20 | 5.35% | Dec-20 | 5.87% ↓ |

| Benchmarking | | | |
|---|----------------|---|----------|
|  | Upper Quartile | | |
|  | Mid Range | | |
|  | Lower Quartile | | |
| Reporting Period | Fife | | Scotland |
| N/A | | | |
| YE Jun-20 | 1.00 |  | 1.00 |
| N/A | | | |
| N/A | | | |
| N/A | | | |
| QE Dec-19 | 2.3% |  | 0.9% |
| QE Sep-20 | 20.0 |  | 17.3 |
| QE Sep-20 | 6.4 |  | 10.8 |
| QE Sep-20 | 9.3 |  | 17.4 |
| QE Sep-20 | 6.4 |  | 6.6 |
| QE Sep-20 | 45.3 |  | 42.0 |
| QE Sep-20 | 46.9 |  | 44.7 |
| 2019/20 | 71.5% |  | 79.9% |
| 2019/20 | 35.7% |  | 51.8% |
| N/A | | | |
| Dec-20 | 89.4% |  | 86.4% |
| Sep-20 | 46.1% |  | 30.0% |
| Sep-20 | 56.2% |  | 46.5% |
| Sep-20 | 93.1% |  | 53.3% |
| QE Sep-20 | 98.6% |  | 98.4% |
| QE Sep-20 | 86.2% |  | 87.3% |
| QE Sep-20 | 63.8% |  | 67.3% |
| 2018, 2019 | 26.1% |  | 25.6% |
| N/A | | | |
| QE Jun-20 | 4.6% |  | 3.8% |
| Dec-20 | 6.69 |  | 13.34 |
| FY 2019/20 | 89.0% |  | 88.3% |
| FY 2019/20 | 92.8% |  | 97.2% |
| QE Sep-20 | 63.9% |  | 60.6% |
| QE Sep-20 | 76.6% |  | 75.1% |
| FY 2019/20 | 79.2% |  | 83.2% |
| QE Sep-20 | 95.5% |  | 97.2% |
| 2017/18 | 86.8% |  | 72.5% |
| 2017/18 | 55.3% |  | 42.3% |
| N/A | | | |
| N/A | | | |
| YE Mar-20 | 5.49% |  | 5.31% |

d. Assessment

| Clinical Governance | Standard / Local Target | Last Achieved | Target 2020/21 | Current Performance | Benchmarking Period and Quartile | | |
|--|-------------------------|---------------|----------------|---------------------|----------------------------------|------------|-----|
| HSMR | 1.00 | N/A | N/A | YE 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) | 2.16 | Oct-20 | 2.16 | Dec-20 | 2.42 | N/A | N/A |
| Reduce falls with harm by 20% by December 2020 | | | | | | | |
| A small increase in overall falls with harm was recorded in December and focus on supporting areas where this has been highlighted continues. There are continued challenges as previously described in relation to the fluid landscape of in-patient areas as a result of COVID but local review and support processes continue. Confirmation at an In-Patient Falls meeting of the workplan for the year ahead aims to refocus activity. | | | | | | | |
| Pressure Ulcers | 0.42 | Never Met | 0.42 | Dec-20 | 0.87 | N/A | N/A |
| 50% reduction by December 2020 | | | | | | | |
| The rate of hospital acquired pressure ulcers in the Community hospitals setting decreased slightly in December, although the actual number in Q4 doubled in comparison to Q3 (24, from 12). For the Acute hospital, there was also a slight drop in the rate, and this was accompanied by a small fall in the quarterly number (66 to 62). The overall Fife rate at the end of 2020 remained significantly above the improvement target, although slightly lower than at the end of 2019. | | | | | | | |
| Caesarean Section SSI | N/A | QE Dec-20 | 2.5% | QE Dec-20 | 2.4% | QE Dec-19 | ● |
| We will reduce the % of post-operation surgical site infections to 2.5% | | | | | | | |
| All mandatory SSI surveillance remains paused, as per the start of the Covid-19 pandemic. However, Maternity Services have continued to monitor Caesarean Section SSI cases throughout the year, and where appropriate (in the case of Deep or Organ Space SSIs) carry out SSI Clinical Reviews. It is important to note that the performance data provided is non-validated and does not follow the agreed NHS Fife Methodology. No national comparison is available beyond Q4 2019. | | | | | | | |
| SAB (MRSA/MSSA) | 18.8 | QE Nov-20 | 19.5 | QE Dec-20 | 20.6 | QE Sep-20 | ● |
| We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022 | | | | | | | |
| Surveillance of SABs has continued during the COVID-19 pandemic. Fife had the lowest annual number of SABs on record in 2020, with no recorded MRSA SABs since January 2019. However, for Q3 of 2020, Fife was above the national comparator for HCAI SABs, although still on track to achieve its reduction of HCAI SABs by March 2022. Q3 of 2020 also saw a raised incidence of ventilator associated pneumonia SABs in patients who are COVID-19 positive. | | | | | | | |
| C Diff | 6.5 | QE Dec-20 | 6.7 | QE Dec-20 | 6.5 | QE Sep-20 | ● |
| We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022 | | | | | | | |
| CDI surveillance has continued throughout the COVID-19 pandemic. NHS Fife remains below the national rate for HCAI & CAI CDIs and achieved its lowest CDI rate on record in 2020 (34 infections, a 28% reduction compared to 2019). However, a reduction in HCAs and recurrence of CDIs is still required to achieve the reduction target by March 2022. | | | | | | | |
| ECB | 33.0 | QE Jun-20 | 36.6 | QE Dec-20 | 50.3 | QE Sep-20 | ● |
| We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022 | | | | | | | |
| ECB surveillance has continued throughout the pandemic. NHS Fife saw a decrease in combined HCAI and CAI ECBs in 2020, compared to 2019 (254 against 264 infections), but remains above the national comparator for both HCAI and CAI ECBs and must continue to reduce its HCAI ECB rate further to achieve its 25% reduction by March 2022. Reducing UTI and CAUTI ECBs will be the key infections to address to achieve this target. | | | | | | | |
| Complaints - Stage 2 | N/A | Never Met | 65% | QE Dec-20 | 21.6% | FY 2019/20 | ● |
| At least 75% of Stage 2 complaints are completed within 20 working days | | | | | | | |
| Performance in closing complaints continues to be a challenge due to the ongoing pressures on clinical services created by the pandemic, a common pattern across Health Boards. Capacity to investigate and respond to complaints within the normal timescales has reduced, although complaints received by PRT are increasing towards pre Covid-19 numbers. A number of complaints relate to delayed treatment as a result of the suspension of services, and we are also still seeing complaints relating to the flu vaccination, which is affecting our ability to respond to complaints within normal timescales. The latter are starting to reduce. | | | | | | | |

| 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% | Dec-20 | 89.4% | Dec-20 | ● |
| Capacity challenges continued in December affecting flow through ED. Attendances decreased across the festive period allowing for a better performance than previous year and overall attendances are well below projected for the period. | | | | | | | |
| 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 | Dec-20 | 62.3% | Sep-20 | ● |
| Waiting times performance recovery slowed during December (a traditionally quiet month) as the Acute Hospital had to contend with the second wave of the COVID-19 pandemic and cancelled non-urgent elective surgery. Nevertheless, at the end of December, the waiting list was 5% lower than at the end of September. Efforts are continuing to mitigate the situation, with particular attention focusing on urgent waits, but activity is less than forecast and is likely to continue to affect performance for the remainder of FY 2020/21. | | | | | | | |
| New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment | 95% | Mar-20 | N/A | Dec-20 | 57.5% | Sep-20 | ● |
| Waiting times performance recovery slowed during December (a traditionally quiet month) as the Acute Hospital had to contend with the second wave of the COVID-19 pandemic. At the end of the month, the waiting list was 5% higher than at the end of September, with a similar increase in the % of patients waiting more than 12 weeks. Efforts are continuing to mitigate the situation, with particular attention focusing on urgent referrals, but activity is less than forecast and is likely to continue to affect performance for the remainder of FY 2020/21. | | | | | | | |
| 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 | Dec-20 | 95.9% | Sep-20 | ● |
| Despite the onset of the second wave of the COVID-19 pandemic, the recovery in performance against Diagnostics Waiting Times continued in December, and over 95% of patients had waited no more than 6 weeks at month end. Just under 70% of the breaches were for Endoscopy tests, while there were no Imaging breaches in each of October and November. It will be a major challenge to maintain this performance level in the remainder of the FY, with activity being slightly less than forecast. | | | | | | | |
| 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 | Dec-20 | 91.3% | QE Sep-20 | ● |
| December was a challenging month with the majority of breaches being seen in Urology. Delays to PET outwith Fife contributed to the Upper GI and Lung specialty breaches, while cancellations in surgery due to clinical priorities and lack of availability of equipment were the main reasons for the Urology and Breast breaches. Breaches ranged between 5 and 50 days in duration, with an average of 27 days. Cancer patients remain a priority. | | | | | | | |
| FOI Requests At least 85% of Freedom of Information Requests are completed within 20 working days | N/A | QE Dec-20 | 85% | QE Dec-20 | 85.4% | N/A | N/A |
| NHS Fife has now completed four months under the new process for responding to requests and with additional FOI staff resource managing. Stakeholder engagement throughout NHS Fife continues and renewed training will soon be delivered by FOI staff resource to further assist departments and teams with their interaction with FOI duties and obligations. FOI role expected to go to advert within the next two months. | | | | | | | |
| Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce | N/A | Jun-20 | 5% | Dec-20 | 5.3% | QE Jun-20 | ● |
| The number of bed days lost continues to reduce and 5.3% of occupied bed days lost were as a result of delay in December. Occupancy across our Acute and community hospitals remains high with an increased bed footprint to accommodate red and amber pathways and a continued number of outbreak wards closed. | | | | | | | |
| 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 Oct-20 | 50.4% | FY 2019/20 | ● |
| The service has been severely affected by staff shortages in the second and third quarter of the FY. New staff are now in place, and will start training in February, with support from Near Me to make up for the lack of national training. Stop Smoking Service promotion was included on Stafflink before the festive period to raise awareness of service with staff. We are currently planning to promote No Smoking Day 2021 via a variety of mediums. Clients currently accessing the service have more complex needs, particularly around mental health and expressing fears of COVID19 with potentially experiencing more severe symptoms once infected. The Specialist Service has been asked to support pregnant mums due to staff absence and redeployed staff member. | | | | | | | |

| Finance, Performance & Resources Operational Performance | Standard / Local Target | Last Achieved | Target 2020/21 | Current Performance | Benchmarking Period and Quartile | |
|--|-------------------------------|------------------|-------------------|------------------------|-------------------------------------|--------------|
| CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral | 90% | Sep-16 | N/A | Dec-20 | 85.8% | QE Sep-20 |
| Referrals to Fife CAMHS reflect similar levels of demand to 2019 and 2020. The ongoing high number of presentations of children and young people requiring urgent and priority appointments has resulted in the majority of clinical staff working to meet this need. The result of this activity is demonstrated through a higher % RTT in the last 2 months of 2020; however, as a consequence, the longest waits have increased as staff are drawn away from this area of work. | | | | | | |
| Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral | 90% | Never Met | N/A | Dec-20 | 80.8% | QE Sep-20 |
| Performance improved in December as a smaller number of longest waiting patients started treatment due to the festive break. Of most relevance to the RTT trajectory is the Waiting List profile, with the % of patients waiting over 52 weeks continuing to grow. This in part reflects the positive impact of improvement actions for services relevant to the majority of patients, but also highlights the limits of service provision/capacity for the most complex patients. | | | | | | |

| 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 | Dec-20 | + £2.829m | N/A |
| Following discussion with Scottish Government on 15 January, we have reflected changes in our key assumptions to inform the year end outturn forecast position. Whilst the position to month 9 is an overspend of £2.8m; the forecast outturn to the year end is a balanced position. This assumes the return of our offsetting cost reductions (from the pausing of aspects of core services in the first half of the financial year); and full funding of both Health and Social Care unmet savings. The confirmation of full funding of unachieved savings also allow a budget realignment exercise to take place from Health Delegated to Social Care and eliminates the previously reported risk share cost. We have submitted our balance of funding request re Covid-19 to Scottish Government and, assuming approval, it is expected that the impact on the financial position will be cost neutral on the financial performance. The impact of Covid-19 on the financial performance remains 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 | £13.348m | N/A | £13.348m | Dec-20 | £4.817m | N/A |
| The total Capital Resource Limit for 2020/21 is £13.348m including anticipated allocations for specific projects. The capital position for the 9 months to December records spend of £4.817m equivalent to 36.09% of the total allocation. The capital spend on the specific projects 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% | Dec-20 | 5.87% | YE Mar-20 |
| Sickness absence levels continue to fluctuate, however, it is positive to note that the sickness absence rates have improved for the first nine months of the year when compared with the same period during 2019/20, with a reduction of 0.54% in the year to date. Given the COVID-19 pandemic and continued Winter pressures, we anticipate that it will be challenging to maintain the current sickness absence performance levels. | | | | | | |

II. Performance Exception Reports

Clinical Governance

| | |
|-----------------------------|----|
| Adverse Events | 9 |
| HSMR | 10 |
| Inpatient Falls (With Harm) | 11 |
| Pressure Ulcers | 12 |
| Caesarean Section SSI | 13 |
| SAB (HAI/HCAI) | 14 |
| C Diff (HAI/HCAI) | 15 |
| ECB (HAI/HCAI) | 16 |
| Complaints (Stage 2) | 17 |

Finance, Performance & Resources – Operational Performance

| | |
|--|----|
| 4-Hour Emergency Access | 18 |
| Patient Treatment Time Guarantee (TTG) | 19 |
| New Outpatients | 20 |
| Diagnostics | 21 |
| Cancer 62-day Referral to Treatment | 22 |
| Freedom of Information (FOI) Requests | 23 |
| Delayed Discharges | 24 |
| Smoking Cessation | 25 |
| CAMHS 18 Weeks Referral to Treatment | 26 |
| Psychological Therapies 18 Weeks Referral to Treatment | 27 |

Finance, Performance & Resources – Finance

| | |
|---------------------|----|
| Revenue Expenditure | 28 |
| Capital Expenditure | 41 |

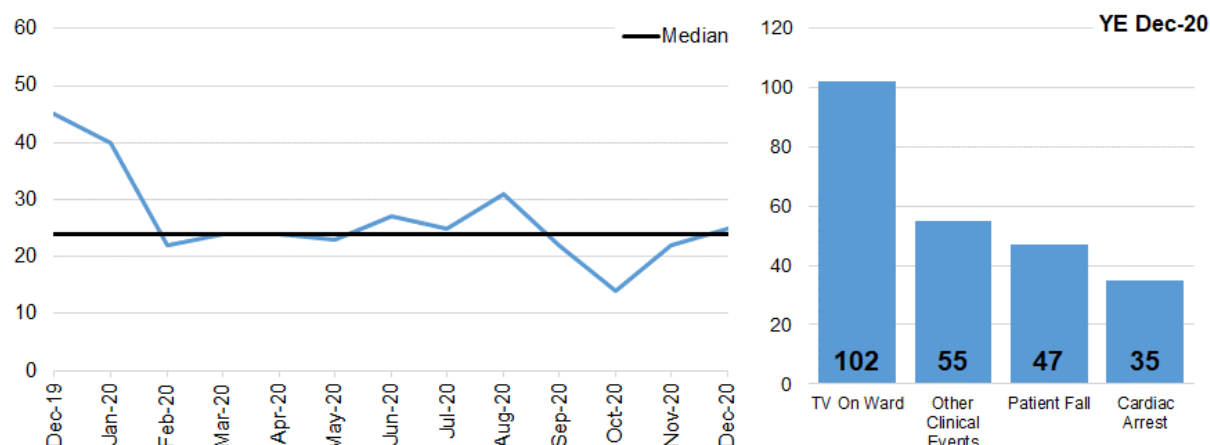
Staff Governance

| | |
|------------------|----|
| Sickness Absence | 45 |
|------------------|----|

Clinical Governance

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

| | Month | 2019/20 | | | | 2020/21 | | | | | | | | |
|----------|----------------|---------|------|------|------|---------|------|------|------|------|------|------|------|------|
| | | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| ALL | NHS Fife | 1389 | 1402 | 1307 | 1122 | 891 | 1065 | 1123 | 1328 | 1240 | 1285 | 1334 | 1292 | 1208 |
| | Acute Services | 585 | 618 | 634 | 471 | 372 | 474 | 463 | 560 | 504 | 603 | 556 | 631 | 574 |
| | HSCP | 767 | 747 | 623 | 627 | 486 | 558 | 627 | 730 | 694 | 639 | 747 | 631 | 609 |
| | Corporate | 37 | 37 | 50 | 24 | 33 | 33 | 33 | 38 | 42 | 43 | 31 | 30 | 25 |
| CLINICAL | NHS Fife | 931 | 914 | 923 | 799 | 609 | 725 | 740 | 908 | 834 | 920 | 896 | 937 | 890 |
| | Acute Services | 527 | 558 | 572 | 439 | 343 | 431 | 421 | 514 | 467 | 555 | 507 | 586 | 531 |
| | HSCP | 393 | 338 | 333 | 345 | 248 | 279 | 299 | 373 | 351 | 347 | 376 | 337 | 351 |
| | Corporate | 11 | 18 | 18 | 15 | 18 | 15 | 20 | 21 | 16 | 18 | 13 | 14 | 8 |

Commentary

From July 2020, onwards, as services resumed, reporting levels have continued to recover. There is nothing exceptional to report in the data.

From April 2021, we will start to analyse outputs from the previously reported new approach to the reporting and review of unexpected / drug related deaths within mental health and addiction services. These will be shared in ways that maximise organisational learning.

The NHS Fife Adverse Events/Duty of Candour Group continues to oversee the development and implementation of local adverse events management policy in accordance with national guidance, and to monitor related performance.

The group will develop a recovery plan to support an appropriate organisational response to the pandemic's impact on adverse events activity, including local and significant adverse event reviews.

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.

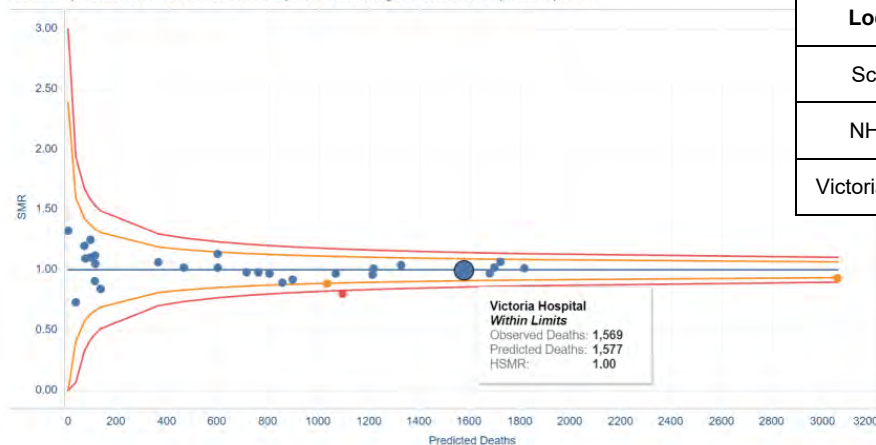
Reporting Period; July 2019 to June 2020^p

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.

Funnel Plot by Hospital: July 2019 to June 2020

Allows comparisons to be made between each hospital and the average for Scotland for a particular period.



| Location | HSMR |
|-------------------|------|
| Scotland | 1.00 |
| NHS Fife | 1.00 |
| 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.

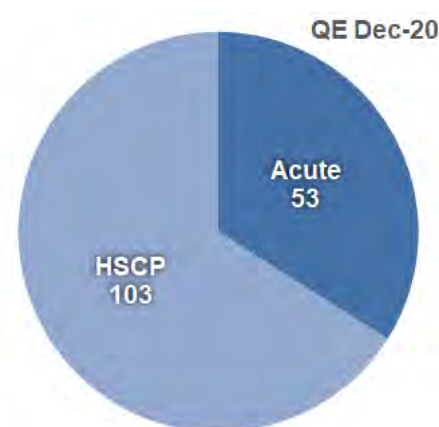
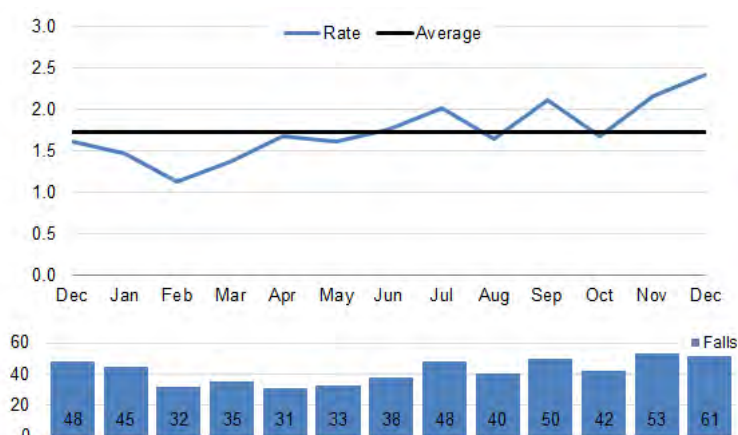
Clinical Governance

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 | | | | | | | |
|----------------|---------|------|------|------|------|---------|------|------|------|------|------|------|------|
| | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| NHS Five | 1.61 | 1.47 | 1.13 | 1.37 | 1.67 | 1.62 | 1.75 | 2.01 | 1.64 | 2.12 | 1.68 | 2.16 | 2.42 |
| Acute Services | 1.03 | 0.99 | 0.84 | 1.26 | 1.93 | 1.21 | 1.38 | 1.26 | 1.26 | 1.55 | 1.20 | 1.45 | 1.84 |
| HSCP | 2.10 | 1.89 | 1.37 | 1.44 | 1.53 | 1.95 | 2.08 | 2.66 | 1.96 | 2.62 | 2.10 | 2.79 | 2.96 |

Key Challenges in 2020/21

Challenges in in-patient settings with patient placement, social distancing - the falls toolkit is continuing to be used to support assessment and local plans on care delivery.

Developments and progression of workplan have also been delayed - focus continues through ward discussion and local governance discussions with local activity being progressed where required.

Changes in service delivery due to the pandemic have changed clinical area function and this has been dynamic in response to the need for green and red capacity. This includes a change in numbers of patients in ward areas and the use of PPE and social distancing, all of which have had an impact on the way that staff deliver care.

Moving forward we will need to continue to review our approaches to continue to reduce falls with harm.

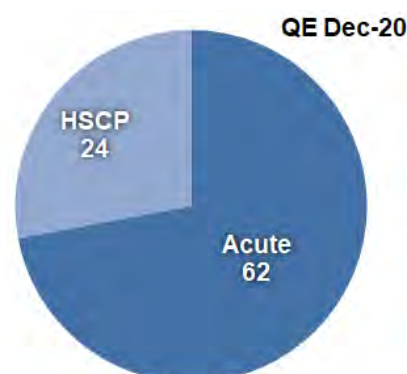
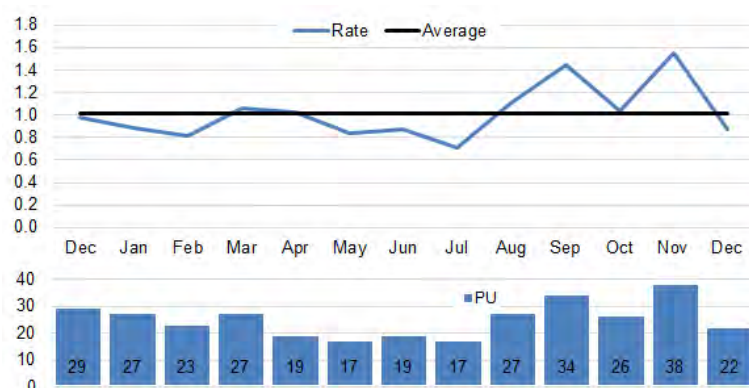
| Improvement Actions | Update |
|--|---|
| 20.3 Falls Audit <i>By Apr-21 (was Jan-21)</i> | Plans for this audit have been further delayed as a result of the ongoing situation. A number of areas are being prioritised and this will be programmed in over the coming months as more of a rolling audit. Local scrutiny will continue utilising the monthly performance report. |
| 20.5 Improve effectiveness of Falls Champion Network <i>By Apr-21 (was Feb-21)</i> | This work has been significantly delayed and is part of the draft refreshed work plan. A Teams meeting is planned with the falls champions on 4th February, and will consider local information boards and education programme. This aims to support a more cohesive and streamlined approach and identify any areas with gaps. |
| 21.1 Refresh of Plans <i>By Mar-21 (was Jan-21)</i> | The refreshed workplan has been redrafted and is with the group members as part of a virtual discussion to finalise. This is on agenda for review and agreement at meeting planned for 17 th February. |

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 | | | | | | | | |
|----------------|---------|------|------|------|---------|------|------|------|------|------|------|------|------|
| | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| NHS Fife | 0.97 | 0.88 | 0.81 | 1.06 | 1.02 | 0.83 | 0.88 | 0.71 | 1.11 | 1.44 | 1.04 | 1.55 | 0.87 |
| Acute Services | 1.40 | 1.27 | 1.23 | 1.94 | 2.08 | 1.21 | 1.57 | 1.17 | 2.07 | 2.73 | 1.54 | 2.57 | 1.17 |
| HSCP | 0.62 | 0.55 | 0.46 | 0.46 | 0.42 | 0.53 | 0.26 | 0.31 | 0.30 | 0.32 | 0.60 | 0.62 | 0.61 |

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

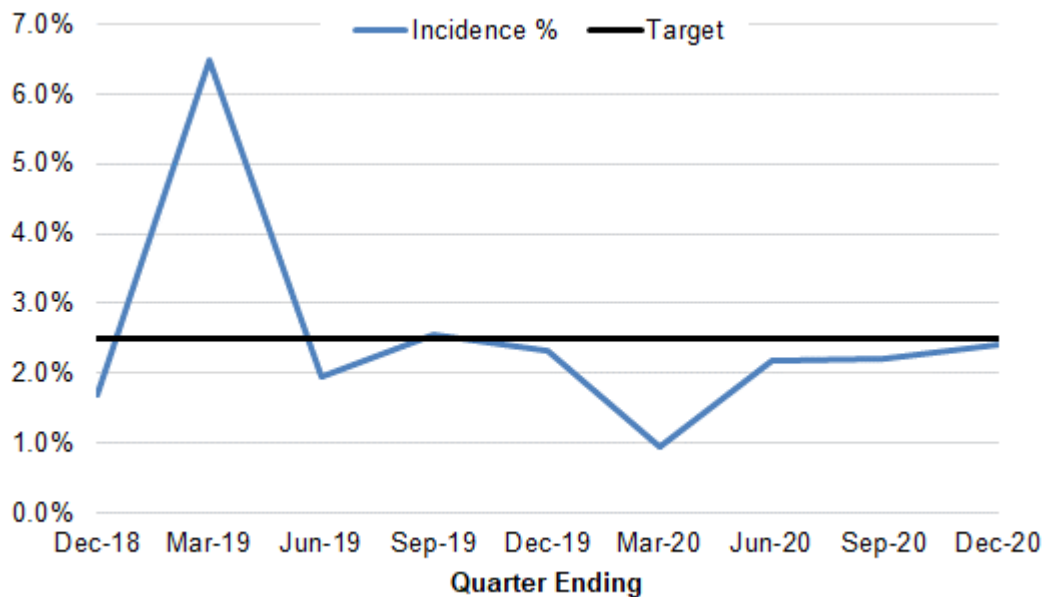
| Improvement Actions | Update |
|--|---|
| 20.4 Improve consistency of reporting | |
| 20.5 Review TV Champion Network Effectiveness | |
| 20.6 Reduce PU development (initially by redesign of Quality Improvement model) | |
| 21.1 Improve reporting of PU | |
| 21.2 Integrated Improvement Collaborative 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 Feb-21 (was 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. The rollout date has been extended in response to clinical pressures of the COVID 19 pandemic. |

Clinical Governance

Caesarean Section SSI

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

Local Performance



Service Performance

| Quarter Ending | 2017/18 | 2018/19 | | | | 2019/20 | | | | 2020/21 | | | |
|----------------|---------|---------|--------|--------|--------|---------|--------|--------|--------|---------|--------|--------|--------|
| | Mar-18 | Jun-18 | Sep-18 | Dec-18 | Mar-19 | Jun-19 | Sep-19 | Dec-19 | Mar-20 | Jun-20 | Sep-20 | Dec-20 | Mar-21 |
| NHS Fife | 3.3% | 3.1% | 2.3% | 1.7% | 6.5% | 2.0% | 2.5% | 2.3% | 1.0% | 2.2% | 2.2% | 2.4% | |
| 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 <i>By Mar-21</i> | <p>The SSI Implementation Group de-mobilised in August 2020 as there were no outstanding actions, infection rates had improved and there was a robust system in place for reviewing any Deep or Organ Space SSI cases. The group will re-establish if any future concerns develop.</p> <p>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.</p> <p>SSI incidence during 2020 has been calculated using unvalidated data, provided by Maternity Services, which does not follow the agreed methodology. The data has not been verified and there is no National comparison, so should be interpreted with caution.</p> |
| 20.2 Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond | |

Clinical Governance

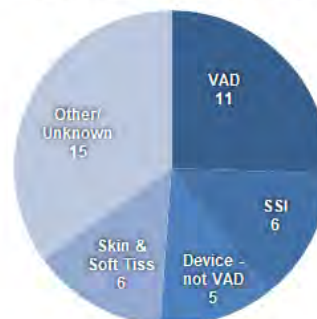
SAB (HAI/HCAI)

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

Local Performance



Infection Source: YE Dec-20



National Benchmarking

| Quarter Ending | | 2018/19 | 2019/20 | | | | 2020/21 | |
|----------------|--|---------|---------|------|------|------|---------|------|
| | | Mar | Jun | Sep | Dec | Mar | Jun | Sep |
| NHS Fife | HCAI Infection Rate (per 100,000 TOBD) | 14.1 | 13.7 | 15.5 | 10.9 | 12.5 | 6.3 | 20.0 |
| Scotland | | 15.6 | 16.7 | 17.5 | 15.2 | 16.3 | 20.3 | 17.3 |

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 were only 5 PWID SABs in 2020, a marked improvement from 14 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. |
| 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 and areas of concern. There was a single vascular access device SAB associated with the renal unit in November, 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's last meeting in December was cancelled but will meet again on 19th February. E-documentation bundles for catheter insertion and maintenance, to be added to Patienttrack 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. |

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 | |
|----------------|--|---------|---------|------|------|------|---------|------|
| | | Mar | Jun | Sep | Dec | Mar | Jun | Sep |
| NHS Fife | HCAI Infection Rate (per 100,000 TOBD) | 5.4 | 8.0 | 8.9 | 13.1 | 8.0 | 7.9 | 9.3 |
| Scotland | | 11.8 | 12.3 | 13.7 | 15.1 | 13.6 | 15.4 | 17.4 |

Key Challenges in 2020/21

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

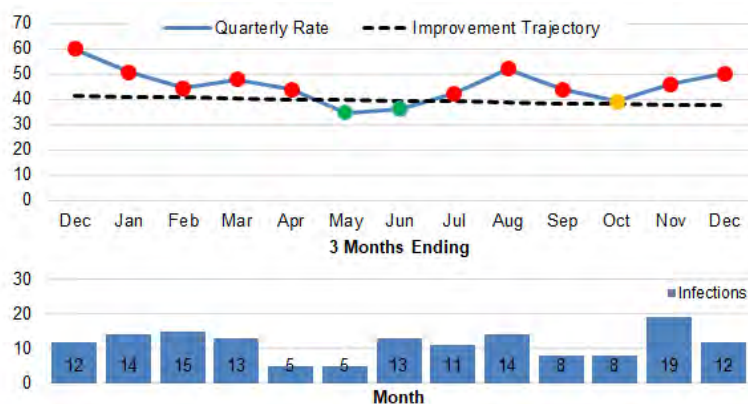
| Improvement Actions | Update |
|---|---|
| 20.1 Reducing recurrence of CDI <i>By Mar-22</i> | Each CDI occurrence is reviewed by a consultant microbiologist. The patients clinician is then advised regarding patient treatment and management to optimize recovery and prevent recurrence of infection. To reduce recurrence of CDI Infection, two 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 |
| 20.2 Reduce overall prescribing of antibiotics <i>By Mar-22</i> | 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 <i>By Mar-22</i> | Monthly CDI reports are distributed, to enable staff to gain a clearer understanding of the disease process, recurrences and rates. 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 is also to be displayed for public assurance. |

Clinical Governance

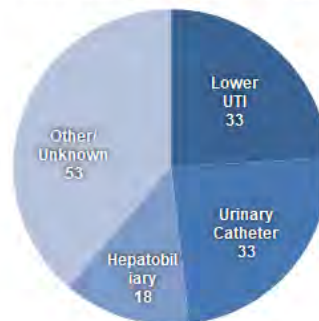
ECB (HAI/HCAI)

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

Local Performance



Infection Sources: YE Dec-20



National Benchmarking

| Quarter Ending | | 2018/19 | 2019/20 | | | | 2020/21 | |
|----------------|--|---------|---------|------|------|------|---------|------|
| | | Mar | Jun | Sep | Dec | Mar | Jun | Sep |
| NHS Fife | HCAI Infection Rate (per 100,000 TOBD) | 39.2 | 42.1 | 31.0 | 60.0 | 47.9 | 36.4 | 45.3 |
| Scotland | | 37.3 | 38.9 | 40.3 | 40.8 | 36.4 | 39.7 | 42.0 |

Key Challenges in 2020/21

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

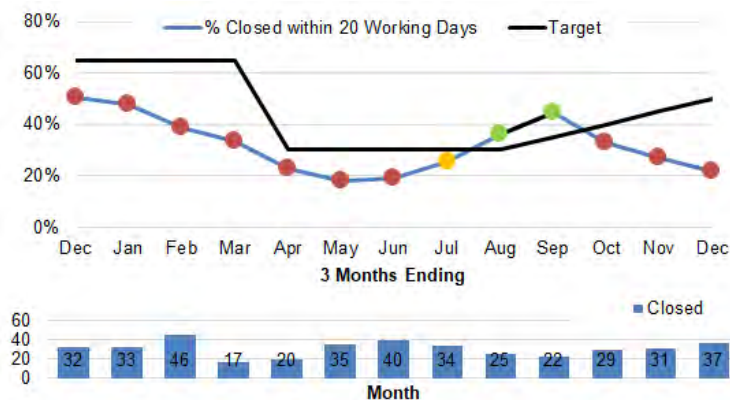
| Improvement Actions | Update |
|---|--|
| 20.1 Optimise communications with all clinical teams in ASD & the HSCP <i>By Mar-22</i> | Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. Each CAUTI associated ECB is investigated in detail to better understand how 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 were 3 trauma associated CAUTIs in 2020 - learning from these will be fed back to the Urinary Catheter Improvement Group. |
| 20.2 Formation of ECB Strategy Group <i>By Mar-22</i> | The ECB Strategy Group, initially looking at infections caused predominantly by urinary sources other than CAUTI, had been formed, but meetings have been postponed due to the pandemic response. 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) <i>By Mar-22</i> | The UCIG meeting in December was cancelled, but the group is due to meet in February to review the following topics: <ul style="list-style-type: none"> A CAUTI QI programme which started at Cowdenbeath GP practice (currently paused) 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



Closure Breaches: QE Dec-20



Local Performance by Directorate/Division

| 3-Month Ending | 2019/20 | | | | 20/21 | | | | | | | | |
|-------------------------|---------|-------|-------|-------|-------|-------|-------|-------|--------|-------|-------|--------|--------|
| | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| NHS Fife | 50.5% | 48.0% | 38.7% | 33.3% | 22.9% | 18.1% | 18.9% | 25.7% | 36.4% | 44.4% | 32.9% | 26.8% | 21.6% |
| Ack <= 3 Days (Monthly) | 93.8% | 93.9% | 95.7% | 94.1% | 95.0% | 97.1% | 87.5% | 97.1% | 100.0% | 95.5% | 93.1% | 100.0% | 100.0% |
| ASD | 57.1% | 56.5% | 49.4% | 56.2% | 55.2% | 54.3% | 53.5% | 54.7% | 55.3% | 56.0% | 55.1% | 53.8% | 51.2% |
| HSCP | 33.3% | 23.3% | 9.7% | 28.6% | 28.4% | 26.8% | 25.7% | 25.5% | 26.9% | 27.7% | 26.6% | 25.7% | 24.2% |

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

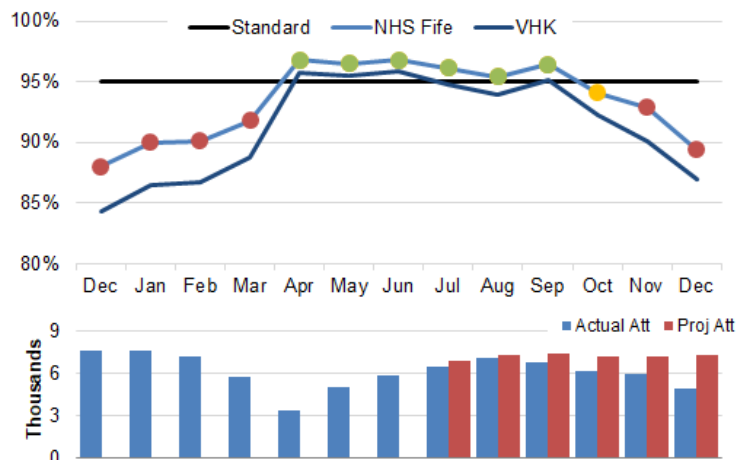
| Improvement Actions | Update |
|--|--|
| 20.1 Patient Relations Officers to undertake peer review | |
| 20.2 Deliver education to service to improve quality of investigation statements | |
| 20.3 Agree process for managing medical statements, and a consistent style for responses | |
| 21.1 Agree process 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. PRT have been working with Mental Health and Learning Disabilities services in relation to Stage 2 complaint responses and a trial is in place where MH and LD draft their own complaint responses, with PRT reviewing for quality. |
| 21.2 Deliver virtual training on complaints handling By Mar-21 | This action has been identified as a replacement for previous action 20.2, with the aim being to improve overall quality. While some training sessions have been delivered virtually, this is currently on hold due to the increase in the response to COVID-19. |

Finance, Performance & Resources – Operational Performance

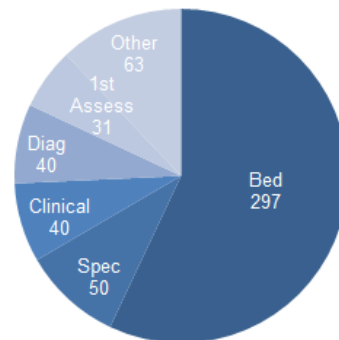
4-Hour Emergency Access

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



Breach Reason Dec-20



National Benchmarking

| Month | 2019/20 | | | | 2020/21 | | | | | | | | |
|----------|---------|-------|-------|-------|---------|-------|-------|-------|-------|-------|-------|-------|-------|
| | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| NHS Fife | 88.0% | 90.0% | 90.1% | 91.8% | 96.8% | 96.5% | 96.8% | 96.1% | 95.4% | 96.4% | 94.1% | 92.9% | 89.4% |
| Scotland | 83.8% | 86.1% | 86.4% | 89.2% | 94.9% | 95.7% | 95.6% | 95.1% | 92.9% | 92.1% | 89.6% | 89.8% | 86.4% |

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

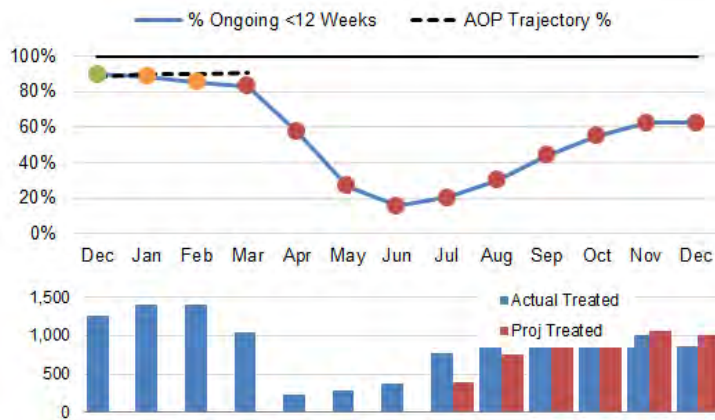
| Improvement Actions | Update |
|--|---|
| 20.1 Formation of PerformED group to analyse performance trends | |
| 20.4 Development of services for ECAS | |
| 20.5 Medical Assessment and AU1 Rapid Improvement Group | |
| 21.1 Erroneous action, now removed, but the numbering has been retained for continuity | |
| 21.2 Integration of the Redesign of Urgent Care model and the Flow & Navigation Hub By Mar-22 | Commenced on the 1 st December – ED supporting through final triage of patients by consultants in Emergency Medicine |

Finance, Performance & Resources – Operational Performance

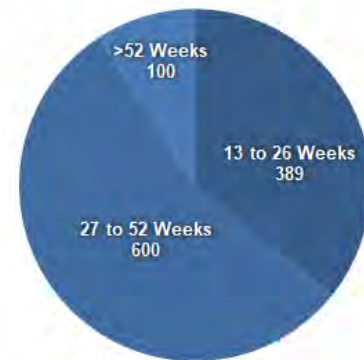
Patient TTG

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

Local Performance



Breaches Breakdown Dec-20



National Benchmarking

| | 2019/20 | | | | 2020/21 | | | | | | | | |
|----------|---------|-------|-------|-------|---------|-------|-------|-------|-------|-------|-------|-------|-------|
| | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| NHS Fife | 89.7% | 88.4% | 85.4% | 83.1% | 57.3% | 26.8% | 15.4% | 20.2% | 30.0% | 44.1% | 54.9% | 62.3% | 62.3% |
| Scotland | 67.0% | 66.7% | 66.3% | 64.4% | 46.6% | 24.8% | 17.3% | 20.6% | 24.9% | 30.0% | | | |

Key Challenges in 2020/21

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

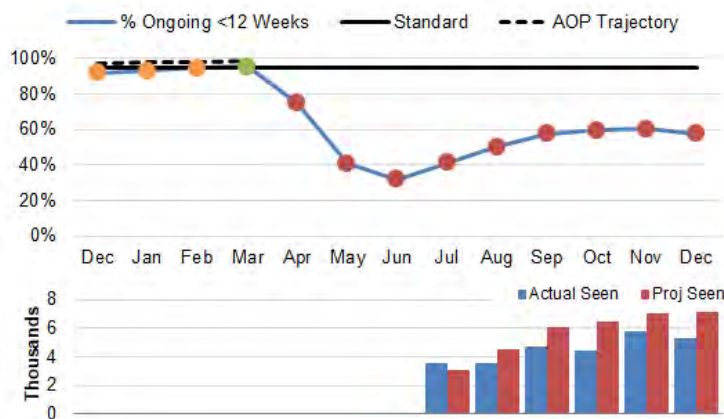
| Improvement Actions | Update |
|---|--|
| 20.2 Develop Clinical Space Redesign Improvement plan | |
| 20.3 Theatre Action Group develop and deliver plan | |
| 20.4 Review DCAQ and develop waiting times improvement plan for 20/21 | |
| 21.1 Develop and deliver transformation plan By Mar-21 | This action 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 | |

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



Breaches Breakdown Dec-20



National Benchmarking

| | 2019/20 | | | | 2020/21 | | | | | | | | |
|----------|---------|-------|-------|-------|---------|-------|-------|-------|-------|-------|-------|-------|-------|
| | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| NHS Fife | 91.8% | 93.2% | 94.7% | 95.2% | 74.8% | 40.9% | 32.0% | 41.1% | 50.0% | 57.4% | 59.3% | 60.3% | 57.5% |
| Scotland | 73.2% | 75.5% | 75.1% | 74.9% | 57.8% | 34.9% | 28.5% | | | 46.5% | | | |

Key Challenges in 2020/21

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

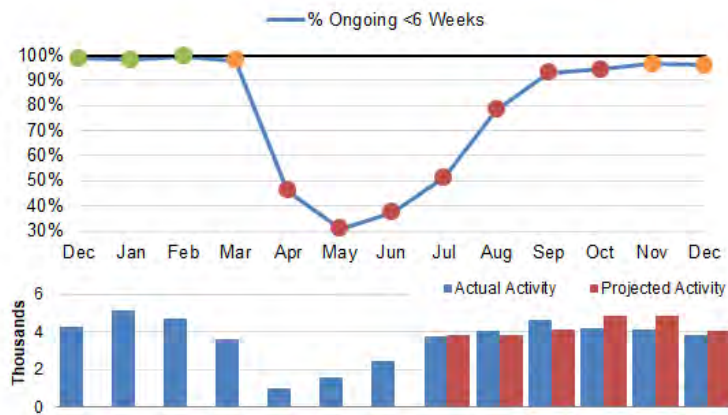
| Improvement Actions | Update |
|---|---|
| 20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan | |
| 20.2 Develop OP Transformation programme. | |
| 20.3 Improve recruitment to vacant posts <i>By Mar-21</i> | Action continues – includes consideration of service redesign to increase capacity |
| 21.1 Review DCAQ in relation to WT improvement plan | |
| 21.2 Refresh OP Transformation programme actions <i>By Mar-21</i> | 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 <i>By Mar-21 (was Jan-21)</i> | Validation still to be complete |

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



Breaches Breakdown Dec-20



National Benchmarking

| | 2019/20 | | | | 2020/21 | | | | | | | | |
|----------|---------|-------|-------|-------|---------|-------|-------|-------|-------|-------|-------|-------|-------|
| | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| NHS Fife | 98.6% | 98.2% | 99.5% | 97.8% | 46.3% | 31.1% | 37.4% | 51.4% | 78.3% | 93.1% | 94.3% | 96.5% | 95.9% |
| Scotland | 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

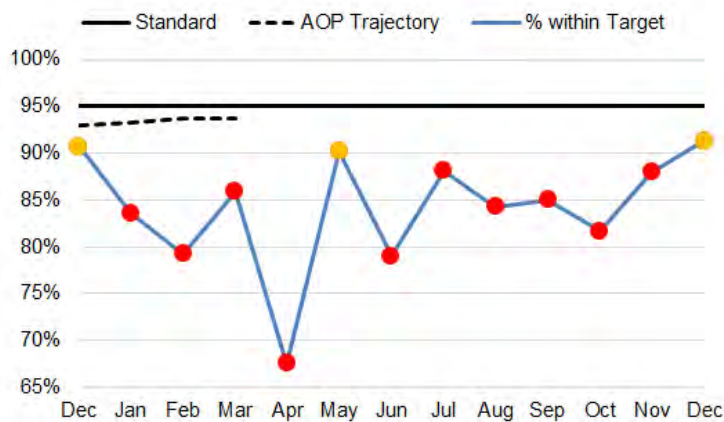
| Improvement Actions | Update |
|--|---|
| 21.1 Review DCAQ and develop remobilisation plans for Radiology and Endoscopy | |
| 21.2 Undertake new and planned waiting list validation against agreed criteria By Mar-21 | Complete for radiology and complete for new referrals for Endoscopy. Planned waiting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



Breaches: Oct to Dec 20



National Benchmarking

| Month | 2019/20 | | | | | 2020/21 | | | | | | | |
|----------|---------|-------|-------|-------|-------|---------|-------|-------|-------|-------|-------|-------|-------|
| | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| NHS Fife | 90.7% | 83.6% | 79.2% | 85.9% | 67.5% | 90.2% | 79.0% | 88.2% | 84.3% | 85.0% | 81.7% | 88.0% | 91.3% |
| Scotland | 84.6% | 83.6% | 82.7% | 86.1% | 82.6% | 83.8% | 84.3% | 87.1% | 86.6% | 86.5% | 84.9% | 84.8% | 85.3% |

Key Challenges in 2020/21

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

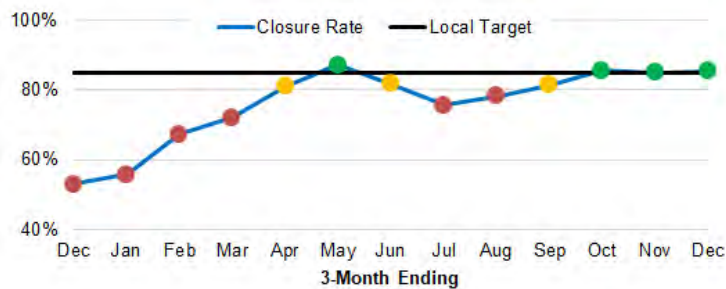
| Improvement Actions | Update |
|--|--|
| 20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points <i>By Mar-21</i> | This will be addressed as part of the overall recovery work and in line with priorities set by the leadership team. DCAQ of cancer pathways delayed due to pandemic, but work is to restart. |
| 20.4 Prostate Improvement Group to continue to review prostate pathway <i>By Mar-21</i> | 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 <i>By Jun-21</i> | The National Cancer Recovery Plan has been published. The Cancer Strategy Working group has met and agreed the role and remit to develop and take forward a NHS Fife Cancer Strategy. |

Finance, Performance & Resources – Operational Performance

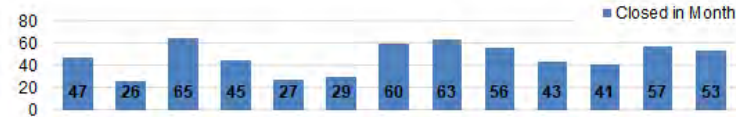
Freedom of Information Requests

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

Local Performance



Closure Period, QE Dec-20



Service Performance

| Monthly | 2019/20 | | | | 2020/21 | | | | | | | | |
|--------------|---------|-------|-------|--------|---------|--------|-------|-------|-------|-------|-------|-------|-------|
| | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| Health Board | 75.0% | 52.4% | 72.9% | 76.9% | 100.0% | 81.8% | 72.7% | 72.0% | 93.6% | 82.1% | 96.8% | 87.5% | 93.5% |
| IJB | 14.3% | 60.0% | 83.3% | 100.0% | 100.0% | 100.0% | 60.0% | 84.6% | 66.7% | 75.0% | 50.0% | 88.9% | 14.3% |

Key Challenges in 2020/21

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

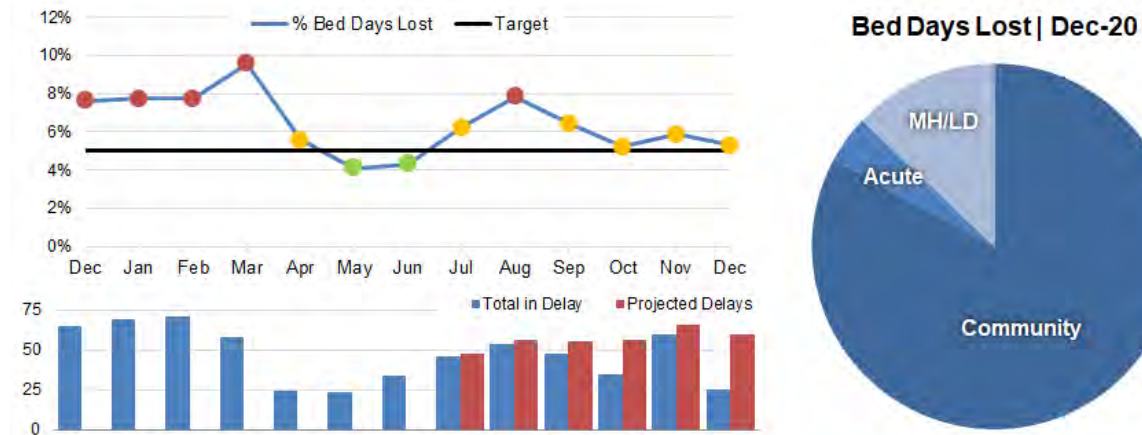
| Improvement Actions | Update |
|---|---|
| 20.5 Refresh process with H&SC partnership for requests received that relate to their services | |
| 20.7 Formalise long-term resource requirements for FOI administration | |
| 21.1 Organisation-wide Publication Scheme to be introduced <i>By Jul-21, Dec-21</i> | New action, to reflect ongoing improvement work Design to be agreed by July and implemented by end of 2021. |
| 21.2 Improve communications relating to FOISA work <i>By Dec-21</i> | New action, to reflect ongoing improvement work FOISA information papers detailing process and performance to go to EDG periodically, or when requested. Papers will then be used as SOPs and to support evidence of NHS Fife FOISA compliance. |

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

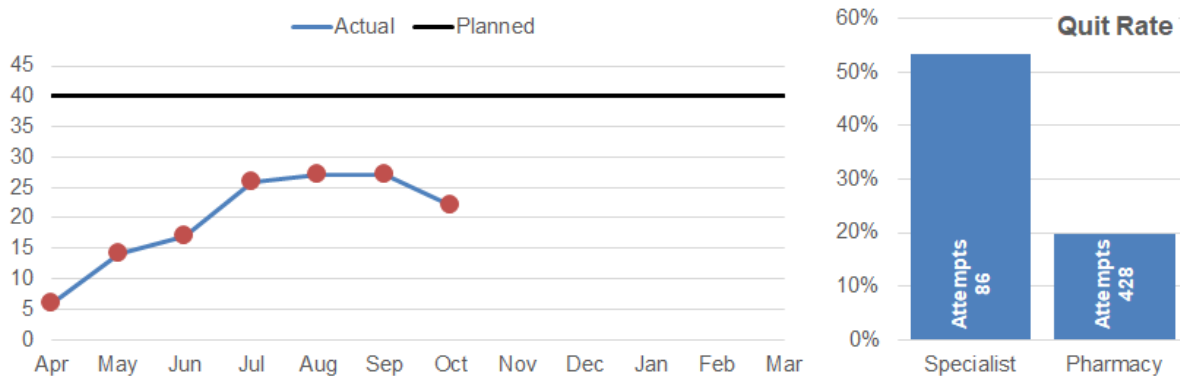
| Improvement Actions | Update |
|--|--|
| 20.1 Test a trusted assessors model for patients transferring to STAR/assessment beds | |
| 20.3 Moving On Policy to be implemented | The Moving on Procedure has been signed off and is now operational Action complete |
| 20.4 Improve flow of comms between wards 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. |
| 21.2 Develop virtual community HUB across east hospitals to include Ninewells Hospital By Mar-21 | Joint planning to ensure consistency of approach and shared communication across Teams |

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 | 26 | 27 | 27 | 22 | | | | | |
| | Actual Cumul | 6 | 20 | 37 | 63 | 90 | 117 | 139 | 139 | 139 | 139 | 139 | 139 |
| | Planned Cumul | 40 | 79 | 118 | 158 | 197 | 236 | 276 | 315 | 354 | 394 | 434 | 473 |
| | Achieved | 15.0% | 25.3% | 31.4% | 39.9% | 45.7% | 49.6% | 50.4% | 44.1% | 39.3% | 35.3% | 32.0% | 29.4% |
| Scotland | Achieved | | | | | | | | | | | | |

Key Challenges in 2020/21

- Service Provision within GP practices, hospitals and community venues
- Staffing levels due to redeployment and maternity leave
- Unavailability of mobile unit (re-deployed during pandemic)
- Building trust and confidence with client group
- Inability to validate quits as part of an evidence based service
- Limited interest from clients to engage with Near Me

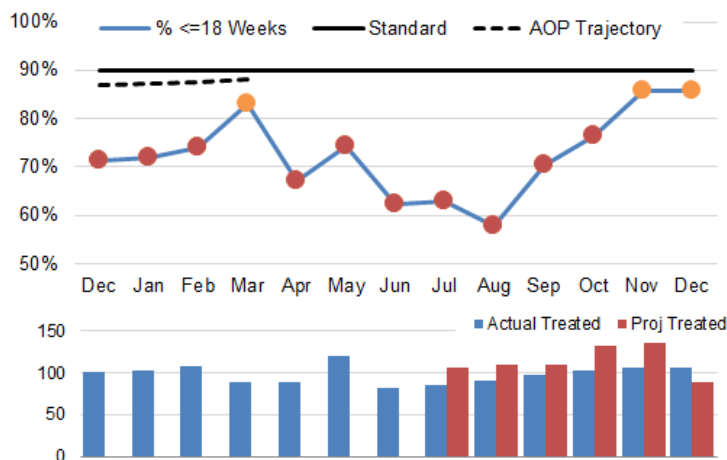
| Improvement Actions | Update |
|--|---|
| 20.2 Test Champix prescribing at point of contact within hospital respiratory clinic | The aim of this action is to test a model of delivery that allows a smoking cessation advisor sitting within clinic to enable direct access to Champix for patients attending clinic. Action paused due to COVID-19 |
| 20.3 'Better Beginnings' class for pregnant women <i>By Mar-21</i> | 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 | Action paused due to COVID-19 |
| 21.1 Assess use of Near Me to train staff <i>By Mar-21</i> | Near Me has been set up and clients are being offered this service, but there has been little uptake to date, possibly due to issues with IT availability and connectivity |
| 21.2 Support Colorectal Urology Prehabilitation Test of Change Initiative <i>By Mar-21</i> | Prehabilitation is a multimodal approach, which will minimise the risk of surgery being cancelled or SACT being delayed. It ensures patients are actively managed against the pathway, and is know to improve quality outcomes for patients. Patients identified as smokers and interested in quitting will have rapid access to support. |

Finance, Performance & Resources – Operational Performance

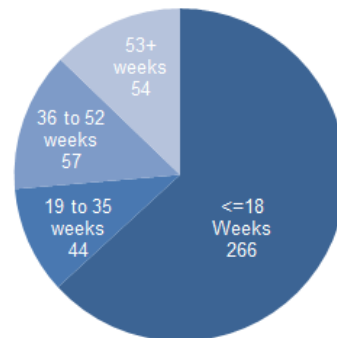
CAMHS 18 weeks RTT

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

Local Performance



Waiting List (421) Dec-20



National Benchmarking

| Month | 2019/20 | | | | 2020/21 | | | | | | | | |
|----------|---------|-------|-------|-------|---------|-------|-------|-------|-------|-------|-------|-------|-------|
| | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| NHS Fife | 71.3% | 71.8% | 74.1% | 83.1% | 67.0% | 74.2% | 62.2% | 62.8% | 57.8% | 70.4% | 76.5% | 85.8% | 85.8% |
| Scotland | 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

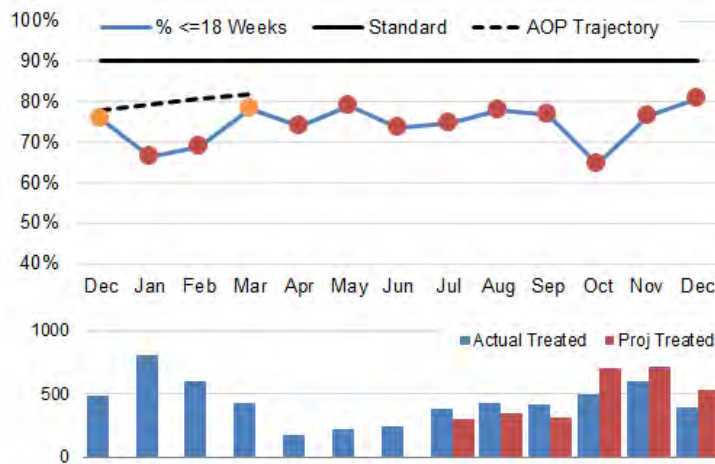
| Improvement Actions | Update |
|---|--|
| 20.1 Re-Introduction of PMHW First Contact Appointments System | All posts currently recruited to. PMHW service functioning at optimum capacity. Action complete |
| 20.2 Waiting List Additional Staffing Resource | |
| 20.3 Introduction of Team Leader Role | |
| 21.1 Re-design of Group Therapy Programme <i>By Mar-21 (was Dec-20)</i> | Due to COVID-19 restrictions, group-based face to face therapy work is not viable. Alternative delivery models of group therapy have been designed with Decider Skills Training now being delivered by CAMHS Self Harm Service as a pilot and Anxiety Management piloted with individuals prior to wider roll-out. |
| 21.2 Use Centralised Allocation Process | 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. Action complete |
| 21.3 Build CAMHS Urgent Response Team <i>By Mar-21</i> | 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, giving consideration to staffing and the COVID-19 position. |

Finance, Performance & Resources – Operational Performance

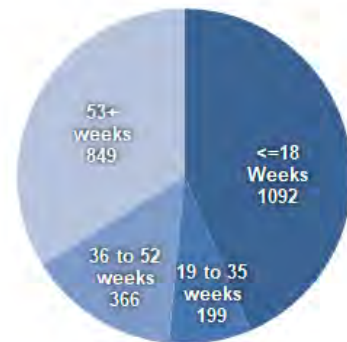
Psychological Therapies 18 weeks RTT

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

Local Performance



Waiting List (2506) Dec-20



National Benchmarking

| Month | 2019/20 | | | | 2020/21 | | | | | | | | |
|----------|---------|-------|-------|-------|---------|-------|-------|-------|-------|-------|-------|-------|-------|
| | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| NHS Fife | 75.8% | 66.6% | 69.0% | 78.4% | 74.2% | 79.2% | 73.6% | 74.5% | 77.9% | 77.0% | 64.7% | 76.3% | 80.8% |
| Scotland | 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)

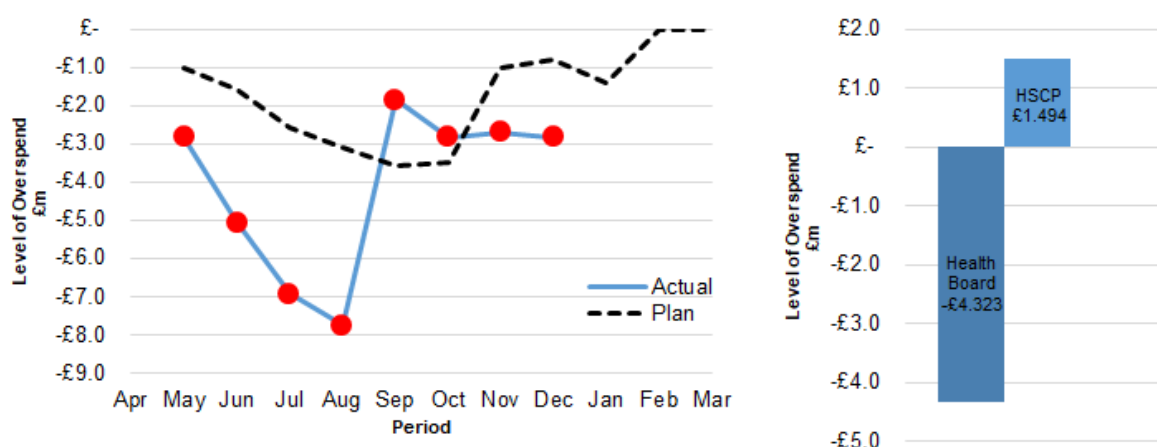
| Improvement Actions | Update |
|---|---|
| 20.2 Introduction of extended group programme in Primary Care | |
| 20.3 Redesign of Day Hospital provision | Redesign has been implemented and developments are underway relating to therapeutic provision – action complete |
| 20.4 Implement triage nurse pilot programme in Primary Care | Evaluation of service complete. Service found to have a positive impact meeting demand in Primary Care; to be valued by patients, and; with no unintended consequences of increased referrals to psychology service. Executive summary to be distributed. Action complete |
| 20.5 Trial of new group-based PT options By Mar-21 | 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 £'000 | CY £'000 | YTD £'000 | Actual £'000 | Variance £'000 | Variance % | Run Rate £'000 | Core Unmet Savings £'000 | Net Core Position £'000 | Covid Unmet Savings £'000 |
| Health Board | 419,840 | 452,905 | 323,129 | 327,452 | -4,323 | -1.34% | 1,975 | -76 | 1,899 | -6,222 |
| Integration Joint Board (Health) | 359,605 | 383,193 | 278,532 | 277,037 | 1,494 | 0.54% | 1,491 | 3 | 1,494 | 0 |
| Risk Share | 0 | 0 | 0 | 0 | 0 | 0.00% | 0 | 0 | 0 | 0 |
| Total | 779,445 | 836,098 | 601,661 | 604,490 | -2,829 | -0.47% | 3,466 | -73 | 3,393 | -6,222 |

Key Challenges in 2020/21

The balance of funding submission made to SG is based on a number of assumptions and encompasses key areas in respect of Covid-19 mobilisation plans; the Covid-19 vaccination scheme; and the Community Testing Programme. Close monitoring of actual activity and spend will take place over quarter 4 to ensure our operational activity and financial plans remain aligned in support of our target balanced outturn position.

| Improvement Actions | Update |
|---|--|
| 21.1 Local mobilisation plan <i>Ongoing throughout FY</i> | Partnering with the services to: <ul style="list-style-type: none"> Identify additional spend relating to Covid-19 Confirm final 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; the Covid-19 vaccination programme; and the Community Testing Programme |
| 21.2 Savings <i>By Jan-21</i> | It is anticipated unachieved savings will be fully funded by Scottish Government |

Commentary

The position to month 9 is an overspend of £2.829m. This comprises a run rate underspend position of £3.466m; unmet core savings of £0.073m; and anticipated underachievement of savings of £6.222m due to our focus on the Covid-19 pandemic.

Following discussion with Scottish Government on 15 January, we have revised our key assumptions

Finance, Performance & Resources – Finance

in assessing the impact of Covid-19 on the financial performance. Our key assumptions in informing our forecast outturn position have been updated to reflect: the return of offsetting cost reductions; and anticipated full funding of all unachieved savings. This is a change to our previous assumptions where it was assumed we would retain offsetting cost reductions to meet our unachieved savings.

The revenue position for the 9 months to 31 December reflects the initial Covid-19 funding received from SG; and match funds additional Covid-19 expenditure to December. The Covid-19 funding allocation covers Test and Protect; significant investment in equipment and digital; labs expansion; seasonal flu; Urgent Care redesign; staff health and wellbeing; staff occupational health requirements; and now extends to include the Covid-19 vaccination programme; and the Community Testing Programme. Whilst our initial allocation was based on 70% of costs; with a contingency held at the centre; we have recently (15 January and post month 9 close) submitted our balance of funding requirement to Scottish Government using informed assumptions at a point in time.

Following our discussion with Scottish Government which confirmed that unachieved savings will be fully funded across both Health and Social Care, the forecast outturn position to the year-end now also reflects a confirmed budget realignment from Health Delegated to Social Care of £4.1m. This budget realignment is fully funded from the Health Delegated forecast underspend position. Assuming our key assumptions do not change, and the Social Care forecast outturn remains at the current level, NHS Fife is not anticipating a risk share cost this year.

The forecast outturn to the year end is therefore updated to reflect: full funding of unachieved savings; budget realignment from Health Delegated to Social Care; and an anticipated zero risk share cost; and reflects a near balanced position.

The total Capital Resource Limit for 2020/21 is £13.348m including anticipated allocations for specific projects. The capital position for the 9 months to December records spend of £4.817m. The capital spend on the specific projects continues and is on track to spend in full.

1. Annual Operational Plan

- 1.1 Members are aware 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. The initial Covid-19 funding allocation was made in the September allocation letter with a further allocation expected early February as informed following our recent discussion with Scottish Government.

2. Financial Allocations

Revenue Resource Limit (RRL)

- 2.1 NHS Fife received confirmation of the December core revenue amount on 22 December. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £822.621m. Anticipated allocations total £4.142m.

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 December is therefore £836.097m as detailed in Appendix 1.

3. Summary Position

- 3.1 The revenue position for the 9 months to 31 December reflects an overspend of £2.829m.
- 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 £4.323m is attributable to Health Board retained budgets; and an underspend of £1.494m is attributable to the health budgets delegated to the IJB. The in-year position does not reflect the proposed budget realignment process which was agreed in January (and will be reflected in the next reporting month).

Finance, Performance & Resources – Finance

Table 1: Summary Financial Position for the period ended December 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 | 452,905 | -4,323 | -1.34% | 1,975 | -76 | 1,899 | -6,222 |
| Integration Joint Board (Health) | 383,193 | 1,494 | 0.54% | 1,491 | 3 | 1,494 | 0 |
| Risk Share | 0 | 0 | 0.00% | 0 | 0 | 0 | 0 |
| Total | 836,098 | -2,829 | -0.47% | 3,466 | -73 | 3,393 | -6,222 |

| 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 | 215,157 | -10,213 | -6.31% | -4,130 | 114 | -4,016 | -6,197 |
| IJB Non-Delegated | 8,659 | 88 | 1.36% | 113 | 0 | 113 | -25 |
| Estates & Facilities | 76,200 | 1,066 | 1.89% | 1,118 | -52 | 1,066 | 0 |
| Board Admin & Other Services | 42,247 | 681 | 2.56% | 819 | -138 | 681 | 0 |
| Non-Fife & Other Healthcare Providers | 90,973 | 995 | 1.46% | 995 | 0 | 995 | 0 |
| Financial Flexibility & Allocations | 22,010 | 3,020 | 100.00% | 3,020 | 0 | 3,020 | 0 |
| HB Offsets | 4,257 | 0 | 0.00% | 0 | 0 | 0 | 0 |
| Health Board | 459,503 | -4,363 | -1.35% | 1,935 | -76 | 1,859 | -6,222 |
| Integration Joint Board - Core | 421,066 | 1,408 | 0.44% | 1,405 | 3 | 1,408 | 0 |
| IJB Offsets | 3,602 | 0 | | 0 | 0 | 0 | 0 |
| Integration Fund & Other Allocations | 10,842 | 75 | 0.00% | 75 | 0 | 75 | 0 |
| Sub-total Integration Joint Board Core | 435,510 | 1,483 | 0.69% | 1,480 | 3 | 1,483 | 0 |
| IJB Risk Share Arrangement | 0 | 0 | | 0 | 0 | 0 | 0 |
| Total Integration Joint Board - Health | 435,510 | 1,483 | 0.69% | 1,480 | 3 | 1,483 | 0 |
| Total Expenditure | 895,013 | -2,880 | -0.43% | 3,415 | -73 | 3,342 | -6,222 |
| IJB - Health | -52,318 | 11 | -0.03% | 11 | 0 | 11 | 0 |
| Health Board | -6,598 | 40 | 9.98% | 40 | 0 | 40 | 0 |
| Miscellaneous Income | -58,916 | 51 | -0.13% | 51 | 0 | 51 | 0 |
| Net Position Including Income | 836,097 | -2,829 | -0.47% | 3,466 | -73 | 3,393 | -6,222 |

3.3 The position at month 9 is a core net underspend of £3.393m; and unmet savings of £6.222m (the impact of planned measures re Covid-19 on the delivery of planned Health Board savings).

3.4 Funding allocations of £11.583m and £5.045m have been allocated to HB and HSCP respectively to match April to December 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 £4.016m for the year to date**. This reflects an overspend in operational run rate performance of £4.130m, and overachieved savings of £0.114m per Table 2 below. The overall position is mainly driven by pay overspend in junior medical and dental staffing of £1.709m. Additional non pay cost pressures of £1.269m relate to medicines within Emergency Care. The balance is attributable to long standing over establishment of nursing posts within maternity. Various underspends across other areas of Acute arising from vacancies have helped to offset the level of overspend.

Table 2: Acute Division Financial Position for the period ended December 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 | 70,945 | 72,204 | 52,709 | 52,471 | 238 | 0.45% | -116 | 354 |
| Emergency Care & Medicine | 75,043 | 79,730 | 60,840 | 64,621 | -3,781 | -6.21% | -3,691 | -90 |
| Women, Children & Clinical Services | 55,262 | 55,875 | 41,760 | 42,840 | -1,080 | -2.59% | -675 | -405 |
| Acute Nursing | 607 | 627 | 471 | 423 | 48 | 10.19% | 48 | 0 |
| Other | 1,681 | 1,701 | 1,125 | 566 | 559 | 49.69% | 304 | 255 |
| Total | 203,538 | 210,137 | 156,905 | 160,921 | -4,016 | -2.56% | -4,130 | 114 |

Estates & Facilities

- 4.2 The Estates and Facilities budgets report an **underspend of £1.066m** 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 £0.681m**. As previously reported, this position includes unfunded costs of £0.069m related to 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 £0.995m** 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; and potential costs associated with a patient's treatment within the private sector.

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 released on a monthly basis. The **financial flexibility of £3.020m** released to the month 9 position is detailed in Appendix 4.

Integration Services

- 4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £1.483m for the year to date** (prior to any budget realignment). The underlying drivers for the run rate underspend include vacancies in sexual health and rheumatology, all AHP services, community nursing, health visiting, psychology, community and general dental services across Fife Wide Division. Additional underspends are reflected in East Division following service redesign, and also against vacancies in community services and administrative posts.
- 4.7 The delegated health budgets per 4.6 above remain consistent with our reported opening budgets following due governance process, and follow consistent accounting and reporting assumptions from the outset of this financial year. However given we now anticipate unachieved savings will be funded in full; this will allow a budget realignment and cash transfer to take place from Health Delegated to Social Care of £4.1m. This will align the reporting for both partners, NHS Fife and Fife Council and will be reflected in our M10 report.

Income

- 4.8 A small over recovery in income of £0.051m is shown for the year to date.

5. Pan Fife Analysis

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

Table 3: Subjective Analysis for the Period ended December 2020

| Combined Position | Annual Budget | Budget | Actual | Net (Over)/Under |
|----------------------|----------------|----------------|----------------|------------------|
| Pan-Fife Analysis | £'000 | £'000 | £'000 | £'000 |
| Pay | 402,101 | 299,892 | 301,242 | -1,350 |
| GP Prescribing | 70,607 | 52,834 | 53,646 | -811 |
| Drugs | 32,952 | 25,112 | 25,602 | -491 |
| Other Non Pay | 366,171 | 266,897 | 263,925 | 2,972 |
| Efficiency Savings | -9,669 | -6,295 | 0 | -6,295 |
| Commitments | 32,852 | 3,095 | 0 | 3,095 |
| Income | -58,916 | -39,874 | -39,925 | 51 |
| Net overspend | 836,098 | 601,661 | 604,490 | -2,829 |

Pay

- 5.2 The overall pay budget reflects an overspend of £1.350m. The majority of the overspend is within medical & dental staff with small offsetting underspends across other pay heads with the exception of nursing and midwifery & 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 8,005 wte across all staff groups, there was an average 8,220 wte core staff in post in December. 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 £1.302m on medicines. The GP prescribing budget is overspend in-year by £0.811m with a forecast overspend of £1.1m. 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 has not been possible 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. The position to month 9 reflects £0.935m recharged to Covid costs, 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.

Acute medicines have an overspend of £1.012m, with a forecast of £1.971m. The main overspend to date is in Neurology at £0.490m, where a high cost drug is being used by a small number of patients and is an ongoing cost pressure from prior years. However in 20/21 Dermatology, GI and Respiratory started to present increased costs due to the volume of patients being treated and new drugs that are being made available. The forecast assumes the overspending trajectory will continue, with an additional pressure of £600k for Haematology drugs which exceed the funding available from the new medicines reserve.

Finance, Performance & Resources – Finance

Other Non Pay

- 5.5 Other non pay budgets across NHS Fife are collectively underspent by £2.972m. 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 at that time excluded 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 9 months to December. A summary of Covid-19 funding is attached at Appendix 5.
- 6.2 Funding of £7.7m has also been received 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 was received in the October allocation letter.
- 6.4 Following discussion with Scottish Government colleagues on 15 January our key assumptions have been updated to reflect: the return (as opposed to retention) of offsetting cost reduction benefits; and anticipate full funding of unachieved savings. The latter assumption has been made following our detailed submission by scheme to inform Scottish Government's review of Boards' unachieved efficiency savings.

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. 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. Our planning assumptions reflected an anticipated achievable £11.7m of the target, with a resulting £8.3m underachievement of savings. Good progress has been made to month 9, to support the delivery of the full £11m.
- 7.2 In addition to the £20.015m savings target, the IJB identified an additional savings target of £1.8m which was to be met from Health Delegated. This was linked to the budget realignment exercise described in 4.7 above; and will be funded through the wider LMP process.
- 7.3 Table 4 summaries the position for the 9 months to December.

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 Dec £'000 | Forecast / Unidentified to March £'000 |
|------------------------|-------------------------------|--------------------------------------|--|--|--|---------------------------------------|---|
| Health Board | 14,868 | 6,572 | 8,296 | 1,142 | 4,143 | 5,285 | 1,287 |
| Integrated Joint Board | 5,147 | 5,147 | 0 | 2,520 | 2,541 | 5,061 | 86 |
| IJB additional savings | 1,800 | 0 | 1,800 | 0 | 0 | 0 | 0 |
| Total Savings | 21,815 | 11,719 | 10,096 | 3,662 | 6,684 | 10,346 | 1,373 |

8 Forecast

- 8.1 There is a significant change to our forecast outturn position following discussion with Scottish Government. Our key assumptions have been amended to reflect the return of offsetting cost reductions; and assumes unachieved savings will be fully funded by Scottish Government (which extends to Social Care unachieved savings). The impact of the full funding of unachieved savings allows a budget realignment process to take place on a non-recurring basis from Health Delegated to Social Care. The impact of full funding of Social Care savings, and the budget realignment exercise means the previously reported Social Care significant overspend changes to a balanced position. In tandem the Health Delegated previously reported underspend position changes to a balanced position. Taken together; assuming there is no further change to key assumptions and the Social Care forecast, NHS Fife does not anticipate a risk share cost this year (albeit a small risk share is likely given both partners are unlikely to balance exactly to zero). Overall this informs the delivery of a significantly improved position with a balanced year end outturn position.
- 8.2 Notwithstanding the positive arrangements now forecast for this year, NHS Fife and Fife Council continue to review the Integration Scheme and in particular the risk share agreement to inform arrangements moving forward.
- 8.3 The forecast outturn to the year end is a breakeven position and will be reported to Scottish Government in the Monthly Performance Return (FPR). The component parts which inform the forecast outturn are detailed in Table 5.

Table 5 – Forecast Outturn Position

| Forecast Outturn | Run Rate £'000 | Offsets £'000 | Savings £'000 | Risk Share £'000 | Total £'000 |
|--|-------------------|------------------|------------------|---------------------|----------------|
| Acute Services Division | -6,893 | 3,743 | -8,263 | 0 | -11,413 |
| IJB Non-Delegated | 89 | 0 | -33 | 0 | 56 |
| Estates & Facilities | 1,190 | 463 | 0 | 0 | 1,653 |
| Board Admin & Other Services | 1,446 | 51 | 0 | 0 | 1,497 |
| Non-Fife & Other Healthcare Providers | 395 | 0 | 0 | 0 | 395 |
| Financial Flexibility | 3,846 | 0 | 0 | 0 | 3,846 |
| Miscellaneous Income | 100 | 0 | 0 | 0 | 100 |
| Savings funding | | | 8,296 | | 8,296 |
| Health Board Retained Budgets | 173 | 4,257 | 0 | 0 | 4,430 |
| | | | | | 0 |
| IJB Delegated Health Budgets | 2,088 | 3,603 | 0 | 0 | 5,691 |
| Budget realignment Health delegated to Social Care | -4,100 | 0 | | | -4,100 |
| Savings funding | | | 1,800 | | 1,800 |
| Integration Fund & Other Allocations | 0 | 0 | 0 | 0 | 0 |
| | | | | | 0 |
| Total IJB Delegated Health Budgets | -2,012 | 3,603 | 1,800 | 0 | 3,391 |
| | | | | | 0 |
| Offsetting cost reductions - return to SG | 0 | -7,860 | 0 | 0 | -7,860 |
| | | | | | 0 |
| Total Forecast Outturn | -1,839 | 0 | 1,800 | 0 | -39 |

9 Key Messages / Risks

- 9.1 The month 9 position reflects an overspend of £2.829m; which comprises a core underspend of £3.393m; and unmet savings of £6.222m. All other additional Covid-19 costs for April to December have been match funded from the initial SG allocation received in September.

- 9.2 Our key assumptions in assessing the impact of Covid-19 on financial performance have been updated. The return of offsetting cost reductions; and the anticipated full funding of unachieved savings, also allows a budget realignment exercise to take place between Health Delegated and Social Care. The resulting impact is a forecast balanced position across both partners which means that the significant risk share cost to NHS Fife previously reported is removed.
- 9.3 The forecast outturn position to the year-end reflects our target balanced position and confirmation of our balance of funding to reflect our key updated assumptions is expected in early February.

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 £2.829m for the 9 months to December
 - **Note** that initial funding allocations for Covid-19 reflected in the month 9 position match fund additional costs to month 9; and that we have signposted to SG our anticipated balance of funding to allow a cost neutral Covid-19 position
 - **Note** the significant progress made; and the updated key assumptions which inform a forecast balanced outturn year end position.

Finance, Performance & Resources – Finance

Appendix 1: Revenue Resource Limit

| | | Baseline Recurring £'000 | Earmarked Recurring £'000 | Non- Recurring £'000 | Total £'000 | Narrative |
|-------------|---|--------------------------------|---------------------------------|----------------------------|----------------|--|
| | Apr-20 Initial Baseline Allocation | 701,537 | | | 701,537 | Includes 20-21 uplift |
| | May-20 Confirmed Allocations | -1,307 | | 3,413 | 2,106 | |
| | Jun-20 Confirmed Allocations | | | -534 | -534 | |
| | Jul-21 Confirmed Allocations | | | 5,614 | 5,614 | |
| | Aug-20 Confirmed Allocations | | 9,474 | 1,547 | 11,021 | |
| | Sep-20 Confirmed Allocations | -69 | 56,750 | 32,764 | 89,445 | |
| | Oct-20 Confirmed Allocations | | 2,528 | 3,668 | 6,196 | |
| | Nov-20 Confirmed Allocations | | | 117 | 117 | |
| | Dec-20 Disestablishment of 4 year GPST programme | | | 10 | 10 | Specific allocation adjustment in conjunction with NES |
| | GJNH - Board's SLA | | | -25 | -25 | Relates to Fife activity at Golden Jubilee |
| | Contribution to Global Sum | | -187 | | -187 | Annual Adjustment |
| | PCIF Tranche 2 | | 2,222 | | 2,222 | In line with submission |
| | Adult Social care Winter Plan | | | 4,360 | 4,360 | As per SG Letter |
| | ASC Nurse Director support IPC | | | 527 | 527 | As per SG Letter |
| | Carry Forward of 19/20 core revenue surplus | | | 60 | 60 | Annual Accounts now presented to Parliament |
| | District Nurse Posts | | 152 | | 152 | |
| | | | | | | |
| | | | | | | |
| | Total Core RRL Allocations | 700,161 | 70,939 | 51,521 | 822,621 | |
| | | | | | | |
| Anticipated | Distinction Awards | | 162 | | 162 | |
| Anticipated | Research & Development | | 243 | | 243 | |
| Anticipated | NSS Discovery | | -39 | | -39 | |
| Anticipated | NDC Contribution | | -840 | | -840 | |
| Anticipated | Family Nurse Partnership | | 28 | | 28 | |
| Anticipated | GP pension | | 85 | | 85 | |
| Anticipated | COVID 19- GP Payments | | | 233 | 233 | |
| Anticipated | COVID 19 | | | 4,804 | 4,804 | |
| Anticipated | Top Slice NSS | | -966 | | -966 | |
| Anticipated | Public Health Team | | | 264 | 264 | |
| Anticipated | Capital to Revenue | | | 168 | 168 | |
| | | | | | | |
| | Total Anticipated Core RRL Allocations | 0 | -1,327 | 5,469 | 4,142 | |
| | | | | | | |
| 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 | 69,612 | 66,324 | 836,097 | |

Finance, Performance & Resources – Finance

Appendix 2: Corporate Directories – Core Position

| | CY Budget £'000 | YTD Budget £'000 | YTD Actuals £'000 | YTD Variance £'000 |
|-------------------------------------|--------------------|---------------------|----------------------|-----------------------|
| Digital & Information | 12,856 | 9,617 | 9,687 | -70 |
| Nhs Fife Chief Executive | 211 | 158 | 197 | -39 |
| Nhs Fife Finance Director | 6,435 | 4,800 | 4,366 | 434 |
| Nhs Fife Medical Director | 7,478 | 4,752 | 4,610 | 143 |
| Nhs Fife Nurse Director | 4,104 | 3,015 | 2,777 | 238 |
| Legal Liabilities | -17,606 | -18,661 | -18,642 | -20 |
| Early Retirements & Injury Benefits | 814 | 610 | 573 | 37 |
| Regional Funding | 275 | 200 | 168 | 32 |
| Depreciation | 17,634 | 13,536 | 13,536 | 0 |
| Nhs Fife Public Health | 2,399 | 1,727 | 1,767 | -41 |
| Nhs Fife Workforce Directorate | 3,184 | 2,381 | 2,345 | 37 |
| Nhs Fife Major Incident - Flooding | | | 69 | -69 |
| Total | 37,785 | 22,134 | 21,453 | 681 |

Appendix 3: Service Agreements

| | CY Budget £'000 | YTD Budget £'000 | YTD Actuals £'000 | YTD Variance £'000 |
|----------------------------|--------------------|---------------------|----------------------|-----------------------|
| Health Board | | | | |
| Ayrshire & Arran | 98 | 73 | 71 | 2 |
| Borders | 45 | 34 | 41 | -7 |
| Dumfries & Galloway | 25 | 19 | 42 | -23 |
| Forth Valley | 3,179 | 2,385 | 2,664 | -279 |
| Grampian | 359 | 269 | 229 | 40 |
| Greater Glasgow & Clyde | 1,655 | 1,241 | 1,219 | 22 |
| Highland | 135 | 101 | 149 | -48 |
| Lanarkshire | 114 | 86 | 185 | -99 |
| Lothian | 31,518 | 23,639 | 22,105 | 1,534 |
| Scottish Ambulance Service | 101 | 75 | 77 | -2 |
| Tayside | 41,096 | 30,822 | 30,478 | 344 |
| | 78,325 | 58,744 | 57,260 | 1,484 |
| UNPACS | | | | |
| Health Boards | 10,627 | 7,970 | 8,263 | -293 |
| Private Sector | 1,245 | 934 | 1,534 | -600 |
| | 11,872 | 8,904 | 9,797 | -893 |
| OATS | | | | |
| | 711 | 533 | 131 | 402 |
| Grants | | | | |
| | 65 | 65 | 63 | 2 |
| Total | 90,973 | 68,246 | 67,251 | 995 |

Appendix 4 - Financial Flexibility & Allocations

| | CY Budget £'000 | Flexibility Released to Dec-20 £'000 |
|---------------------------------|--------------------|--|
| Financial Plan | | |
| Drugs | 1,292 | 0 |
| CHAS | 0 | 0 |
| Unitary Charge | 100 | 53 |
| Junior Doctor Travel | 28 | 15 |
| Cost Pressures | 2,073 | 815 |
| Developments | 4,338 | 2,131 |
| | | |
| Sub Total Financial Plan | 7,831 | 3,014 |
| Allocations | | |
| Waiting List | 2,485 | 0 |
| AME: Impairment | 640 | 0 |
| AME: Provisions | -110 | 0 |
| Neonatal Transport | 10 | 6 |
| Cancer Access | 296 | 0 |
| Endoscopy | 90 | 0 |
| ARISE | 68 | 0 |
| Covid 19 | 8,037 | 0 |
| MPPP Respiratory Projects | 29 | 0 |
| Winter Funding | 661 | 0 |
| 6 essential actions | 457 | 0 |
| Redesign urgent care | 639 | 0 |
| Capital to revenue | 168 | 0 |
| Value Improvement Fund | 21 | 0 |
| Baby Bliss | 5 | 0 |
| Best Start | 47 | 0 |
| MRI Van | 39 | 0 |
| Disestablished GPST | 10 | 0 |
| Carry Forward from 19/20 | 60 | 45 |
| ASC Nurse Director Support | 527 | 0 |
| Sub Total Allocations | 14,179 | 6 |
| | | |
| Total | 22,010 | 3,020 |

Finance, Performance & Resources – Finance

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 | 4,804 | | 5,287 | 10,091 | | |
| Total funding | 27,344 | 6,546 | 9,745 | 43,635 | 999 | 1,559 |
| Allocations made for Apr to Dec | | | | | | |
| Planned Care & Surgery | 1,734 | | | 1,734 | | |
| Emergency Care & Medicine | 2,205 | | | 2,205 | | |
| Women, Children & Clinical Services | 1,063 | | | 1,063 | | |
| Acute Nursing | 17 | | | 17 | | |
| Estates & Facilities | 1,448 | | | 1,448 | | |
| Board Admin & Other Services | 3,601 | | | 3,601 | | |
| Income | 682 | | | 682 | | |
| Test and Protect | 833 | | | 833 | | |
| West Division | | 1,712 | | 1,712 | | |
| Pharmacy Division | | 66 | | 66 | | |
| Fife Wide Division | | 1,320 | | 1,320 | | |
| East Division | | 835 | | 835 | | |
| Primary Care | | 1,112 | | 1,112 | | 1,559 |
| Social Care | | | 1,923 | | | |
| Total allocations made to M9 | 11,583 | 5,045 | 1,923 | 16,628 | 0 | 1,559 |
| Elective / Planned Care | 7,724 | | | 7,724 | | |
| Capital | | | | | 999 | |
| Total | 19,307 | 5,045 | 1,923 | 24,352 | 999 | 1,559 |
| Balance In Reserves | 3,233 | 1,501 | 2,535 | 9,192 | 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 £13.348m including anticipated allocations for specific projects. The capital position for the 9 months to December records spend of £4.817m equivalent to 36.09% of the total allocation. The capital spend on the specific projects is on track to spend in full.

Current Challenges

The medium-term programme of work required to address all aspects of backlog maintenance, statutory compliance, equipment replacement, and investment in technology considerably outstrips capital resource limit available. Careful assessments are made each financial year to allocate the resource limit to key areas of priority.

| Improvement Actions | Update |
|---|---|
| 21.1 Managing expenditure programme within resources available <i>By Mar-21</i> | Risk management approach adopted across all categories of spend |

1. Annual Operational Plan

- 1.1 The capital plan for 2020/21 has been approved by the FP&R Committee and the NHS Fife Board. NHS Fife received a capital allocation of £7.394m in the August allocation letter, and allocations of: £0.999k for Covid equipment in the September allocation letter; £0.381m for Cancer Waiting Times equipment; £2.008m for radiology in the November allocation letter; and £0.400m for Hospital Eye Service in the December allocation letter. We further anticipate allocations of: £2.2m for the Elective Orthopaedic Centre; HEPMA £0.025m; Lochgelly Health Centre £0.025m; Kincardine Health Centre £0.025m; capital to revenue transfer of £(0.168)m and an allocation of £0.06m for radiology. The total capital plan is therefore £13.348m.

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 The summary expenditure position across all projects is 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 £4.817m or 36.09% 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 | £1.726m |
| Equipment | £1.269m |
| E-health | £0.677m |
| Elective Orthopaedic Centre | £0.901m |

4. Capital Expenditure Outturn

- 4.1 As we near the end of quarter 3, it is 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 December 2020 of £4.817m and the forecast year end spend of the total capital resource allocation of £13.348m.

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 | 287 | 129 | 287 |
| Statutory Compliance | 150 | 109 | 150 |
| Capital Equipment | 114 | 31 | 114 |
| Covid Community Equipment | 26 | 26 | 26 |
| Condemned Equipment | 0 | 0 | 0 |
| Total Community & Primary Care | 577 | 295 | 577 |
| ACUTE SERVICES DIVISION | | | |
| Statutory Compliance | 2,855 | 1,552 | 2,855 |
| Capital Equipment | 2,273 | 205 | 2,273 |
| Covid Acute Equipment | 973 | 674 | 973 |
| Minor Works | 198 | 62 | 198 |
| Cancer Waiting Times Equipment | 381 | 243 | 381 |
| Hospital Eye Service | 400 | 0 | 400 |
| Radiology Funding | 2,009 | 0 | 2,009 |
| Condemned Equipment | 91 | 91 | 91 |
| Total Acute Services Division | 9,179 | 2,827 | 9,179 |
| NHS FIFE WIDE SCHEMES | | | |
| Equipment Balance | 33 | 0 | 33 |
| Information Technology | 1,041 | 677 | 1,041 |
| Minor Works | 13 | 0 | 13 |
| Statutory Compliance | 49 | 0 | 49 |
| Contingency | 0 | 0 | 0 |
| Asbestos Management | 85 | 0 | 85 |
| Fire Safety | 85 | 65 | 85 |
| Scheme Development | 60 | 12 | 60 |
| Vehicles | 60 | 25 | 60 |
| Capital In Year Contingency (EDG) | 0 | 0 | 0 |
| Total NHS Fife Wide Schemes | 1,426 | 779 | 1,426 |
| TOTAL CONFIRMED ALLOCATION FOR 2020/21 | 11,182 | 3,900 | 11,182 |
| ANTICIPATED ALLOCATIONS 2020/21 | | | |
| Elective Orthopaedic Centre | 2,200 | 901 | 2,200 |
| Capital to Revenue Transfer | -168 | 0 | -168 |
| Radiology Funding | 59 | 0 | 59 |
| HEPMA | 25 | 8 | 25 |
| Lochgelly Health Centre | 25 | 8 | 25 |
| Kincardine Health Centre | 25 | 0 | 25 |
| Anticipated Allocation for 2020/21 | 2,166 | 917 | 2,166 |
| Total Anticipated Allocation for 2020/21 | 13,348 | 4,817 | 13,348 |

Finance, Performance & Resources – Finance

Appendix 2: Capital Plan - Changes to Planned Expenditure

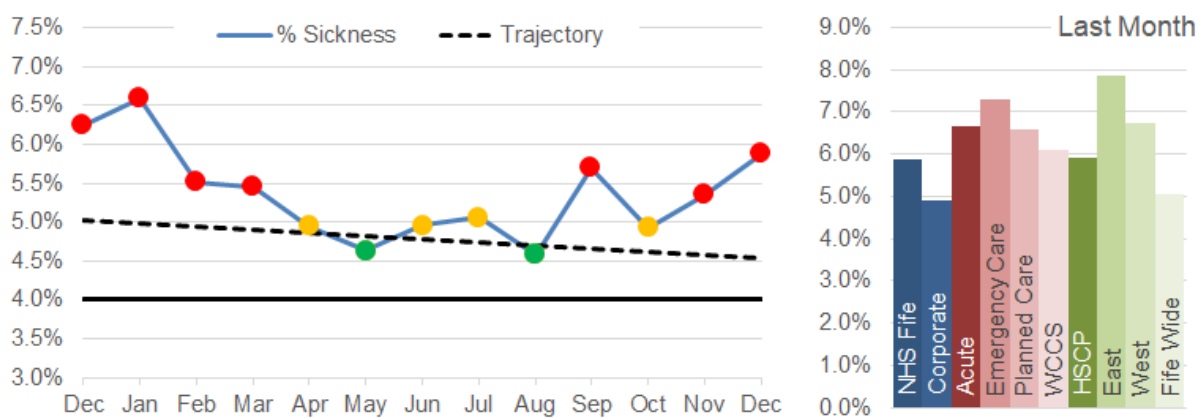
| Capital Expenditure Proposals 2020/21 | Pending Board Approval | Cumulative Adjustment to November | December Adjustment | Total December |
|--|------------------------|-----------------------------------|---------------------|----------------|
| Routine Expenditure | £'000 | £'000 | £'000 | £'000 |
| Community & Primary Care | | | | |
| Capital Equipment | 0 | 31 | 0 | 31 |
| Condemned Equipment | 0 | 0 | 0 | 0 |
| Minor Capital | 0 | 287 | 0 | 287 |
| Covid Equipment | 0 | 27 | 0 | 27 |
| Statutory Compliance | 0 | 150 | 0 | 150 |
| Total Community & Primary Care | 0 | 495 | 0 | 495 |
| Acute Services Division | | | | |
| Capital Equipment | 0 | 908 | 0 | 908 |
| Condemned Equipment | 0 | 91 | 0 | 91 |
| Cancer Waiting Times Equipment | 0 | 381 | 0 | 381 |
| Minor Capital | 0 | 193 | 0 | 193 |
| Hospital Eye Service | 0 | 0 | 400 | 400 |
| Covid 19 Acute Equip | 0 | 972 | 0 | 972 |
| Radiology Funding | 0 | 2,008 | 0 | 2,008 |
| Statutory Compliance | 0 | 3,224 | 0 | 3,224 |
| | 0 | 7,776 | 400 | 8,176 |
| Fife Wide | | | | |
| Backlog Maintenance / Statutory Compliance | 3,569 | -3,504 | 0 | 65 |
| Fife Wide Equipment | 2,036 | -940 | 0 | 1,096 |
| Information Technology | 1,041 | 0 | 0 | 1,041 |
| Minor Work | 498 | -480 | 0 | 18 |
| Fife Wide Contingency Balance | 100 | -100 | 0 | 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 Vehicles | 0 | 60 | 0 | 60 |
| Capital In Year Contingency | 0 | 0 | 0 | 0 |
| Total Fife Wide | 7,394 | -4,883 | 0 | 2,511 |
| Total | 7,394 | 3,387 | 400 | 11,181 |
| ANTICIPATED ALLOCATIONS 2020/21 | | | | |
| Elective Orthopaedic Centre | 2,200 | 0 | 0 | 2,200 |
| Capital to Revenue Transfer | -168 | 0 | 0 | -168 |
| Radiology Funding | 60 | 0 | 0 | 60 |
| HEPMA | 25 | 0 | 0 | 25 |
| Lochgelly Health Centre | 25 | 0 | 0 | 25 |
| Kincardine Health Centre | 25 | 0 | 0 | 25 |
| Anticipated Allocation for 2020/21 | 2,167 | 0 | 0 | 2,167 |
| Total Planned Expenditure for 2020/21 | 9,561 | 3,387 | 400 | 13,348 |

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 | | | | | | | |
|----------|---------|-------|-------|-------|-------|---------|-------|-------|-------|-------|-------|-------|-------|
| | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| NHS Fife | 6.25% | 6.59% | 5.51% | 5.46% | 4.95% | 4.64% | 4.96% | 5.06% | 4.58% | 5.69% | 4.93% | 5.35% | 5.87% |
| Scotland | 5.83% | 5.99% | 5.27% | 5.20% | 4.57% | 4.54% | 4.49% | 4.57% | 4.64% | 4.96% | 4.93% | 4.96% | 5.18% |

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 | |
| 20.2 Early OH intervention for staff absent from work due to a Mental Health related reason By Mar-21 | <p>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 mental health support to staff during the pandemic. This provides OH clinicians the option of referring employees for interventions which will help support them in the workplace.</p> <p>High level staff feedback indicates that those who have received support to date found it beneficial and it has helped some staff to return to work earlier and for others to remain at work. This is based on the 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.</p> <p>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 Promoting Attendance training and a foundation of the COVID-19 resources.</p> <p>These initiatives have been supplemented and complemented by the additional support and inputs via Psychology and other services during the pandemic. These services may be included in a much broader evaluation of staff support requirements being taken forward by the Staff Support and Wellbeing Sub Group of the Silver Command Workforce Group and their successors.</p> |
| 21.1 Once for Scotland Promoting Attendance | The purpose of this action is to provide training and support, in partnership, for managers and supervisors on the new policy and the standardised |

| Staff Governance | |
|---|---|
| Policy <i>By Mar-21</i> | <p>approaches within it, which was just being implemented at the start of the pandemic. Sessions were delivered across Fife when the policy was launched.</p> <p><u>Note</u> - 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.</p> |
| 21.2 Review the function of the Promoting Attendance Group <i>By Mar-21</i> | <p>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.</p> <p>Work on this continues for implementation from April 2021.</p> |
| 21.3 Restart Promoting Attendance Panels | |

MARGO MCGURK

Director of Finance and Performance

17th February 2021

Prepared by:

SUSAN FRASER

Associate Director of Planning & Performance

Appendix 1: NHS Fife Remobilisation Activity to end of Jan 2021

Higher than Projected
Lower than Projected

| | | Quarter End | | Quarter End | | Month End | | | Quarter End |
|--|-----------|-------------|--------|-------------|--------|-----------|--------|--|-------------|
| | | Sep-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Mar-21 | | |
| TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart) | Projected | 2,040 | 3,044 | 1,071 | 1,063 | 1,086 | 3,220 | | |
| | Actual | 2,587 | 2,927 | 552 | 0 | 0 | | | |
| | Variance | 547 | -117 | -519 | | | | | |
| OP Referrals Accepted (Definitions as per Waiting Times Datamart) | Projected | 14,042 | 22,565 | 7,261 | 7,303 | 7,342 | 21,906 | | |
| | Actual | 15,801 | 17,799 | 4,952 | | | | | |
| | Variance | 1,759 | -4,766 | -2,309 | | | | | |
| New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart) | Projected | 13,602 | 20,630 | 7,321 | 7,386 | 7,500 | 22,208 | | |
| | Actual | 11,852 | 15,560 | 4,228 | | | | | |
| | Variance | -1,750 | -5,070 | -3,093 | -7,386 | -7,500 | | | |
| Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information) | Projected | 1,648 | 2,296 | 848 | 848 | 848 | 2,544 | | |
| | Actual | 1,110 | 1,258 | 407 | | | | | |
| | Variance | -538 | -1,038 | -441 | | | | | |
| Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information) | Projected | 10,074 | 11,450 | 3,450 | 3,700 | 3,700 | 10,850 | | |
| | Actual | 11,264 | 10,835 | 2,797 | | | | | |
| | Variance | 1,190 | -615 | -653 | | | | | |
| A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart) | Projected | 21,495 | 21,705 | 7,230 | 6,990 | 7,590 | 21,810 | | |
| | Actual | 20,303 | 17,073 | 4,434 | | | | | |
| | Variance | -1,192 | -4,632 | -2,796 | | | | | |
| Number of A&E 4-Hour Breaches (Definitions as per Scottish Government Unscheduled Care Datamart) | Projected | 775 | 1,000 | 390 | 325 | 270 | 985 | | |
| | Actual | 815 | 1,310 | 440 | | | | | |
| | Variance | 40 | 310 | 50 | | | | | |
| Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart) | Projected | 9,225 | 10,100 | 3,450 | 3,220 | 3,300 | 9,970 | | |
| | Actual | 8,752 | 8,649 | 2,793 | | | | | |
| | Variance | -473 | -1,451 | -657 | | | | | |
| Admissions via A&E (Definitions as per Scottish Government Unscheduled Care Datamart) | Projected | 4,354 | 4,350 | 1,400 | 1,330 | 1,430 | 4,160 | | |
| | Actual | 4,467 | 4,227 | 1,329 | | | | | |
| | Variance | 113 | -123 | -71 | | | | | |
| Urgent Suspicion of Cancer - Referrals Received (SG Management Information) | Projected | 2,195 | 2,140 | 750 | 770 | 800 | 2,320 | | |
| | Actual | 2,097 | 2,481 | 742 | | | | | |
| | Variance | -98 | 341 | -8 | | | | | |
| 31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics) | Projected | 309 | 309 | 103 | 103 | 103 | 309 | | |
| | Actual | 275 | 281 | | | | | | |
| | Variance | -34 | -28 | | | | | | |
| CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics) | Projected | 325 | 356 | 104 | 105 | 86 | 295 | | |
| | Actual | 274 | 314 | | | | | | |
| | Variance | -51 | -42 | | | | | | |
| Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics) | Projected | 970 | 1,956 | 724 | 745 | 516 | 1,985 | | |
| | Actual | 1,233 | 1,498 | | | | | | |
| | Variance | 263 | -458 | | | | | | |

| | | Month End | Month End | Month End | | | Month End |
|--|-----------|-----------|-----------|-----------|--------|--------|-----------|
| | | Sep-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Mar-21 |
| Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) ¹ | Projected | 79 | 79 | 88 | 83 | 74 | 74 |
| | Actual | 75 | 51 | 75 | | | |
| | Variance | -4 | -28 | -13 | | | |

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

Final Report for ICC on 03 February 2021 (Validated Data up to 31st December 2020)

Section 1– Board Wide Issues

Key Healthcare Associated Infection Headlines up to 02 December 2020

1. Achievements:

The IPCT are continuing to support the professional development and expertise of team members, with staff participating in post graduate study with the University of Dundee, working towards specialist qualification in Infection prevention and Control and towards the MSc Infection Prevention and Control

The design of healthcare environments is very topical in Scotland following the challenges identified in two newly built hospitals. 2 NHS Fife IPC team members have been nominated and accepted for placements on a new MSc module with the University of Highland and Islands; The Built Environment. The course covers:

- Hospital design/build and maintenance
- Ventilation and water systems
- Management of incidents

This CPD award will provide learners with skills to deal with scenarios that might arise during the design, planning, construction and maintenance of healthcare facilities and to understand the role of these elements in relation to prevention and control of infection.

The IPCT are happy to be welcoming 3 new trainee IPCNs to the team commencing February 2021.

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

Annual rates ending Sept 2020 showed a **DECREASE** from Sept 2019.

Fife was **BELOW** the National rates for **CAI** 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 and Fife is now **BELOW** the national rate for PWID SABs:

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

For Q3 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.

Workforce continues to be challenging, with 2 IPCNs have now left our service to follow different career pathways. The IPCT have also been unsuccessful in recruiting to the substantive post of Lead IPCN in 2020. As a result the IPCT workforce has been added to the risk register.

However there is a recruitment drive to full fill current vacancies and to recruit to new posts created to support care homes currently in progress.

**Final Report for ICC on 03 February 2021
(Validated Data up to 31st December 2020)**

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

Winter planning and preparedness has been the key focus for the IPCT, as the second wave of the pandemic begins to ease, the IPCT shall support the safe remobilization of services.

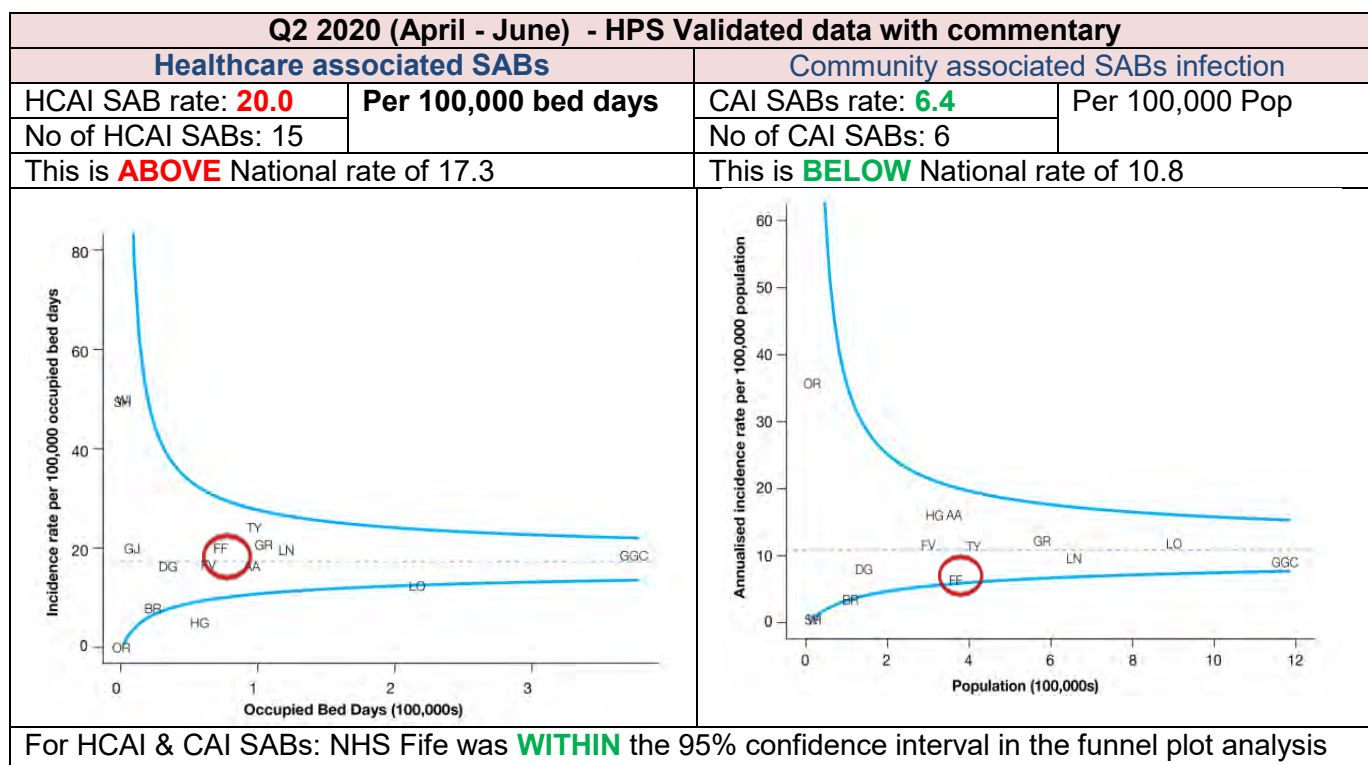
- The IPCT shall undertake patient contact tracing in the hospital environment for patients and support Occupational Health where necessary with HCWs
- The IPCT shall support clinical teams with outbreak management in NHS Fife, Problem Assessment Groups (PAGs) and Incident Management Teams (IMTs) meeting to be held for NHS Fife outbreaks and reported to Health Protection Scotland accordingly, requesting support as required.
- Providing a programme of education and training
- Supporting the vaccination programme- Bronze logistics group
- Membership of the following local NHS Fife groups: HCT, STAC, LRP and Remobilisation
- NHS Fife IPCT representatives at the weekly national meeting with HPS/ARHAI Scotland

**Final Report for ICC on 03 February 2021
(Validated Data up to 31st December 2020)**

2. Staphylococcus aureus incorporating MRSA/CPE screening compliance

2.1 Trends – Quarterly

| Staphylococcus aureus Bacteraemias (SABs) | | | | |
|--|---------|-------------|------------------------|---------------------|
| Local Data: Q4 Oct-Dec 2020 (Q4 2020 HPS National comparison awaited) | | | | |
| In Q4 2020 NHS Fife had: | 27 SABs | 16 HCAI/HAI | This is UP from | 20 Cases in Q3 2020 |
| | | 11 CAI | | |



| 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 Sept 2020 (HPS) | | |
| SAB by rate 100,000 Total bed days | 12.6 per 100,000 TBDs | |
| SAB by Number of HCAI cases | 40 | |

Local Device related SAB surveillance

- There were 4 SABs in ICU in Q4 2020, 3 of these were ventilator associated pneumonia, for COVID management, ongoing 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.

Final Report for ICC on 03 February 2021 (Validated Data up to 31st December 2020)

| | |
|--|----------|
| As of 21/01/2021 the number of days since the last confirmed SAB is as follows: | |
| CVC SABs | 317 Days |
| PWID (IVDU) | 69 Days |
| Renal Services Dialysis Line SABs | 24 Days |
| Acute services PVC (Peripheral venous cannula) SABs | 148 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 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 98% compliance with the MRSA CRA in Q4 (Oct-Dec) 2020 | | | | | | | | | |
| This was UP on Q3 2020 (88%) & ABOVE the compliance target of 90%. | | | | | | | | | |
| The National Scottish Average for Q4 2020 is still to be published. | | | | | | | | | |
| MRSA Critical risk assessment (CRA) screening KPI compliance summary: | | | | | | | | | |
| Quarter | 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 | Q4 2020 Oct-Dec |
| Fife | 95% | 88% | 93% | 93% | 93% | 83% | 98% | 88% | 98% |
| Scotland | 83% | 83% | 89% | 88% | 88% | 87% | 84% | 86% | n/k |

| CPE (Carbapenemase Producing Enterobacteriaceae) | | | | | | | | | |
|---|--------------------|--------------------|----------------------|---------------------|--------------------|--------------------|--------------------|---------------------|--------------------|
| From April 2018, CRA has also included screening for CPE. | | | | | | | | | |
| NHS Fife achieved 98% compliance with the CPE CRA for Q4 2020 (Oct-Dec) | | | | | | | | | |
| This is UP from 85% in Q3 2020 | | | | | | | | | |
| The National Scottish Average for Q4 2020 is still to be published. | | | | | | | | | |
| Quarter | 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 | Q4 2020 Oct-Dec |
| Fife | 64% | 73% | 75% | 83% | 80%* | 93% | 95% | 85% | 98% |
| Scotland | 78% | 81% | 86% | 86% | 85% | 85% | 80% | 85% | n/k |
| CPE CRA screening KPI compliance Summary- Commenced from April 2018 | | | | | | | | | |

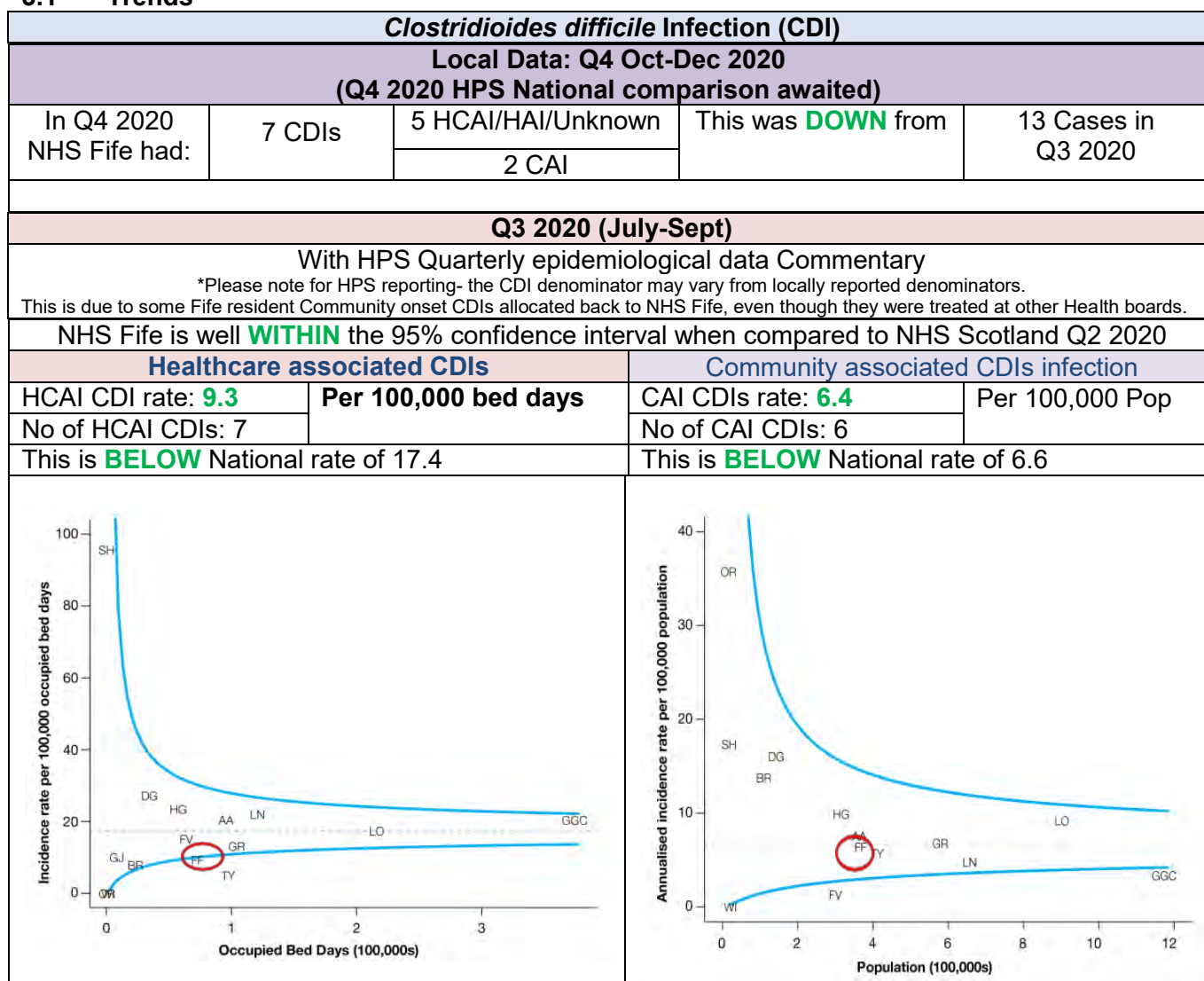
MDRO CRA Patientrack Update

- Patientrack have now added the CPE and MRSA assessments onto a test environments.
- Ongoing quality assurance will continue in 2021 before being rolled out to wards

Final Report for ICC on 03 February 2021 (Validated Data up to 31st December 2020)

- 3 Clostridioides difficile Infection (CDI)

3.1 Trends



| 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 September 2020 (HPS) | | |
| CDI by rate 100,000 Total bed days | 9.8 per 100,000 TBDs | |
| CDI by Number of HCAI cases | 31 | |

3.2 Current CDI initiatives

| |
|---|
| Follow up of all hospital and community cases continues to establish risk factors for CDI |
| <ul style="list-style-type: none"> 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 2021 innovative work will be focused on our patients with recurrent CDI. From October 2019 each CDI case is assessed for suitability of extended pulsed Fidaxomicin (EPPX) regime aiming to prevent recurrent disease in high risk patients. Bezlotoxumab for recurrent CDI currently used in Fife. |

**Final Report for ICC on 03 February 2021
(Validated Data up to 31st December 2020)**

4.0 *Escherichia coli* Bacteraemias (ECB)

4.1 Trends:

Escherichia coli Bacteraemias (ECB)

Local Data: Q4 Oct-Dec 2020

(Q4 2020 HPS National comparison awaited)

| | | | | |
|--------------------------|---------|-------------------------|--------------------------|---------------------|
| In Q4 2020 NHS Fife had: | 62 ECBs | 39 HAI/HCAIs 23 CAIs | This is DOWN from | 69 Cases in Q3 2020 |
|--------------------------|---------|-------------------------|--------------------------|---------------------|

Q4 2020 There were 8 Urinary catheter associated ECBs. (3 x HAI & 5 x HCAI)
The 3 hospital CAUTIs are at VHK 22, Glenrothes 1 & Balcurvie wards
There have been **NO** CAUTIs associated with trauma in Q4 2020.

Q3 2020 (July-September)

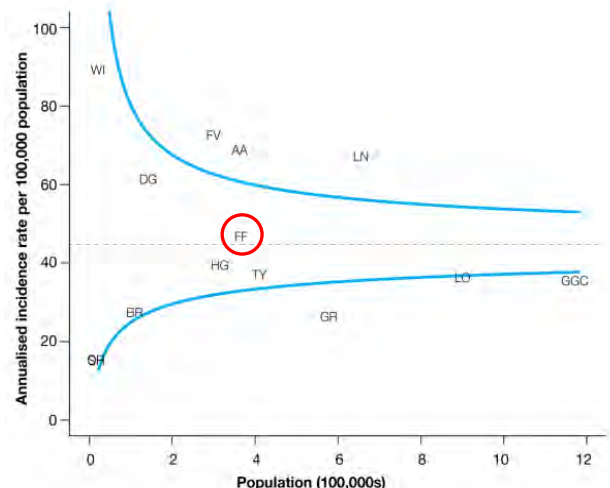
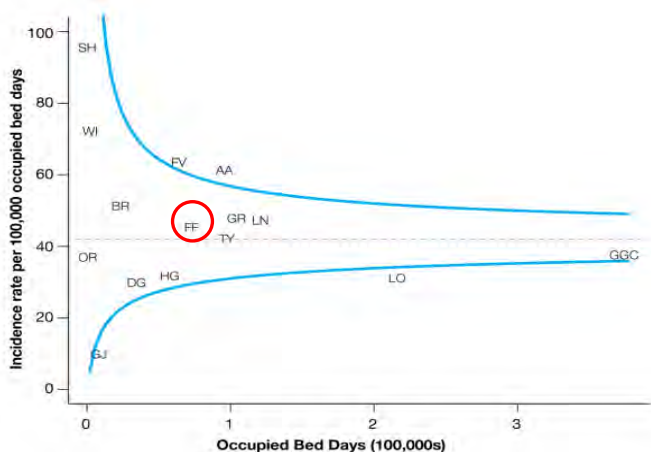
HPS Validated data ECBs with HPS commentary

*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: 45.3 | Per 100,000 bed days | CAI ECBs rate: 46.9 | Per 100,000 Pop |
| No of HCAI ECBs: 34 | | No of CAI ECBs: 44 | |
| This is ABOVE National rate of 42.0 | | This is ABOVE National rate of 44.7 | |



For HCAI & CAI 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 September 2020 (HPS)

| | |
|------------------------------------|-----------------------|
| ECB by rate 100,000 Total bed days | 48.5 per 100,000 TBDs |
| ECB by Number of HCAI cases | 154 |

2) 50% Reduction ECBs - 2023/2024

New standards for reducing all Healthcare Associated ECB by 50% by 2023/2024 (from 2018/2019 baseline)

| Standards application for Fife: | ECB Rate Baseline 2018/2019 | ECB 50% reduction target by 2023/4 |
|------------------------------------|-----------------------------|------------------------------------|
| ECB by rate 100,000 Total bed days | 44.0 per 100,000 TBDs | 22.0 100,000 TBDs |
| ECB by Number of HCAI cases | 160 | 80 |

**Final Report for ICC on 03 February 2021
(Validated Data up to 31st December 2020)**

| 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 <i>E.coli</i> 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 <i>E.coli</i> 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 | | | |
| <u>Urinary catheter Group work following raised ECB CAUTI incidence</u> | | | |
| 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 31st 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 26.01.2020: There have been THREE trauma associated CAUTIs in 2020 & none in 2021 | | | |
| Catheter insertion/Maintenance bundles now inserted in MORSE for District nurse documentation | | | |
| Patienttrack 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. | | | |
| -3 rd 'Tip top' video has been published on 'catheter choice' | | | |
| Cowdenbeath practice: CAUTI Quality improvement program commenced Aug 2020- now on hold | | | |

**Final Report for ICC on 03 February 2021
(Validated Data up to 31st December 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 | Q3 Oct-Dec 20 | Q2 Jul - Sep 20 |
|-------------------|---------------|-----------------|
| Fife | 95.8 ↑ | 95.4 |
| Scotland | TBC | 95.6 |

- The National Cleaning Services Specification – quarterly compliance report result for Q2 (Jul-Sept) 2020 shows NHS Fife achieving **GREEN** status.
-NHS Fife: **95.8%** for Q3 2020. The National rate is still to be published.

- **Estates Monitoring**

| Estates Location | Q3 Oct-Dec 20 | Q2 Jul - Sep 20 |
|------------------|---------------|-----------------|
| Fife | ↑96.0 | 95.0 |
| Scotland | TBC | 96.6 |

- The National Cleaning Services Specification – quarterly compliance report result for Quarter 3 (Oct-Dec) 2020 shows NHS Fife achieving **GREEN** status.
-NHS Fife: **96.0 %** for Q2 2020, The National average is still to be published

**Final Report for ICC on 03 February 2021
(Validated Data up to 31st December 2020)**

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

November- December 2020

Norovirus

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

Seasonal Influenza

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

Norovirus- week 4 (week ending 24 January 2021)

The provisional total of laboratory reports for norovirus in Scotland up to the end of week 4 of 2021 (week ending 24 January 2021) is 1.

- In comparison, to the end of week 4 in 2020 HPS received 69 laboratory reports of norovirus.
- The five-year average for the same time period between years 2015 and 2019 was 133.

Weekly national seasonal respiratory report- week 3 (week ending 24/01/2021),
provisional data showed:

Influenza activity is currently at low levels.

- The rate of influenza-like illness (ILI) was at Baseline activity level (0.5 per 100,000).
- The swab positivity of influenza was at Baseline activity level (0.1%, 3/2,400).
- The incidence rate of influenza was at Baseline activity level 0.05 per 100,000 population).

**Final Report for ICC on 03 February 2021
(Validated Data up to 31st December 2020)**

- There were 3 influenza A cases detected: one type H3 and two untyped.
- Non-flu respiratory pathogens were within expected activity levels

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](#).

COVID-19 incidents/clusters/outbreaks Nov-Dec 2020

| Hospital Ward/ department | Number of patients confirmed | Number of HCWs confirmed | Number of deaths | Number of days ward closed |
|---|------------------------------------|--------------------------------|---------------------|-------------------------------|
| Victoria Hospital - AU2 | 1 | 0 | 0 | 0 |
| Victoria Hospital - Neonatal specialist nurses | 0 | 3 | 0 | 0 |
| Victoria Hospital - V34 | 1 | 1 | 1 | 0 |
| Victoria Hospital - Outpatient Renal Dialysis Unit | 2 | 1 | 0 | 0 |
| Victoria Hospital - GREEN V52/GREEN SHDU | 1 | 0 | 0 | 0 |
| Stratheden Hospital - Lomond Ward | 1 | 2 | 0 | 14 |
| Glenrothes Hospital - Ward 1 | 12 | 15 | 4 | 25 |
| Victoria Hospital - AU1 AMBER | 1 | 0 | 0 | 0 |
| Victoria Hospital - Admissions Unit 1 - AMBER | 1 | 0 | 0 | 0 |
| Victoria Hospital - AU2 - AMBER | 1 | 0 | 0 | 0 |
| Victoria Hospital - V53 - RED | 0 | 19 | 0 | 0 |
| Queen Margaret Hospital - Ward 6 | 1 | 0 | 0 | 0 |
| Victoria Hospital - V33 | 5 | 3 | 0 | 11 * |
| Victoria Hospital - RH DU- V22 | 15 | 11 | 3** | 0 |
| Victoria Hospital - MHDU - amber | 1 | 0 | 0 | 0 |
| Victoria Hospital - V43- amber area | 1 | 0 | 0 | 0 |
| St Andrews Community Hospital - Ward 2 | 0 | 2 | 0 | 0 |

*after ward closure, identified outbreak limited to one bay

**Final numbers to be confirmed

**Final Report for ICC on 03 February 2021
(Validated Data up to 31st December 2020)**

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 report and improvement action plan was published on Tuesday 19 January 2021

The inspection highlighted a very good standard of hospital environmental cleaning

Other areas of good practice noted in the report include:

- Wards appeared calm and organised with evidence of good team working
- Compliance with standard infection control precautions such as linen, waste and sharps management was good. The inspectors saw the staff using PPE appropriately and staff in clinical areas wore surgical face masks at all times.
- Training records for ward staff were available which showed good compliance with mandatory training for infection prevention and control.
- Ward level infection prevention and control audits were being carried out, including environment and hand hygiene audits. The inspectors were told that the infection prevention and control team also carry out audits. Audit activity was fed back to the staff by posters, email and at meetings.

Final Report for ICC on 03 February 2021 (Validated Data up to 31st December 2020)

However, the inspection resulted in 2 IPC requirements:

- NHS Fife must ensure that all staff perform hand hygiene at appropriate opportunities, as per the World Health Organisation's Five Moments for Hand Hygiene guidelines.
- NHS Fife must ensure that the condition of all patient equipment allows it to be effectively decontaminated.

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.

**Final Report for ICC on 03 February 2021
(Validated Data up to 31st December 2020)**

NHS Fife TOTAL

Monthly HAI Case Numbers (SAB, C Diff & ECB)

| Month | NHS Fife | | | | | | | | |
|--------|------------|-----------------------|-----------|--------------------|-----------|----------|------------|-----------------------|-----------|
| | SAB | | | C Diff | | | ECB | | |
| | HAI & HCAI | Community / Not Known | SAB Total | HAI/HCAI / UnKnown | Community | CD Total | HAI & HCAI | Community / Not Known | ECB Total |
| Jan-19 | 4 | 3 | 7 | 5 | 0 | 5 | 6 | 11 | 17 |
| Feb-19 | 6 | 4 | 10 | 0 | 1 | 1 | 12 | 4 | 16 |
| Mar-19 | 3 | 4 | 7 | 3 | 2 | 5 | 18 | 9 | 27 |
| Apr-19 | 6 | 5 | 11 | 1 | 1 | 2 | 16 | 11 | 27 |
| May-19 | 4 | 1 | 5 | 2 | 1 | 3 | 11 | 13 | 24 |
| Jun-19 | 2 | 2 | 4 | 3 | 1 | 4 | 10 | 6 | 16 |
| Jul-19 | 10 | 5 | 15 | 2 | 2 | 4 | 10 | 12 | 22 |
| Aug-19 | 1 | 2 | 3 | 3 | 0 | 3 | 11 | 11 | 22 |
| Sep-19 | 3 | 4 | 7 | 3 | 1 | 4 | 7 | 4 | 11 |
| Oct-19 | 2 | 2 | 4 | 7 | 0 | 7 | 22 | 13 | 35 |
| Nov-19 | 6 | 2 | 8 | 3 | 2 | 5 | 21 | 6 | 27 |
| Dec-19 | 3 | 2 | 5 | 3 | 1 | 4 | 11 | 8 | 19 |
| Jan-20 | 4 | 1 | 5 | 3 | 0 | 3 | 14 | 10 | 24 |
| Feb-20 | 4 | 1 | 5 | 2 | 1 | 3 | 15 | 7 | 22 |
| Mar-20 | 2 | 4 | 6 | 2 | 0 | 2 | 13 | 9 | 22 |
| Apr-20 | 2 | 7 | 9 | 3 | 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 |
| Nov-20 | 4 | 4 | 8 | 2 | 0 | 2 | 19 | 9 | 28 |
| Dec-20 | 9 | 2 | 11 | 1 | 1 | 2 | 12 | 7 | 19 |
| Jan-21 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Feb-21 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Hand Hygiene Monitoring Compliance (%) TOTAL FIFE

| | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | July-20 | Aug-20 | Sept-20 | Oct-20 | Nov 20 | Dec 20 |
|----------------|--------|--------|--------|--------|--------|--------|---------|--------|---------|--------|--------|--------|
| Overall | 99 | 98 | 99 | 100 | 100 | 99 | 99 | 99 | 98 | 99 | 99 | 98 |
| AHP | 100 | 98 | 100 | 100 | 100 | 100 | 100 | 99 | 99 | 98 | 99 | 98 |
| Medical | 97 | 98 | 99 | 100 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 97 |
| Nurse | 99 | 99 | 99 | 100 | 100 | 100 | 99 | 99 | 99 | 100 | 100 | 100 |
| Other | 95 | 94 | 97 | 100 | 99 | 100 | 97 | 96 | 96 | 99 | 100 | 95 |

Cleaning Compliance (%) TOTAL FIFE

| | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | June-20 | July-20 | Aug-20 | Sept-20 | Oct-20 | Nov 20 | Dec 20 |
|----------------|--------|--------|--------|--------|--------|---------|---------|--------|---------|--------|--------|--------|
| Overall | 95.5 | 95.7 | 95.7 | * | * | 95.3 | 95.2 | 95.1 | 95.6 | 95.8 | 95.7 | 96.0 |

Estates Monitoring Compliance (%) TOTAL FIFE

| | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | June-20 | July-20 | Aug-20 | Sept-20 | Oct-20 | Nov 20 | Dec 20 |
|----------------|--------|--------|--------|--------|--------|---------|---------|--------|---------|--------|--------|--------|
| Overall | 95.3 | 95.9 | 95.8 | * | * | 96.7 | 94.1 | 94.5 | 95.8 | 96.0 | 95.7 | 96.2 |

* 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.

**Final Report for ICC on 03 February 2021
(Validated Data up to 31st December 2020)**

Victoria Hospital

| Month | VHK | | | | | |
|--------|-----------------|-----------------------|---------------------|-----------|-----------------|-----------------------|
| | SAB >48hrs admx | | CDI >48hrs admx | | ECB >48hrs admx | |
| | HAI & HCAI | Community / Not Known | HAI/ HCAI / UnKnown | Community | HAI & HCAI | Community / Not Known |
| Jan-19 | 4 | n/a | 1 | n/a | 2 | n/a |
| Feb-19 | 6 | n/a | 0 | n/a | 3 | n/a |
| Mar-19 | 3 | n/a | 1 | n/a | 2 | n/a |
| Apr-19 | 2 | n/a | 0 | n/a | 5 | n/a |
| May-19 | 2 | n/a | 0 | n/a | 3 | n/a |
| Jun-19 | 0 | n/a | 1 | n/a | 2 | n/a |
| Jul-19 | 3 | n/a | 2 | n/a | 2 | n/a |
| Aug-19 | 1 | n/a | 0 | n/a | 2 | n/a |
| Sep-19 | 1 | n/a | 0 | n/a | 2 | n/a |
| Oct-19 | 0 | n/a | 2 | n/a | 6 | n/a |
| Nov-19 | 2 | n/a | 1 | n/a | 5 | n/a |
| Dec-19 | 1 | n/a | 2 | n/a | 4 | n/a |
| Jan-20 | 2 | n/a | 0 | n/a | 1 | n/a |
| Feb-20 | 3 | n/a | 1 | n/a | 3 | n/a |
| Mar-20 | 2 | n/a | 1 | n/a | 3 | n/a |
| Apr-20 | 1 | n/a | 1 | n/a | 2 | n/a |
| May-20 | 1 | n/a | 1 | n/a | 0 | n/a |
| Jun-20 | 0 | n/a | 0 | n/a | 5 | n/a |
| Jul-20 | 4 | n/a | 0 | n/a | 2 | n/a |
| Aug-20 | 6 | n/a | 1 | n/a | 9 | n/a |
| Sep-20 | 2 | n/a | 2 | n/a | 1 | n/a |
| Oct-20 | 1 | n/a | 0 | n/a | 2 | n/a |
| Nov-20 | 3 | n/a | 2 | n/a | 1 | n/a |
| Dec-20 | 4 | n/a | 1 | n/a | 1 | n/a |
| Jan-21 | | n/a | | n/a | | n/a |
| Feb-21 | | n/a | | n/a | | n/a |
| Mar-21 | | n/a | | n/a | | n/a |

Cleaning Compliance (%) Victoria Hospital

| | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | June-20 | July-20 | Aug-20 | Sept-20 | Oct-20 | Nov-20 | Dec-20 |
|----------------|--------|--------|--------|--------|--------|---------|---------|--------|---------|--------|--------|--------|
| Overall | 95.1 | 95.4 | 95.4 | * | * | * | 96.9 | 94.6 | 95.6 | 95.1 | 95.4 | 95.8 |

Estates Monitoring Compliance (%) Victoria Hospital

| | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | June-20 | July-20 | Aug-20 | Sept-20 | Oct-20 | Nov-20 | Dec-20 |
|----------------|--------|--------|--------|--------|--------|---------|---------|--------|---------|--------|--------|--------|
| Overall | 96.1 | 96.2 | 95.9 | * | * | * | 97.5 | 94.2 | 95.6 | 95.8 | 96 | 96.4 |

* 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.

**Final Report for ICC on 03 February 2021
(Validated Data up to 31st December 2020)**

Queen Margaret's Hospital

| Month | QMH | | | | | |
|--------|-----------------|-----------------------|---------------------|-----------|-----------------|-----------------------|
| | SAB >48hrs admx | | CDI >48hrs admx | | ECB >48hrs admx | |
| | HAI & HCAI | Community / Not Known | HAI /HCAI / UnKnown | Community | HAI & HCAI | Community / Not Known |
| Jan-19 | 0 | n/a | 0 | n/a | 0 | n/a |
| Feb-19 | 0 | n/a | 0 | n/a | 0 | n/a |
| Mar-19 | 0 | n/a | 0 | n/a | 1 | n/a |
| Apr-19 | 0 | n/a | 0 | n/a | 0 | n/a |
| May-19 | 0 | n/a | 0 | n/a | 0 | n/a |
| Jun-19 | 0 | n/a | 1 | n/a | 0 | n/a |
| Jul-19 | 0 | n/a | 0 | n/a | 0 | n/a |
| Aug-19 | 0 | n/a | 2 | n/a | 1 | n/a |
| Sep-19 | 0 | n/a | 0 | n/a | 0 | n/a |
| Oct-19 | 0 | n/a | 1 | n/a | 0 | n/a |
| Nov-19 | 0 | n/a | 1 | n/a | 0 | n/a |
| Dec-19 | 0 | n/a | 0 | n/a | 0 | n/a |
| Jan-20 | 0 | n/a | 1 | n/a | 2 | n/a |
| Feb-20 | 0 | n/a | 0 | n/a | 0 | n/a |
| Mar-20 | 0 | n/a | 0 | n/a | 3 | n/a |
| Apr-20 | 1 | n/a | 0 | n/a | 1 | n/a |
| May-20 | 0 | n/a | 0 | n/a | 4 | n/a |
| Jun-20 | 0 | n/a | 0 | n/a | 1 | n/a |
| Jul-20 | 0 | n/a | 0 | n/a | 0 | n/a |
| Aug-20 | 1 | n/a | 0 | n/a | 0 | n/a |
| Sep-20 | 0 | n/a | 0 | n/a | 0 | n/a |
| Oct-20 | 1 | n/a | 0 | n/a | 0 | n/a |
| Nov-20 | 0 | n/a | 0 | n/a | 1 | n/a |
| Dec-20 | 0 | n/a | 0 | n/a | 1 | n/a |
| Jan-21 | | n/a | | n/a | | n/a |
| Feb-21 | | n/a | | n/a | | n/a |

| Cleaning Compliance (%) Queen Margaret's hospital | | | | | | | | | | | | |
|---|--------|--------|--------|--------|--------|---------|---------|--------|---------|--------|--------|--------|
| | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | June-20 | July-20 | Aug-20 | Sept-20 | Oct-20 | Nov-20 | Dec-20 |
| Overall | 97.0 | 97.0 | 97.0 | * | * | 95.9 | 95.8 | 96.1 | 96.3 | 96.9 | 96.2 | 96.9 |

| Estates Monitoring Compliance (%) Queen Margaret's hospital | | | | | | | | | | | | |
|---|--------|--------|--------|--------|--------|---------|---------|--------|---------|--------|--------|--------|
| | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | June-20 | July-20 | Aug-20 | Sept-20 | Oct-20 | Nov-20 | Dec-20 |
| Overall | 96.2 | 95.3 | 95.5 | * | * | 95.3 | 94.2 | 95.7 | 96.3 | 96.9 | 96.1 | 97.1 |

**Final Report for ICC on 03 February 2021
(Validated Data up to 31st December 2020)**

* 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.

Community Hospitals

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

**Final Report for ICC on 03 February 2021
(Validated Data up to 31st December 2020)**

Outs of Hospital Infections

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

**Final Report for ICC on 03 February 2021
(Validated Data up to 31st December 2020)**

References & Links

Understanding the Report Cards – Infection Case Numbers

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

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

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

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

Targets

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

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

Understanding the Report Cards – Hand Hygiene Compliance

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

Understanding the Report Cards – Cleaning Compliance

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

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

Understanding the Report Cards – ‘Out of Hospital Infections’

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

For HPS categories for Healthcare Associated Infections:

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

Categories of Healthcare & community Infections

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

**Final Report for ICC on 03 February 2021
(Validated Data up to 31st December 2020)**

| HPS ECB & SAB definitions for Hospital Acquired, Healthcare Associated, Community or Not known | |
|--|---|
| <p>Hospital Acquired Infection (HAI): Positive Blood culture obtained from patient who has been -Hospitalised for >48 hours If the patient was transferred from another hospital the duration of the in-patient stay is calculated from the date of the first hospital admission OR -The patient was discharged from hospital in the 48 hours prior to the positive blood culture being obtained OR -A patient receives regular haemodialysis as an outpatient</p> <p>Community Infection -Positive Blood culture obtained from a patient with 48 hours of admission to hospital who does not fulfil any of the criteria for the healthcare associated blood stream infections</p> <p>Not known: -Only to be used if the ECB is not a HAI and unable to determine if community or HCAI</p> | <p>Healthcare Associated Infection (HCAI):- Positive blood culture obtained within 48 hours of admission to hospital and fulfils one or more of the following criteria: -Was hospitalised overnight in the 30 days prior to the +ve blood culture being obtained. OR -Resides in a Nursing home, long term facility or residential home OR -IV,IM, Intra-articular or sub cut medication in the 30 days prior to the positive blood culture, but EXCLUDING IV illicit drug use. OR -Underwent venepuncture in the 30 days before +ve BC OR -Underwent medical procedure which broke mucous or skin barrier i.e. biopsies or dental extraction in the 30 days before +ve BC OR -Underwent any care for chronic medical condition or manipulation of medical device by a healthcare worker in the community in the 30 days prior to the +ve BC being obtained i.e. podiatry or dressing of chronic ulcers, catheter change or insertion OR -Has a long term indwelling device (i.e. catheter, central line, drain (excluding a haemodialysis line)</p> |
| HPS CDI Definition for Hospital Acquired, Healthcare Associated, Unknown or Community onset | |
| HPS Linkage Origin Definitions | |
| CDI Origin | Origin sub category : definitions |
| Healthcare | HAI : Specimen taken after more than 2 days in hospital (day three or later following admission on day one) |
| | HCAI : Specimen taken within 2 or less days in hospital and a discharge from hospital 4 weeks prior to specimen date; or specimen taken in the community and a discharge from hospital within 4 weeks of the specimen date |
| | Unknown : Specimen taken 2 or less days in hospital and a previous discharge from hospital 4-12 weeks prior to specimen date; or specimen taken in the community and a discharge from hospital in 4-12 weeks prior to the specimen date |
| Community | CAI : Specimen taken 2 or less days in hospital and no hospital discharges in the 12 weeks prior to specimen date; or not in hospital when specimen taken and no hospital discharges in the 12 weeks prior to specimen date. |

CDI Surveillance Protocol link:

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

NHS Fife

| | |
|------------------------|--|
| Meeting: | Clinical Governance Committee |
| Meeting date: | March 2021 |
| Title: | Infection Prevention and Control Update for Clinical Governance Committee |
| Responsible Executive: | Janette Owens |
| Report Author: | Julia Cook Infection Control Manager |

1 Purpose

Update for Infection Prevention and Control for March 2021 committee to provide assurance that all IP&C priorities are being and will be delivered.

This is presented to the Board for:

- Awareness

This report relates to a:

- National Health & Well-Being Outcomes

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Update for Infection Prevention and Control for March 2021 committee to provide assurance that all IP&C priorities are being and will be delivered. This report is for information for the Committee update based on the most recent HAIRT presented to the Infection Control Committee February 2021

2.2 Background

Infection Prevention and Control provide a service to NHS Fife including a planned programme of visits, audit, education and support is provided to staff on an ongoing as well as a National programme of Surveillance for Surgical Site Infections, *Clostridioides difficile* infection (CDI), *Staphylococcus aureus* bacteraemia (SAB) and *E. coli* bacteraemia (ECB).

Standards on Reduction of Healthcare Associated Infections:

October 2019: The New standards have been announced by the Scottish Government's Chief Nursing Officer for the reduction of Healthcare Associated Infections for *Clostridioides difficile* Infection (CDI),

Staphylococcus aureus bacteraemia (SAB) and *E. coli* bacteraemia (ECB). Please see table below for new LDP Standards.

CDI

- New LDP standards are to reduce incidence of healthcare associated *Clostridioides difficile* infection (CDI) by 10% from 2019 to 2022, utilising 2018/19 as baseline data.
- Outcome measure - achieve 10% reduction by 2022 in healthcare associated infection rate (rate of 6.5 per 100,000 total bed days or less).

SAB

- New LDP standards are to reduce incidence of healthcare associated SAB by 10% from 2019 to 2022, utilising 2018/19 as baseline data.
- Outcome measure to reduce the rate of SAB from 20.9 per 100,000 total bed days in 2018/19, 10% (2.1), so target rate for 2021/22 is 18.8 per 100,000 total bed days.

ECB

- New LDP standards are to reduce incidence of healthcare associated ECB by 25% from 2019 to 2022, utilising 2018/19 as baseline data.
- Outcome measure to reduce the rate of ECB from 44.0 per 100,000 total bed days in 2018/19, 25% (11), so target rate for 2021/22 is 33.0 per 100,000 total bed days.
- There is a further standard to incidence of healthcare associated ECB by 50% from 2019 to 2024, utilising 2018/19 as baseline data.
- The further target for 2023/24 rate of 22.0 per 100,000 total bed days

2.3 Assessment

Novel coronavirus (COVID-19) pandemic

Winter planning and preparedness has been the key focus for the IPCT, as the second wave of the pandemic begins to ease, the IPCT shall support the safe remobilization of services.

- 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.
- Providing a programme of education and training
- Supporting the vaccination programme- Bronze logistics group
- Membership of the following local NHS Fife groups: HCT, STAC, LRP and Remobilisation
- NHS Fife IPCT representatives at the weekly national meeting with HPS/ARHAI Scotland

Surgical Site Infection (SSI) Surveillance Programme

The CNO suspended the national SSI Surveillance programme in March 2020 in response to the COVID-19 pandemic

Caesarean Section SSI

- Surveillance for 2020 and Q1 2021 has been temporarily paused due to the COVID-19 pandemic. Local SSI surveillance is being undertaken by the midwifery team to provide local assurance. The surveillance team are in communication with the team & supporting this work.

Large Bowel Surgery SSI

- Currently surveillance is on hold during COVID pandemic
- Completion of the SSI form is now incorporated within the surgical pause so improved form compliance is anticipated.

Orthopaedic Surgery SSI

- Ortho SSI surveillance currently on hold due to COVID.

SAB

For Quarter 3 2020 (July-September 2020)

NHS Fife Healthcare associated infection (HCAI): 15 cases: 20.0 per 100,000 bed days

NHS Fife rates for HCAI are **below** National comparator: 17.3 per 100,000 bed days

Healthcare associated infection cases by health board of laboratory yearly trends (comparing year-ending September 2019 with year-ending September 2020) show that there was a decrease in NHS Fife.

Vascular access devices (VAD) remain the greatest challenge for Hospital acquired SABs, ongoing improvement works, including with Renal department.

ICU has seen an increase in ventilator associated pneumonia (VAP) SAB

There has now been a marked reduction in PWID SABs in 2020 and Fife is now below the national rate for PWID SABs:

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.
- Ongoing work Addiction Services to continue to reduce the number of SABs within the people who inject drugs (PWID) community.

Clostridioides difficile Infection (CDI)

For Q3 2020, (July – September 2020)

NHS Fife Healthcare associated infection (HCAI): 7 cases (9.3 per 100,000 bed days) Scotland comparative: HCAI: 17.4 per 100,000 bed days

NHS Fife rates for HCAI below the National comparator

Whilst Fife's CDI rates are well below the national rates, the HCAI incidence must be reduced further to meet the HCAI reduction target. CDI recurrence remains a challenge and is the greatest risk factor for healthcare associated cases.

Current CDI initiatives

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

- Monthly CDI reporting to Acute Services & HSCP with summary of all CDI cases
- Enhanced surveillance & HPS trigger tool completion for any triggers/ areas of concerns.
- Dr Venkatesh establishing optimum antimicrobial therapy for multiple recurrence CDI case.
- In 2020 innovative work will be focused on our patients with recurrent CDI.
- From October 2019 each CDI case is assessed for suitability of extended pulsed Fidaxomicin (EPFX) regime aiming to prevent recurrent disease in high risk patients.

Due to the COVID-19 pandemic FMT is currently unavailable and as a next step Bezlotoxumab for recurrent CDI is being used in Fife. It is obtained on a named patient basis on micro/GI request and needs approval by the clinical and medical director.

ECB

For Quarter 3 2020 (July – September 2020)

NHS Fife Healthcare associate infection (HCAI): 34 cases (45.3 per 100,000 bed days) Scotland comparative: HCAI: 42 per 100,000 bed days

NHS Fife rates for HCAI above the National comparator

Areas to focus improvements, 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.

Current ECB Initiatives

Urinary catheter Group work following raised ECB CAUTI incidence

The Infection Prevention and Control team continue to work with the Urinary Catheter Improvement Group (UCIG).

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

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

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

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

Patienttrack CAUTI bundles still to be implemented for Acute services/HSCP but in progress with eHealth (there is no fixed timescale but it is hoped this will be installed in 2020).

Team Lead- Continence Advisory Service, significant work with care homes ongoing.

3rd 'Tip top' video has been published on 'catheter choice'

Cowdenbeath practice: CAUTI Quality improvement program commenced August 2020

Outbreaks (from Nov - end of December 2020)

- **Norovirus**

There has been NO new ward closures due to a Norovirus outbreak

- **Seasonal Influenza**

There has been NO new closures due to confirmed Influenza

- **COVID-19**

Outbreaks, clusters and single cases of COVID-19 identified out with a RED pathway is detailed in the HIIAT for November – end of December 2020

Hospital Inspection Team

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 report and improvement action plan was published on Tuesday 19 January 2021

The inspection highlighted a very good standard of hospital environmental cleaning

Other areas of good practice noted in the report include:

- Wards appeared calm and organised with evidence of good team working
- Compliance with standard infection control precautions such as linen, waste and sharps management was good. The inspectors saw the staff using PPE appropriately and staff in clinical areas wore surgical face masks at all times.

- Training records for ward staff were available which showed good compliance with mandatory training for infection prevention and control.
- Ward level infection prevention and control audits were being carried out, including environment and hand hygiene audits. The inspectors were told that the infection prevention and control team also carry out audits. Audit activity was fed back to the staff by posters, email and at meetings.

However, the inspection resulted in 2 IPC requirements:

- NHS Fife must ensure that all staff perform hand hygiene at appropriate opportunities, as per the World Health Organisation's Five Moments for Hand Hygiene guidelines.
- NHS Fife must ensure that the condition of all patient equipment allows it to be effectively decontaminated.

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.
- 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 & HSOP can be viewed on 'Ward Dashboard'
- NHS Fife overall results remain consistently ABOVE 98%, this is ABOVE the Overall target set of 95%

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

National Cleaning Services Specification

- The National Cleaning Services Specification – quarterly compliance report result for July –Sept 2020 (Q2) shows NHS Fife achieving **Green** status.

Estates Monitoring

- The National Cleaning Services Specification – quarterly compliance report result for Quarter 2 July - Sept shows NHS Fife achieving **Green** status.

2.3.1 Quality/ Patient Care

Effective infection prevention and control are essential to the delivery of high quality patient care and to the provision of a clean and safe environment for patients, visitors and other service users.

2.3.2 Workforce

Effective infection prevention and control are essential to the provision of a clean and safe working environment, and to overall staff health and wellbeing.

2.3.3 Financial

Financial impact raised in a separate paper regarding domestic services

2.3.4 Risk Assessment/Management

Challenges and management of any risks to national infection prevention and control guidance discussed throughout report

2.3.5 Equality and Diversity, including health inequalities

Effective infection prevention and control include assessments of equality and diversity impact as appropriate

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

This paper has been considered by the Infection Control Manager

2.3.8 Route to the Meeting

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

- This is a summary of the HAIRT submitted to the Infection Control Committee February 2021

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

N/A

Report Contact

Julia Cook

Infection Control Manager

Email Julia.Cook@nhs.net

| | |
|-------------------------------|--|
| Meeting: | Clinical Governance Committee |
| Meeting date: | 11 March 2021 |
| Title: | Integrated Screening Annual Report |
| Responsible Executive: | Dona Milne, Director of Public Health |
| Report Author: | Cathy Cooke, Public Health Scientist Dr Olukemi Adeyemi, Consultant in Public Health Dr Lorna Watson, Consultant in Public Health |

1 Purpose

This is presented to the Clinical Governance Committee for:

- Awareness

This report relates to a:

- Government policy/directive
- Local policy

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

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The purpose of this paper is to provide a single integrated report of the key learning, achievements and challenges from the six national screening programmes in NHS Fife.

2.2 Background

Delivery of effective population screening remains a key NHS Scotland priority. National screening programmes are evidence-based interventions which provide cost effective

opportunities to improve the health of individuals and to avert, or to identify at an early stage, serious clinical outcomes.

All screening programmes have a local performance and governance committee. Some of these screening committees cover more than one Board area where the programme is delivered in collaboration with a neighbouring Board.

2.3 Assessment

This report summarises the key learning, achievements and challenges for each of the screening programmes, and highlights planned policy changes and developments. The report provides a high level overview of the outcomes being achieved through the screening programmes in Fife and highlights differences in uptake by deprivation by using the Scottish Index of Multiple Deprivation where possible.

Variation in data release timings and reporting intervals mean that the period covered in this report varies by programme. Minor amendments were made to the report following scrutiny at the NHS Fife Public Health Assurance Committee on 25 February 2021.

2.3.1 Quality/ Patient Care

Adult screening programmes were paused in Scotland in March 2020 in response to the Covid-19 outbreak. Routine screening had resumed across all the programmes in Fife by mid-October 2020. The programmes are running at reduced capacity due to the infection control measures now in place.

2.3.2 Workforce

Covid-19 infection control measures in place. PPE is worn by screening staff in accordance with HPS guidance. Current requirement for longer appointments, additional cleaning and screening is taking place at a reduced number of locations for some programmes.

2.3.3 Financial

Nil.

2.3.4 Risk Assessment/Management

Risks are considered for each programme at their respective local governance committee, with the Public Health Assurance Committee maintaining an overview of risks and incidents across all screening programmes.

2.3.5 Equality and Diversity, including health inequalities

A national EQIA is being undertaken to assess the impact of Covid-19 and the pause of screening.

Two projects in NHS Fife funded by SG screening inequalities fund.

Uptake decreases with increasing deprivation across all screening programmes. NHS Fife department of public health will continue to work with local and national screening programme groups to address inequalities within the screening programmes.

2.3.6 Other impact

Nil.

2.3.7 Communication, involvement, engagement and consultation

Minor amendments were made to the report following scrutiny at the NHS Fife Public Health Assurance Committee on 25 February 2021.

2.3.8 Route to the Meeting

Minor amendments were made to the report following scrutiny at:

- Public Health Assurance Committee, 25 February 2021

2.4 Recommendation

The Clinical Governance Committee is asked to note the content of the paper. The paper is shared for the purposes of:

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

3 List of appendices

The following appendices are included with this report:

- Integrated Screening Annual Report

Report Contacts

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INTEGRATED SCREENING ANNUAL REPORT

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NHS FIFE INTEGRATED SCREENING ANNUAL REPORT

Report to the Clinical Governance Committee on 11 March 2021

1 INTRODUCTION

- 1.1 The Director of Public Health is responsible for determining the overall vision and objectives for public health within the Health Board and across the population of Fife; this includes direct responsibility for the coordination and quality assurance of national screening programmes.
- 1.2 Delivery of effective population screening remains a key NHS Scotland priority. National screening programmes are evidence-based interventions which provide cost effective opportunities to improve the health of individuals and to avert, or to identify at an early stage, serious clinical outcomes.
- 1.3 NHS Fife is responsible for ensuring delivery of the six national screening programmes:
 - Breast Cancer
 - Cervical Cancer
 - Bowel Cancer
 - Abdominal Aortic Aneurysm (AAA)
 - Diabetic Retinopathy
 - Pregnancy and Newborn Screening
- 1.4 Each programme has a designated NHS Fife Screening Coordinator and a Public Health Scientist works across all the programmes. Each screening programme has a local performance and governance committee. Some of these committees cover more than one Board area where the programme is delivered in collaboration with a neighbouring Board.
- 1.5 Functions for which the Public Health department has a direct responsibility are accountable to the Public Health Assurance Committee. A review of governance arrangements of the national screening programmes in Fife was undertaken in 2017. A recommendation of this review was that a single Integrated Screening Report would be submitted annually to the Public Health Assurance Committee for scrutiny, and thereafter submitted to the NHS Fife Clinical Governance Committee.
- 1.6 Variation in data release timings and reporting intervals mean that the period covered in this report varies by programme. Detailed information on performance indicators can be found in programme specific reports.

2. COVID-19

- 2.1 At the end of March 2020, in response to the COVID-19 outbreak, the Scottish Government announced a temporary pause of the 5 adult screening programmes: bowel screening, breast screening, cervical screening, diabetic eye screening (DES) and AAA screening. It was agreed that the screening programmes would recommence as soon as it was safe to do so in accordance with the schedule below.

| | | |
|---------|------------------|---|
| Stage 1 | June 2020 | Agree national recovery approach and work plan Undertake readiness for restart |
| Stage 2 | July-August 2020 | Prioritisation of high risk screening participants |
| Stage 3 | September 2020 | Managed recommencement of routine screening with some interval changes |

- 2.2 By mid October 2020, routine screening had resumed across all programmes with some reduction in capacity due mainly to physical distancing and infection control measures. There had to be a reduction in the number of participants seen per clinic or session and some screening locations had to be changed, increasing travel time for some.
- 2.3 Scottish Government has indicated that another full pause will be avoided if at all possible in the future. If necessary, a minimum service level would revert to Stage 2 above, prioritising higher risk screening participants where possible. The impact of the 2020 pause and restart is being monitored by Public Health Scotland and National Services Division (NSD).
- 2.4 As anticipated, evidence is beginning to emerge from some programmes of lower attendance since the restart and since further Covid-19 restrictions have been reintroduced. Some participants have chosen not to attend due to their perceived risk of contracting Covid-19, including those in more vulnerable groups and those shielding.
- 2.5 Scottish Government has advised that routine screening should continue during all levels of restrictions and lockdowns; a journey to a screening appointment is defined as essential travel. NHS Fife has used social media to deliver key messages and increase awareness that routine screening has not been paused again and that people should continue to participate in screening programmes when invited.

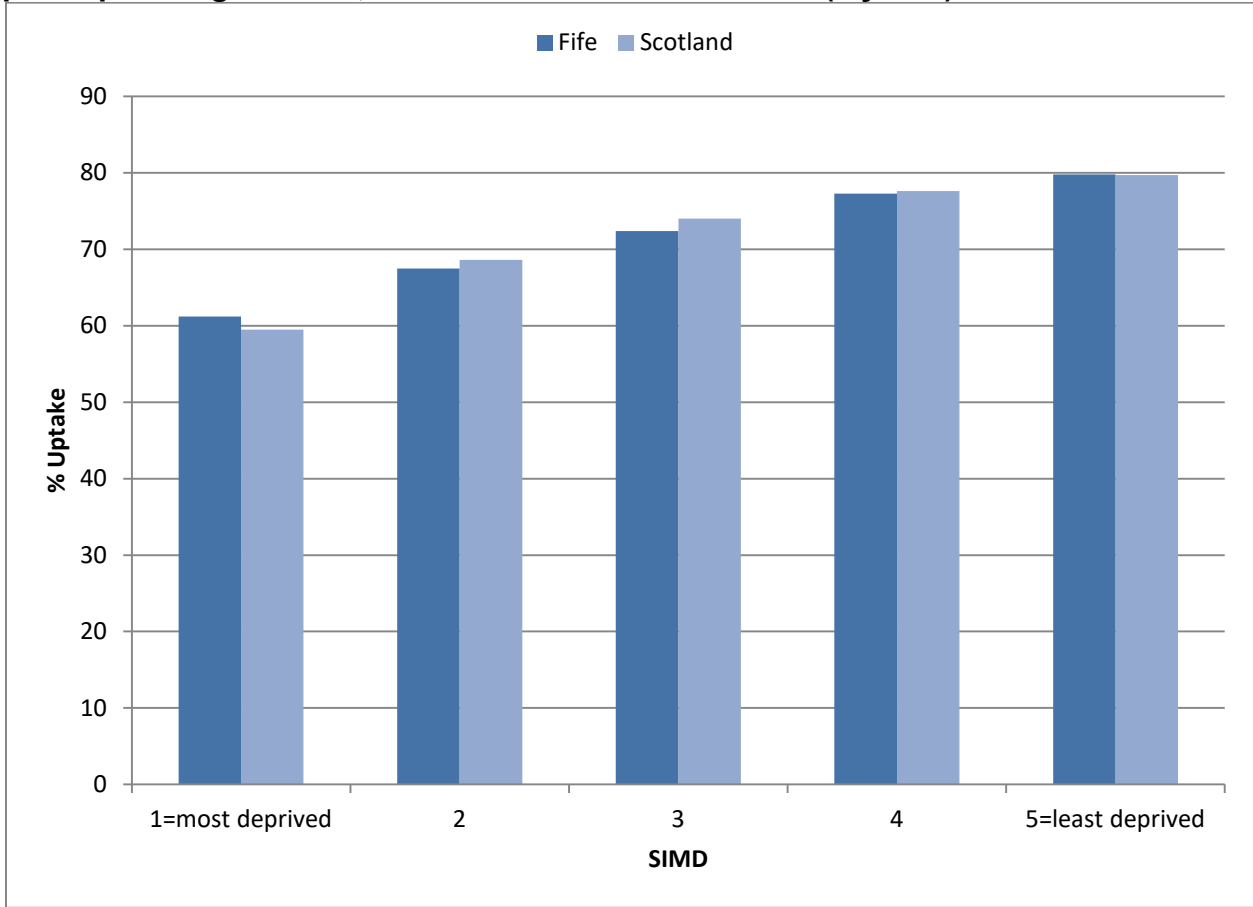
3. NATIONAL SCREENING OVERSIGHT FUNCTION

- 3.1 A new National Screening Oversight Function (NSOF) has been established following a review undertaken on behalf of the Scottish Screening Committee and the NHS Chief Executives. The review found that there was a lack of clarity around who has executive accountability and responsibility for national screening programmes, specifically in relation to decision-making, risk and issue management and quality assurance. The review recommended that a new National Screening Executive should be established, led by a Director of Screening.
- 3.2 NSOF will enable the Scottish Screening Committee to concentrate on strategic screening issues. All components of NSOF are now in place with a Director of Screening, an Oversight Team which includes a Clinical Advisor, and a National Screening Oversight Board. NSOF is developing a work plan structured around 5 themes: governance, quality, digital, data and participant focus.

4 BREAST SCREENING

- 4.1 The main purpose of breast screening is to reduce mortality from breast cancer by detecting and treating cancers at an earlier stage than they would otherwise present. A secondary aim is to reduce the need for more radical treatment.
- 4.2 Eligible women aged 50 to 70 are invited to attend for screening by mammography at three yearly intervals. Screening is provided for women resident in North East Fife by the East of Scotland Breast Screening Programme (ESBSP), which is hosted by NHS Tayside, and for women resident in the rest of Fife by the South East of Scotland Breast Screening Programme (SESBSP), which is hosted by NHS Lothian.
- 4.3 As participants are invited every three years it is helpful to examine performance over three year periods, rather than single years, so that the whole of the invited population can be compared. During the three year period 2016/17 to 2018/19., around 7 in 10 participants took up the invitation for screening (72.0%) in Fife. This meets the acceptable performance standard of $\geq 70\%$ and is an increase of 2.3% on the previous reporting period (69.7% in 2015/16 to 2017/18). Uptake is similar in Scotland as a whole at 72.3%.
- 4.3 For those living in the least deprived area quintiles in Fife, uptake was higher (79.8%) than for those living in the most deprived areas (61.2%) This variation is similar in Scotland (figure 1).

Figure 1: Breast Screening uptake by SIMD quintile, Fife and Scotland, participants aged 50-70, 2016/17 to 2018/19 combined (3 years)



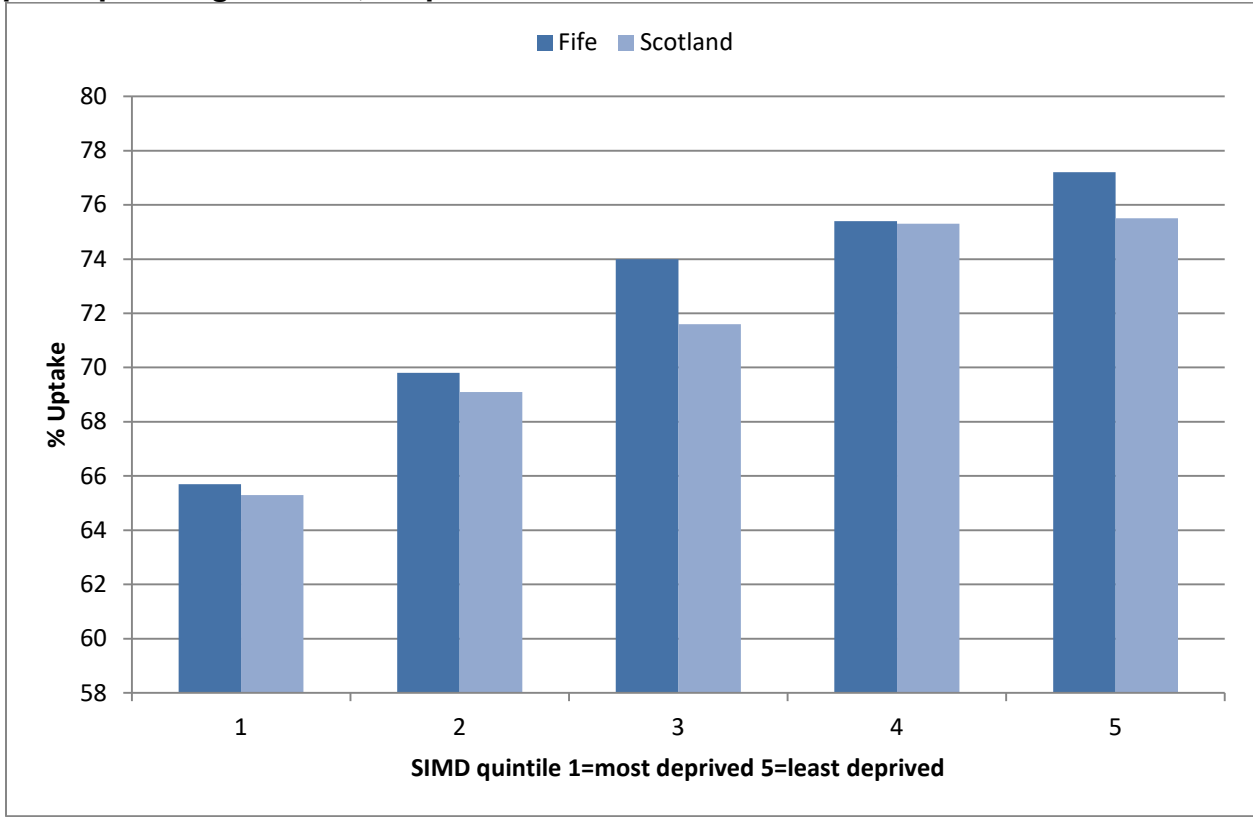
- 4.4 The Healthcare Improvement Scotland (HIS) standards for the breast screening programme were updated in June 2019. The standards have acceptable and achievable thresholds. All 12 acceptable performance standards were achieved in Scotland in the period 2016/17 to 2018/19. Seven of the ten achievable standards were met. The achievable thresholds in uptake for 50-70 year olds, the recalled for assessment rate for 50-52 year olds and the benign biopsy rate for 50-52 year olds were not met. It should be noted that only 2017/18 and 2018/19 are covered by the 2019 HIS standards, and a complete 3 year period will be covered for the first time in the next report.
- 4.5 Breast screening was paused in March 2020 and the SESBSP re-established screening in Fife on 4 August 2020. On recommencement there was an approximate 10% reduction in capacity to allow for suitable distancing and infection prevention and control procedures. Some points to note:

- To manage the backlog brought about by the pause, and following submission of a business case, NSD approved an additional mobile screening unit for use by SESBSP, and 2 years fixed-term budget for staff.
 - While operating at reduced capacity, it is unlikely that the 36 month screening round target will be met.
 - It has been proposed that functionality is developed for pausing one, more than one or all the Screening Centres (rather than Board areas).
 - Screening in NE Fife is not continuous – ESBSP is due to bring a mobile unit to screen in NE Fife in 2021.
- 4.6 A comprehensive review of the Breast Screening Programme was announced by Scottish Government in July 2019. Some of the work on this has been delayed by Covid-19 but the review is due to be completed by the end of March 2021. The review will make recommendations on the future delivery of the programme with significant service redesign anticipated.

5 CERVICAL SCREENING

- 5.1 The Cervical Screening Programme in Fife is part of a national screening programme aimed at reducing the number of cases of and deaths from cervical cancer by early detection and treatment of precancerous changes in the cervix.
- 5.2 In the most recent year for which published data are available, there were 20 new cases of cervical cancer in Fife (2017) and <5 deaths from cervical cancer (2018).
- 5.3 Cervical screening data in this report cover the period 1 April 2019 to 31 March 2020. During this time, women aged 25 to 49 years, who had not had a full hysterectomy, were invited to have a cervical screening test every three years; women aged 50 to 64 were invited every 5 years.
- 5.4 In 2019/20, 72.2% of eligible women in Fife had been screened within the previous 3.5 and 5.5 years according to age. Uptake in Scotland as a whole over the same period was 71.2%.
- 5.5 When uptake is broken down by 5-year age groups, it is lowest in women aged 25-29 and highest in women aged 50-54 years. This is seen in Fife and Scotland.
- 5.6 In women aged 25-64 years, the combined percentage uptake to 31 March 2020 fell with increasing deprivation in Fife and Scotland (figure 2). Uptake was 77.2% in the least deprived quintile in Fife, and 65.7% in the most deprived.

Figure 2: Cervical Screening uptake by SIMD quintile, Fife and Scotland, participants aged 25-64, 1 April 2019 to 31 March 2020



- 5.7 There were 24,594 samples processed at the NHS Fife Cellular Pathology Laboratory, in the year 2019/20. Of these, 97.0% were of a satisfactory quality to be analysed. More than 9 out of 10 satisfactory samples (92.2%) were reported as normal (negative).
- 5.8 A further 6.7% had low grade cell changes identified leading to enhanced monitoring being recommended. 1.1% of women were identified as having a high risk of developing cervical cancer.
- 5.9 Cervical cytology was replaced with high risk Human Papillomavirus (Hr-HPV) primary testing in Scotland on 30 March 2020. Approval to introduce Hr-HPV primary testing included the reconfiguration of the existing laboratories in Scotland to deliver both cervical cytology and Hr-HPV testing from two sites: one in NHS Lanarkshire and one in NHS Greater Glasgow and Clyde. Samples from NHS Fife are now processed at Monklands Laboratory, Lanarkshire.
- 5.10 After the pause in March, routine cervical screening recommenced in Scotland in September 2020. Because of the way the recommended call lists and invitation letters are generated Board by Board, letters to women due a routine test in Fife restarted in mid-October. A paper taken to the NHS Fife Remobilisation Oversight

Board gained approval to continue to prioritise access to screening for those at higher risk (non-routine) maintaining a short waiting time (within 4 weeks), whilst restarting access for those at lower risk (routine screening) but accepting the waiting time will increase (no more than 12 weeks).

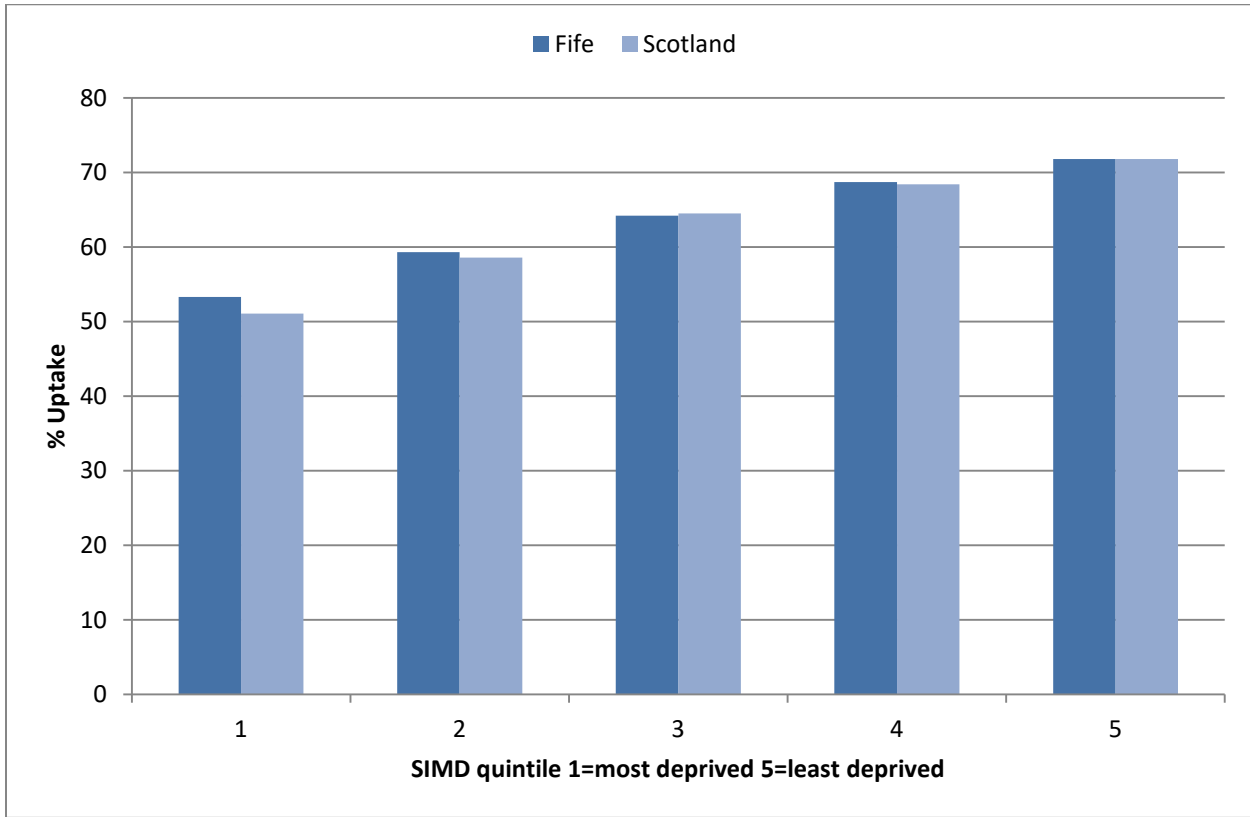
- 5.11 National funding was made available to help with reduced capacity and a bid was submitted for Sexual Health Fife to support primary care with some of the screening workload. The bid was approved for one W.T.E Band 6 nursing time, with administrative support, to provide additional cervical screening clinics in Sexual Health clinic locations across Fife for women who cannot access screening tests in their own practice.
- 5.12 Funding from the Scottish Government Screening Inequalities fund was made available for short projects to be completed by the end of March 2021. Sexual Health Fife secured funding for an initiative to help women with disadvantage to access cervical screening, building on previous work around improving access to sexual health services.
- 5.13 NSD advised Board Coordinators on 23 October 2020 of an incident within the cervical screening programme. An automated process had failed and around 13,500 cervical screening letters were not sent between 24 and 31 August.
- 5.14 The majority of the letters were prompts for participants on non-routine screening as these participants were being prioritised following the Covid-related pause. A manual check has been put in place to minimise the likelihood of reoccurrence and the root cause is being fully investigated. All Health Boards were affected but to differing degrees due to the way letters are generated by Board. Only a small number of non-routine screening participants in Fife were affected. NSD has confirmed that no other screening programmes were impacted by the issue.
- 5.15 In November 2020, Boards were advised of a similar incident which had taken place on one day in July 2020. Only a very small number of participants were affected (<300 in Scotland).

6 BOWEL SCREENING

- 6.1 Bowel cancer is the third most common form of cancer diagnosed among men and women in Scotland. People aged 50 years and over accounted for 94.3% of cases diagnosed in 2017 in Scotland.
- 6.2 The aim of the bowel screening programme is to reduce deaths by picking up and treating bowel cancer at an early stage in people with no symptoms. Pre-cancerous polyps (wart-like growths) can also be identified and removed through screening, and this may prevent future cancers developing.

- 6.3 All men and women registered with a GP and aged between 50 and 74 years are sent a test kit every two years. The test can be completed at home. The quantitative Faecal Immunochemical Test (FIT) has been used in the Scottish Bowel Screening Programme since November 2017. The introduction of FIT simplified the test process for participants by requiring only one sample to be taken using an improved, more acceptable, collection device. This has led to an increase in participation in the screening programme.
- 6.4 Data presented in this report, published by ISD/PHS on 2 August 2020, cover the period between May 2018 and March 2020. This is just shorter than the usual 2 year screening round as screening was paused in March 2020 due to Covid-19.
- 6.5 Between May 2018 and March 2020 in Fife:
- Of those invited to participate, 63.6% had a complete screening test result. Uptake is higher in women (65.3%) than in men (61.8%). This is also the case for Scotland as a whole where overall uptake is 63.2% (65.4% women, 60.9% men). The Healthcare Improvement Scotland standard for Bowel Screening uptake is 60% of women and 60% of men. This standard was not being met prior to the introduction of FIT.
 - Uptake for those living in the least deprived area quintiles in Fife was higher than uptake for those living in the most deprived quintiles (figure 3). There was an 18.5 percentage point difference in uptake between the least deprived (71.8%) and most deprived (51.1%). In Scotland the percentage point difference was 20.7.
 - The proportion of those completing the screening test with a positive result requiring further investigation in Fife was 2.60%. The rate for men (3.02%) is higher than that for women (2.22%).
 - NHS Fife performed better than Scotland in the time from screening test referral to the date a colonoscopy was performed. 72.8% in Fife had a colonoscopy within 4 weeks of referral; this compares with 28.3% in Scotland.
 - Of those who received a colonoscopy as a result of a positive FIT, 5.8% had colorectal cancer (Scotland 5.4%) and 45.9% had an adenoma (a benign growth which can become cancerous) (Scotland 45.5%). Detection rates are higher in men than women.

Figure 3: Bowel Screening uptake by SIMD quintile, Fife and Scotland, May 2018 to March 2020



- 6.6 After colonoscopy waiting lists were cleared to pre Covid-19 levels, routine bowel screening kits started to be issued again on 12 October 2020.
- 6.7 Discussions are ongoing about what the minimum service level would look like as reverting to prioritising high risk participants is not possible in the bowel screening programme. Options for management of screening colonoscopy waiting lists are being considered by Lead Clinicians, Board Coordinators and the Programme Board but wider colonoscopy service issues are not within the remit of the screening programme.
- 6.8 NSD is leading on work to scope out the requirements for the programme to be able to pause and restart at a Health Board level should that ever be required in the future.

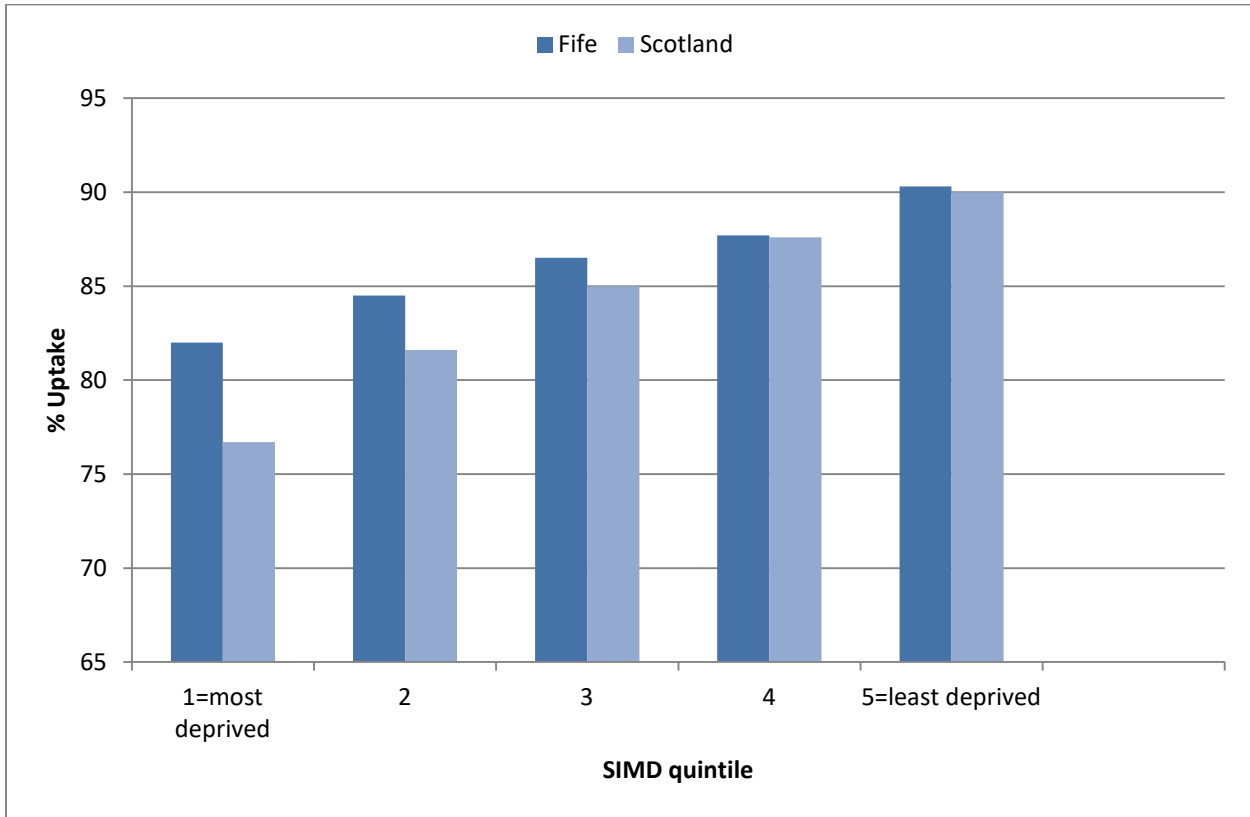
7 ABDOMINAL AORTIC ANEURYSM SCREENING

- 7.1 All men aged 65 years are invited, by letter, to attend a screening appointment for a one-off ultrasound scan to identify the presence of an abdominal aortic

aneurysm (AAA). The aim of the screening programme is the early detection and elective repair of asymptomatic AAA in order to prevent rupture and reduce mortality.

- 7.2 The Scottish AAA Screening Programme is delivered in Fife in collaboration with NHS Tayside. There are currently four screening sites in Fife. Governance is provided by the joint NHS Tayside and NHS Fife AAA Screening Performance and Governance Committee.
- 7.3 Uptake of AAA screening is measured at age 66 and 3 months. Uptake is high with 86.3% of eligible men in Fife attending, and 84.5% of men in Scotland attending, during the year 1 April 2018 to 31 March 2019.
- 7.4 As in the rest of Scotland, uptake for those living in the least deprived area quintile in Fife was higher than uptake for those living in the most deprived quintile (figure 3). The effect of increasing deprivation on uptake is less marked for Fife than for Scotland.

Figure 3: AAA Screening uptake by SIMD quintile, Fife and Scotland, year ending 31 March 2019



- 7.5 Most men have a normal result and are discharged from the screening programme. The number of men with a large aneurysm referred to a vascular specialist for assessment is small for single years so these figures are not presented here. The cumulative total of Fife men who have had an aneurysm detected through routine screening from the implementation of the programme to the end of March 2019 is 200 (1.6%). Of those the majority were small (158, 79.0%), 25 were medium (12.5%) and 17 were large (8.5%).
- 7.6 Since the implementation of screening, two key performance indicators (the percentage of men seen by a vascular specialist within 2 weeks of screening, and the percentage of men deemed appropriate for surgery who were operated on within 8 weeks of screening) have proved to be challenging.
- 7.7 A wide range of actions have been put in place to improve the performance of the Tayside and Fife collaborative against these KPIs. Some of the actions implemented include:
- a new patient pathway designed to improve patient flow;
 - MDT coordinators in both Fife and Tayside appointed to regularly review patient flow and intervene to minimise delays at each stage i.e. time to specialist vascular assessment, pre-operative investigations and surgery;
 - anaesthetic time increased for pre-assessment appointments and MDT meetings;
 - monthly monitoring of referrals against pathway implemented and scrutinised by local and national governance groups;
 - whole team understanding of screening targets has been improved.
- 7.8 There has been significant improvement in Tayside and Fife with respect to the number of men seen by a vascular specialist within 2 weeks. For the year ending March 2019, the desirable threshold for this KPI was met and all men were seen within 2 weeks.
- 7.9 The KPI focusing on the percentage of men deemed appropriate for surgery who were operated on within 8 weeks of screening continues to be challenging. The essential threshold of $\geq 60\%$ was not met in 2018/19 in Fife or Scotland. This KPI includes men deemed appropriate for surgery who go on to decline surgery; and also men who have co-morbidities that need to be addressed before AAA surgery is recommended. There continues to be close monitoring of men awaiting surgery and the reasons for this and, where possible, delays are minimised.

- 7.10 Since screening recommenced at reduced capacity following the pause in March 2020, NHS Tayside and NHS Fife have been able to gradually increase capacity to run the programme at 70% pre-Covid capacity (February 2021).

8 DIABETIC EYE SCREENING (DES)

- 8.1 Diabetic retinopathy is a common complication of diabetes which affects the eyes. Untreated diabetic retinopathy is one of the most common causes of visual impairment and blindness. Diabetic eye screening can detect retinopathy at an early stage before any symptoms are apparent.
- 8.2 During the year 1 April 2019 to 31 March 2020, those with diabetes aged 12 and over were invited to attend an annual screening appointment. The total eligible population for diabetic eye screening in Fife was 21,185.
- 8.3 The proportion of the eligible population who attended at least once for screening during 2019/20 was 75.9% in Fife (72.4% in Scotland). The proportion of the eligible population who had been successfully screened at least once was 75.3% in Fife (71.8% in Scotland). The target is 80%. Uptake is lower than previous years and this is thought to be mainly due to the pause of screening in March 2020 due to Covid-19.
- 8.4 It is anticipated that uptake by categories such as deprivation and ethnicity will be available for future reports, following the recent implementation of a new software platform used for the screening programme, Optimize.
- 8.5 During 2019/20, the 'Did Not Attend' (DNA) rate in Fife was 17.7%; in Scotland it was 17.5%. The DNA rate is being closely monitored. An increase in appointment cancellations and requests to change appointment times is also being investigated.
- 8.6 The target for written reports is that a minimum of 95% of people screened are sent the result in writing within 20 working days of the photograph being taken. During 2019/20, NHS Fife met this target (98.1%) and performed better when compared with Scotland (90.3%).
- 8.7 A challenge to the sustainability of the service continues to be the increasing number of people with diabetes (approximately 5% increase per year across Scotland) and the subsequent increase in demand on ophthalmology and acute services to deliver treatment. Auto-grading was introduced in 2011 to reduce pressure on the screening programme.

- 8.8 In 2016 the UK National Screening Committee recommended revised screening intervals for patients within the DES programme. The recommendation was that the interval between screening tests should change from one year to two years for people at low risk of sight loss. The revised screening intervals began to be implemented in early 2021.
- 8.9 The Scottish Screening Committee also recommended this change along with the introduction of Optical Coherence Tomography (OCT) as part of the DES programme. It is anticipated that these changes will result in a 9.4% reduction in unnecessary retinal screening appointments and the release of 5% capacity per year in new ophthalmology outpatient appointments. The transfer of existing DES patients undergoing OCT surveillance from ophthalmology to DES will release further capacity in ophthalmology. These changes were introduced in early 2021 and are in line with evidence based practice and realistic medicine.
- 8.10 Following the Covid-19 pause, screening resumed at the end of July 2020 at 3 locations only initially; this increased to 4 at the end of September. The main fixed site, the Diabetes Centre at Victoria Hospital, is still being used as a Covid Assessment Centre. Pre-Covid, 32% of the screening population were invited to the Diabetes Centre. An alternative community site has now been identified in Kirkcaldy and arrangements are being made to prepare and equip the venue for screening.
- 8.11 Capacity to see participants has been particularly affected in this screening programme by the lengthening of appointment times to enable enhanced cleaning of equipment and clinic spaces and to reduce the number of people in clinical areas.

9 PREGNANCY SCREENING PROGRAMMES

- 9.1 Pregnancy screening covers:
- Infectious diseases screening for hepatitis B, syphilis and HIV;
 - Haemoglobinopathies screening for sickle cell and thalassaemia;
 - Down's syndrome and other fetal anomalies screening.
- 9.2 For the year 1 April 2019 to 31 March 2020, PHS report that there were 3074 bookings with maternity services by NHS Fife residents; 78.0% were booked by 10 weeks gestation (91.5% by 12 weeks gestation). (Source: PHS, SMR02; data are provisional). These data are based on discharge data following delivery so only include births as the pregnancy outcome. Bookings that lead to other outcomes such as miscarriage or termination are not included.

- 9.3 These data also include all Fife resident bookings; some Fife residents book in other Health Board areas (e.g. Tayside). It is not possible to report on all Fife residents for all aspects of pregnancy screening. Women resident in Fife who book elsewhere are usually included in data reports of the Board area where they plan to give birth.

10 INFECTIOUS DISEASES

- 10.1 No data from the infectious diseases screening programme were available for this report.

11 HAEMOGLOBINOPATHIES

- 11.1 Haemoglobinopathies (sickle cell and thalassaemia disorders) are serious blood disorders that affect haemoglobin.
- 11.2 The NHS Fife haematology laboratory received 3146 samples from pregnant women to be screened for haemoglobinopathies during the year ending 31 March 2019; and 2881 during the year ending 31 March 2020.
- 11.3 No pregnancies were found to be at risk of a significant haemoglobinopathy although partner testing was declined or unavailable in some cases (<5 cases over the two year period).

12 DOWN'S SYNDROME

- 12.1 First trimester screening is provided by NHS Lothian laboratory service and second trimester screening is provided by Bolton antenatal screening laboratory. This arrangement for laboratory provision covers all Scotland.
- 12.2 For the year ending 31 March 2020, there were a total of 2020 tests from NHS Fife. The number of women undertaking first trimester screening was 1784 and the number of second trimester tests was 236 (11.7%).
- 12.3 The proportion of incomplete laboratory request forms is a Key Performance Indicator (KPI) of the Pregnancy and Newborn Screening Programme. The KPI is defined by completion of a number of selected fields on the original request. The essential performance criterion is 98% completion. For the year ending 31 March 2020, NHS Fife achieved the KPI with 98.4% completion for first trimester tests; the Scotland rate was 97.7%.

- 12.4 Standards for the screening programme state that all information should be completed, not just selected fields. When all fields are considered, the NHS Fife completion rate was 92.9%; the Scotland rate was 93.2%.
- 12.5 Reports on completion rates, stating the amount and type of missing information, are sent to Lead Midwives on a regular basis along with cumulative performance charts. The laboratory also requests feedback on the reasons for incomplete forms.
- 12.6 For second trimester samples, NHS Fife submitted 96.6% of fully completed request cards. The proportion of fully completed requests from Scotland as a whole was 97.6%.
- 12.7 Some changes to the pregnancy screening programmes were implemented on 28 September 2020:
- the expansion of the first trimester screening programme for Down's syndrome (Trisomy 21) to include screening for Edwards' syndrome (Trisomy 18) and Patau's syndrome (Trisomy 13);
 - an evaluative roll out of Non Invasive Prenatal Testing (NIPT) as a second line screening test for those pregnancies with a higher chance result from a primary screen in the first or second trimester; and
 - the expansion of the screening programme for twin pregnancies to include combined first trimester screening for Down's syndrome, Edwards' syndrome and Patau's syndrome and second trimester quadruple screening for Down's syndrome and NIPT as a second line screen for those pregnancies receiving a higher chance result from the primary screen.

13 PREGNANCY SCREENING DATA CHALLENGES

- 13.1 Unlike the other screening programmes, there is a lack of comprehensive national data to monitor the performance of pregnancy and newborn screening. Some of the national work set up to determine where the gaps are and how these can be addressed was paused during the pandemic. Public Health and Intelligence colleagues within Public Health Scotland lead on progressing much of this work, with NSD colleagues leading on issues with the BadgerNet IT system.
- 13.2 The aim is to better capture data from many different IT systems used in the programmes so that performance can be monitored against key performance indicators (NSS, 2018).

- 13.3 NHS Fife maternity service has been using the BadgerNet IT system since August 2018. The quality and completion of the data on BadgerNet has improved over time. All Boards except NHS Lothian use BadgerNet.

14 UNIVERSAL NEWBORN HEARING SCREENING

- 14.1 The universal newborn hearing screening programme aims to identify babies born with bilateral permanent moderate, severe and profound deafness. Evidence shows that introducing an early support programme before 6 months of age leads to better outcomes for speech and language development.
- 14.2 In Fife, a hospital-based Automated Auditory Brainstem Response (AABR) screening protocol is used. Babies born at home and those requiring repeat screening or transferring in from other areas are offered outpatient appointments.
- 14.3 Pregnancy and newborn screening continued throughout the pandemic with the exception of newborn hearing screening which was paused for around 5 weeks from mid March 2020. 97% of those not screened during the pause were screened at 6-14 weeks at immunisation community clinics. The programme got back to achieving around 99% coverage soon after the restart.
- 14.4 During the year 1 April 2019 to 31 March 2020, 3335 babies were eligible for screening and 3294 (98.8%) completed screening. There were 42 babies referred to audiology and 9 of these were diagnosed with hearing loss (of varying degrees).

15 NEWBORN BLOOD SPOT SCREENING

- 15.1 Newborn blood spot screening identifies babies who may have rare but serious conditions. The programme includes screening for Phenylketonuria (PKU); Congenital Hypothyroidism (CHT); Cystic Fibrosis (CF), Medium Chain Acyl-CoA Dehydrogenase Deficiency (MCADD); and Sickle Cell Disorder (SCD). On 20 March 2017, testing was extended to include four further metabolic disorders: maple syrup urine disease (MCUD), isovaleric acidaemia (IVA), glutaric aciduria type 1 (GA1) and homocystinuria (HCU).
- 15.2 Testing is offered to all newborn babies usually around 5 days of age. The test is done by a midwife who obtains a few drops of blood by pricking the heel. The blood is collected on a card which is sent to the Scottish Newborn Screening Laboratory for analysis.
- 15.3 During the year 1 April 2019 to 31 March 2020, the laboratory received 3516 blood spot sample cards from NHS Fife. Diagnostic testing is required to confirm a condition.

- Six babies in Fife were suspected of having a condition and referred to a specialist clinician.
- Twelve babies were referred as suspected carriers of a condition.

15.4 A key challenge to the programme is minimising the number of avoidable repeat tests required. This is monitored closely with monthly feed back to individual midwives and further training offered where appropriate. The proportion of avoidable repeat tests in Fife during 2019/20 was 5.6%. This compares with 5.9% in Scotland. The proportion of samples where required information was not recorded on the blood spot card is also monitored. During 2019/20 in Fife the proportion was 1.2%; in Scotland it was 2.1%.

16 Plan for 2021/22

16.1 Assuring the delivery of effective population screening is a priority for NHS Fife Department of Public Health.

16.2 In general, uptake decreases with increasing deprivation across all screening programmes. The screening programmes for which we have data by SIMD quintile in Fife demonstrate a deprivation gradient. Some people will make an informed choice not to attend screening and it is important those decisions are respected. However, there is clearly still progress to be made to address inequalities in screening participation.

16.3 It is important that activities to reduce inequalities are evidence based. As part of the Scottish Government's commitment to reduce inequalities in screening there is an inequalities fund for initiatives that could help address barriers for those less likely to engage. In addition to the Sexual Health project mentioned earlier, NHS Fife has received funding from the inequalities fund to participating in a collaborative project with NHS Borders, NHS Tayside and the Mental Health Foundation. The project aims to support those experiencing severe and enduring mental health conditions to engage with screening programmes. Progress has been delayed due to Covid-19 but funding has been carried over so that the work can continue in some form.

16.4 During 2021/22, the Public Health Screening Team will:

- Continue to work with local and national screening programme groups to further understand the impact of Covid-19 related disruption and facilitate ongoing recovery of screening programmes
- Work to understand reasons for non-attendance and explore methods to address these.
- Increase capacity within the NHS Fife public health screening team

- Continue work to address inequalities within the screening programmes.

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UNCONFIRMED MINUTE OF THE CLINICAL & CARE GOVERNANCE COMMITTEE FRIDAY 29TH JANUARY 2021, 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 James Crichton, Divisional General Manager (Fifewide) Lynn Barker, Associate Director of Nursing Scott Garden, Director of Pharmacy & Medicines Lynn Garvey, Interim Divisional General Manager (West) Fiona McKay, Interim Divisional General Manager |
| In Attendance: | Christine Moir, Senior Manager, Education and Children Services Alan Small, Chair Child Protection Committees Scotland Jennifer Cushnie, PA to Dr Hellewell (Minutes) |
| Apologies for Absence: | Dr Chris McKenna, Medical Director Helen Buchanan, Nurse Director, NHS Fife Paul Madill, Consultant in Public Health, NHS Fife |

| No. | HEADING | ACTION |
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| 1.0 | CHAIRPERSON'S WELCOME & OPENING REMARKS The Chair welcomed everyone to the meeting and stated there was doubt as to whether the meeting should have taken place due to demands from the pandemic, however, after discussion with NC and HH it was decided to go ahead with a reduced Agenda. Cllr Brett advised SG and LG would present their reports following Item (5.0). This was to enable both to leave to attend to urgent matters. | |
| 2.0 | DECLARATION OF MEMBERS' INTEREST There were no declarations of interest. | |
| 3.0 | APOLOGIES FOR ABSENCE Apologies were noted as above. | |
| Name of meeting: Clinical & Care Governance Committee | | Version : UNCONFIRMED |
| Meeting held on: 29.01.21 | | Created by JMC |
| | | Created on: 02.02.21 |

| | | ACTION |
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| 4.0 | <p>MINUTES OF PREVIOUS MEETING</p> <p>Cllr Brett queried if there were any corrections to the Minute of the C&CGC meeting of 13.11.20.</p> <p>CC asked for her quote in section 6.3 referring to “addict” be corrected to “service user”.</p> <p>Decision – With this change implemented, the Committee agreed to approve the Minute of 13.11.20</p> | |
| 5.0 | MATTERS ARISING – OUTSTANDING ACTIONS FROM ACTION LOG | |
| 5.1 | Update regarding current situation with C&CG Committee with relation to Integration Scheme. | |
| | NC advised the Integration Scheme is being reviewed by Partners, comments are awaited. NC had hoped this would be achieved through revised governance structures towards the end of March 2021, however, due to the current lockdown situation, this may be delayed. Discussions are ongoing and governance structures will be considered at the IJB development session meeting next week (05.02.21). | |
| 5.2 | Action Log | |
| | <p>Cllr Brett referred to the IJB Development Session on 08.02.21 which will be focussing on ADP strategy. It was hoped this session will be well supported.</p> <p>Physiotherapy Services will be covered verbally by HH in the PC Improvement Plan Update.</p> <p>Cllr Brett stated he had received a Paper from CG explaining the position around falls and the reporting methods. He offered to circulate the Paper to anyone interested in receiving a copy.</p> | |
| 6.0 | GOVERNANCE | |
| 6.1 | Clinical Quality Report (Incorporating Improvement Data Powerpoint) | |
| | <p>CG talk through a presentation explaining how data is gathered and used to measure and monitor processes in place through the Model for Improvement framework. The ultimate aim is to prevent harm or poor outcomes for patients and to make continuous improvement. CG explained how data is gathered, run charts are created and the meaning of the various terms used.</p> <p>CG offered to convert the presentation to Word format for Cllr Ross and discuss with him separately.</p> <p>HH advised, SAER and LAER activity has paused from 07.01.21 to focus on Covid issues. Incident reporting, however, will continue.</p> | CG |
| Name of meeting: Clinical & Care Governance Committee | | Version : UNCONFIRMED |
| Meeting held on: 29.01.21 | | Created by JMC |
| | | Created on: 02.02.21 |

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| | <p>LB gave an update around patient experience and the impact Covid is having upon patients and staff.</p> <p>Virtual ward walkabouts were discussed, explaining how these work and the benefits they have brought.</p> <p>CC queried the data around self harm / ligature incidents and the number of people this referred to. CG explained the data refers to a small number of individuals and added, the data gathered is the starting point to focus and prioritise work.</p> | ACTION | | | | | | |
| 6.2 | Winter Position | | | | | | | |
| | <p>LG stated that through the Home First model, which aims to reduce delays in hospital, there has been a 36% reduction in length of stay in hospital compared with this time last year. Currently the length of stay is 33 days. Fife is sitting 5th nationally in terms of discharge rate. LG outlined novel approaches which have been used to improve the discharge rate and felt excellent collaborative working between health and social care have brought many improvements.</p> <p>The Workforce Hub has helped to ensure all areas are safely staffed whilst facing a time of great staffing pressures.</p> <p>MB asked if cleanliness and social distancing has helped the 'flu situation and if so, would these measures be carried forward into next year? LG advised there has been significantly less 'flu this year and work will be carried out to understand this fully.</p> <p>LB added, the considerable work which has gone into infection control and prevention has had an impact on hospital-acquired infections.</p> | | | | | | | |
| 6.3 | COVID Vaccination Programme Update | | | | | | | |
| | <p>SG gave a comprehensive update of progress to date of the Covid Vaccination Programme. A summary of the points covered:</p> <ul style="list-style-type: none"> • Numbers of people vaccinated in Fife to date (29,000). • Letter from Scottish Government giving delivery timescales, broken down into cohorts. • One of first Boards in Scotland to complete initial vaccinations in Care Homes and for GPs, frontline staff and over 80s. • Housebound patient vaccinations will commence w/c 01.02. • The National Scheduling tool was outlined as were changes to the dosing schedule (to 12 wks). • Timescales for remaining cohorts, numbers per cohort and venues being used to serve as vaccination centres. • Vaccine supply explained. • Offers from GPs to continue to vaccinate other cohorts. • Using networks effectively, good support from military liaison colleagues utilising logistical skills. | | | | | | | |
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| Meeting held on: 29.01.21 | 3 | Created on: 02.02.21 | | | | | | |

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| | <ul style="list-style-type: none"> • Workforce – 200 vaccinators recruited under new protocol being used throughout pandemic. • Learnings from flu have been used. Leadership model which has been put into each clinic has been particularly useful. • Communication strategy explained. <p>Questions asked included:</p> <p>Cllr Brett asked if those housebound will hear from NHS Fife or from their GP. SG advised District Nursing will make contact.</p> <p>Cllr Ross – asked what actions have been taken to engage with ethnic minority groups and harder to reach citizens. SG advised the Vaccination Programme fully complies with all requirements of the Equalities Act 2010. A range of actions have been implemented which can be viewed on the NHS Fife Vaccination Programme website.</p> <p>Cllr Brett thanked SG for a detailed presentation.</p> | ACTION |
| 6.4 | Mental Health Strategy Implementation Plan (Update) | |
| | <p>JC advised he would like to give the committee an update of how work is progressing. Key developments are:</p> <p>In-Patient Capital Development – a Programme Board has been established, led by Dr McKenna as SRO. Delivery of the project will be through the Project Team, reporting to the Programme Board. Currently developing the initial agreement which shall be concluded by April 2021.</p> <p>Service Redesign in Adult Community Services – initial work has taken place to remodel support within the adult mental health community teams. Involves realignment of the day hospital model to a community-based support.</p> <p>Unscheduled Care Services – work has been taking place around the urgent care pathway review to align local arrangements with the national urgent care pathway. A report has gone to SLT looking at gaps in the workforce which are needed to support this work.</p> <p>Rebalancing Care – this involves developing a 5-year plan for a patient cohort who will benefit from community-based care - support in the community with the right arrangements.</p> <p>Participation and Engagement – due to Covid, a new flexible model is to be implemented using a blend of virtual meetings and face to face (when possible). There is no 'one size fits all'.</p> | |
| 6.5 | Primary Care Improvement Plan Update (SG Letter) | |
| | HH updated the committee regarding the Joint Letter received from SG and BMA looking at how the PC Improvement Plan can move forward with new timescales for the workstreams. Transitional agreements will be put in place to | |

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| Name of meeting: Clinical & Care Governance Committee | Version : UNCONFIRMED | Created by JMC |
| Meeting held on: 29.01.21 | 4 | Created on: 02.02.21 |

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| | <p>ensure services are provided in a safe way. Services are to transition as follows:</p> <ul style="list-style-type: none"> • Vaccination 2022/23, • Pharmacotherapy 2022/23 • Community Care and Treatment Services 2022/23 • Urgent Care 2023/24 to ensure fit with new overarching redesign of urgent care • Additional professionals – MH Workers, Physiotherapists, Community Link Workers to be in place by end of 2021/22 <p>HH advised there has been good consultation with the workstream groups. Learning from virtual consultation and other methods of having conversations is being considered and if these should change, also looking at workforce and planning to ensure a robust plan going forward.</p> <p>HH had reported a struggle to recruit physiotherapists, however, there has now been an increase in applicants and lack of numbers is no longer a concern.</p> <p>HH felt confident as much work as possible has taken place, considering the pandemic, and it is hoped a new and revised plan will be in place for Spring. This will take into account all aspects, along with a whole system approach to staffing and recruitment is phased in a sustainable way.</p> <p>Cllr Brett asked for sight of the letter. HH will check with NC if appropriate to circulate.</p> | ACTION |
| 6.6 | Child Protection Committee Annual Report | |
| | <p>AS advised the report is dated from 1/4/19 to 31/3/20, focusing around the activity of the CPC Working Groups. AS gave a background to the format of the report where all Working Group Chairs have contributed to the event.</p> <p>AS detailed the impact the pandemic has had upon the CPC and the learning undertaken to meet the challenges presented. The complex governance arrangements were described together with new national guidance, which was introduced from May 2020.</p> <p>AS described the various working groups and their activities along with the new ways of working being used. Priorities for the year ahead were outlined.</p> <p>CM advised a training post, which will sit within Children & Families SW, will be advertised nationally by mid February.</p> <p>Had Children's Advocacy received any further investment since the Third Sector Review was queried by CC. CM advised, Barnardo's have received funding from SG for a bespoke Advocacy Service called 'Children's Reporter'. She added, the SW Dept are working hard to ensure the 'right person for the child' is there and explained the work taking place around this. CC stressed the importance of completely independent advocacy being provided for a child. She also queried digital solutions in the interim. SG has provided funding to</p> | |

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| Name of meeting: Clinical & Care Governance Committee | Version : UNCONFIRMED | Created by JMC |
| Meeting held on: 29.01.21 | 5 | Created on: 02.02.21 |

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| | <p>purchase digital solutions, ensuring all children are supported.</p> <p>The main challenges arising through the pandemic were discussed at length, however, it was believed the real impact is yet to be felt.</p> | ACTION | | | | | | |
| 6.7 | Children Services Inspection Action Plan | | | | | | | |
| | <p>CM presented the report showing progress made in relation to the finding of the 2019 Children's Services Inspection. This is now a little dated – July 2019. A Plan for Improvement had been developed which is attached as Appendix 1, many of the actions are now complete and good progress has been made against others. Ultimately, Covid has led to delay in completion of several actions.</p> <p>Partners working alongside HSCP are SCRA, Police Scotland and the Scottish Fire and Rescue Service. CM outlined a particular area of strength identified during the inspection – 'Care Leavers accessing more flexible accommodation working' and summarised some of the areas in need of improvement, which form the basis of the Improvement Plan.</p> <p>CM told of work currently taking place to produce data on a quarterly basis, identifying what is happening now, rather than what has happened. Many new improvement activities are planned for 2021, which CM outlined.</p> | | | | | | | |
| 6.8 | NHS Children's Services: Child Protection Report | | | | | | | |
| | <p>JC covered the key points from the report, he explained the challenges around working through Covid and the transfer to a virtual platform.</p> <p>A key issue of safety and concern is isolation at home for children. This was highlighted as a national concern as nurseries and schools have closed, with much less face-face professional input. The team have been working closely with colleagues to address this.</p> <p>JC told of several initiatives which have taken place collaboratively over the summer months to combat child isolation.</p> <p>The Support and Advice line has received 146 calls with feedback received which was extremely positive.</p> <p>Child Protection Training has moved to an on-line arrangement, rather than the monthly training programme as set out in the CP Training Framework.</p> <p>Cllr Brett queried the absence of the Lead Consultant, although, he realised work-arounds have been used to deal with this. JC confirmed this and looked forward to the return of the Consultant in due course.</p> | | | | | | | |
| 7.0 | EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES | | | | | | | |
| | 7.1 SBAR Overview: Clinical & Care Governance / COVID 19 | | | | | | | |
| | CG outlined the report which gives an update to the committee regarding the | | | | | | | |
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| Meeting held on: 29.01.21 | 6 | Created on: 02.02.21 | | | | | | |

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| | <p>governance oversight activity in the absence of formal divisional C&CG meetings within HSCP due to Covid.</p> <p>HH added, it was thought it would be helpful for the committee to see evidence of governance and scrutiny being undertaken, despite the pandemic.</p> <p>Cllr Brett noted external inspections which are included in the paper, it is expected reports will come back on these when they are available.</p> | ACTION |
| 8.0 | ITEMS FOR NOTING | |
| | 8.1 Fife HSCP Health & Safety Forum Annual Report | |
| 9.0 | ITEMS FOR ESCALATION | |
| | Cllr Brett highlighted SG's presentation on the Covid Vaccination Programme as being very helpful and comprehensive. | |
| 10.0 | ANY OTHER COMPETENT BUSINESS | |
| | No other competent business. | |
| 10.0 | DATE OF NEXT MEETING - Friday 26th February 2021, 1000hrs. MS Teams | |

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| Name of meeting: Clinical & Care Governance Committee | Version : UNCONFIRMED | Created by JMC |
| Meeting held on: 29.01.21 | 7 | Created on: 02.02.21 |



MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 4 DECEMBER 2020 AT 10.00 AM

| | |
|------------------------------|--|
| Present | Councillor Rosemary Liewald (RL) (Chair) Christina Cooper (CC) (Vice Chair) Fife Council, Councillors – Tim Brett (TB), Dave Dempsey (DD), David Graham (DG), David J Ross (DJR) and Jan Wincott (JW) NHS Fife, Non-Executive Members – Les Bisset (LB), Martin Black (MB), Eugene Clarke (EC), Margaret Wells (MW) Chris McKenna (CM), Medical Director, NHS Fife Wilma Brown (WB), Employee Director, NHS Fife Amanda Wong (AW), Associate Director, AHP's, NHS Fife 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 (HH), Associated Medical Director, NHS Fife Katherine Paramore (KP), Medical Representative |
| Attending | Esther Curnock (EC), Consultant in Public Health Medicine, NHS Fife Norma Aitken (NA), Head of Corporate Services Hazel Williamson (HW), Communications Officer Wendy Anderson (WA) (Minute) Tim Bridle (TBRI), Audit Scotland |

NO HEADING

ACTION

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Health & Social Care Partnership Integration Joint Board and advised the Board that the first part of this meeting would consist of a presentation from a deputation regarding the closure of the Wellesley Unit at Randolph Wemyss Hospital.

The Chair then introduced Councillor Ryan Smart, Councillor Colin Davidson and Claire Baker MSP.

2 DEPUTATION / PETITION

Councillor Smart advised the meeting that a 1,984 signature petition has been submitted and they are looking to have the decision regarding the permanent closure of the Ward to be changed and that the closure be on a temporary basis to allow further consultation to take place.

Claire Baker asked that the Board reconsider their decision.

2 DEPUTATION / PETITION (Cont)

Councillor Davidson spoke of the concern locally at the lack of consultation prior to the closure of the ward.

The Chair opened the meeting to questions from Board members. One question was asked but was aimed at Officers, which was not permitted under the terms of the Standing Orders.

The Chair then thanked Councillors Smart and Davidson and Claire Baker for their attendance at today's meeting.

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS (Cont)

The Chair welcomed Amanda Wong who was recently appointed permanently to the post of Associate Director, Allied Health Professionals.

The Chair then congratulated the following:-

Andrea Smith, Lead Pharmacist who has been made a Fellow of the Royal Pharmaceutical Society.

Rhys Greig, a newly qualified community staff nurse in Fife who has been chosen to receive the Ellen Kelly Award from Dundee University School of Nursing.

Karen Mellon who has been recognised for her outstanding contribution to dementia care in the Alzheimers Scotland Centre for Policy and Practice Annual Celebration Report. Karen is a lead Podiatrist for Care Homes within the Partnership and is also a dementia champion and Dementia Specialist Improvement Lead.

Paula Birks, Community Support Manager who has made the top 3 in the category for Leader of the Year in the Scottish Health Awards 2020.

Teams from Fife have been recognised by the Chartered Society of Physiotherapy in case studies about advanced practice physiotherapy. Well done Kate Leishman and Katie Kinch.

Members were advised that a recording pen will be in use at the meeting to assist with Minute taking and the media have been invited to listen in to the proceedings.

3 CHIEF OFFICERS REPORT & PROTOCOL FOR MEETING

The Chair handed over to Nicky Connor for her Chief Officer's Report which had three parts:-

Protocol for Meeting – Board members are familiar with the process to be used during the meetings and were asked to use the Hand function if they wished to speak rather than using the Chat function.

Key Updates – all of these would be covered during the main agenda for the meeting.

Wellesley Unit, Randolph Wemyss Hospital – Nicky Connor advised that the unit was closed on 7 September 2020 in line with Direction issued by the IJB.

| NO | HEADING | ACTION |
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| 3 | CHIEF OFFICERS REPORT & PROTOCOL FOR MEETING (Cont) | |
| | <p>Assurance was given regarding both staff and patients following the closure. The position regarding Responsible Medical Officer remains unchanged.</p> <p>Part of the direction was consideration of the unit in line with a developing community hospital strategy and an update on this will come to both the Clinical & Care Governance and Finance & Performance Committees in due course.</p> <p>Question was asked about Ward 16 at Queen Margaret Hospital and the changes made at the start of the Covid-19 pandemic. An update was given on access to inpatient palliative care in Fife and how there has also been increased support for safe, high quality palliative care at home.</p> <p>Eugene Clarke raised a point of order.</p> | |
| 4 | CONFIRMATION OF ATTENDANCE AND APOLOGIES FOR ABSENCE | |
| | <p>Apologies had been received from Steve Grimmond, Carol Potter, Helen Buchanan, Fiona Grant, David Alexander, Eleanor Haggett, Lynn Barker, Lynne Garvey, Kathy Henwood, Jim Crichton and Eleanor Dona Milne.</p> | |
| 5 | DECLARATION OF MEMBERS' INTERESTS | |
| | <p>There were no declarations of interest.</p> | |
| 6 | MINUTES OF PREVIOUS MEETING 23 OCTOBER 2020 | |
| | <p>The Minute of the meeting held on 23 October 2020 was agreed as accurate.</p> <p>Dave Dempsey had questions on the Finance Update, regarding information on funding from Scottish Government and the budget realignment exercise.</p> <p>Audrey Valente confirmed that no update has yet been received from Scottish Government, but that Social Care funding was being reviewed in November 2020 and Health funding in January 2021.</p> <p>Nicky Connor confirmed that ongoing meetings are being held with the respective Chief Executives and Directors of Finance to discuss budget and updates will be provided at future meetings.</p> <p>Tim Brett asked if a report could be provided on this year's flu campaign once it had concluded. Nicky Connor will liaise with Esther Curnock.</p> <p>The Action Note from the meeting held on 23 October 2020 was agreed as accurate.</p> | |
| 8 | COVID 19 / REMOBILISATION UPDATE | |
| | <p>The Chair introduced Nicky Connor who, along with Chris McKenna, Helen Buchanan and Esther Curnock gave an update on both Covid 19 and Remobilisation.</p> | |

NC/AV

NC/EC

8 COVID 19 / REMOBILISATION UPDATE (Cont)

Esther Curnock updated on Covid-19 including positive cases, rate per 100,000 population and testing. The team are evaluating the current level 3 restrictions and further data in the coming weeks will allow the impact of these to be assessed.

Chris McKenna advised that staff continue to support remobilisation following the first wave of covid-19 and the challenges in recent weeks. Public adherence to restrictions is valued and will assist.

Helen Buchanan reiterated Chris McKenna's update and highlighted the challenge of winter alongside the Covid-19 situation. Plans are in place to cope and support patient care and flow.

Scott Garden provided an update on planning for the Covid-19 vaccination programme. Close working is ongoing between Scottish Government, the National Planning Team and local teams. Cohort based approach to delivery of vaccine, meaning most vulnerable residents and those who care for them will be vaccinated first. There is excellent support from General Practice. Work is ongoing with Nursing and Care Homes.

Nicky Connor expressed her thanks to all staff who have been involved in this year's flu campaign, which has only a few more weeks to run. A concerted effort is being made to ensure all eligible have access to the vaccine.

The Chair asked for questions regarding these updates.

David J Ross asked how eligible patients would be contacted, Scott Garden confirmed that the full plan is still in development but for the initial priority groups this will be the responsibility of GP surgeries.

Christina Cooper asked if it could be ensured that the local communications strategy could be aligned to the national comms strategy. Scott confirmed that there was close working with national communications.

9 FINANCE UPDATE

The Chair introduced Audrey Valente who presented this report which detailed the financial position of the delegated and managed services based on 30 September 2020 financial information. The forecast deficit is £6.780m and £6.939m relates to unachieved savings that remain at risk of non-delivery. These are currently within the local mobilisation plans, but it remains uncertain whether full funding will be made available by the Scottish Government. This paper reflects the full value of non-delivery of savings included as a pressure within the core projected outturn position. This level of overspend requires urgent management action to ensure that the partnership delivers within the approved budget.

Four key areas of overspend that are contributing to the financial outturn overspend –

9 FINANCE UPDATE (Cont)

Risk Share

Hospital and Long-Term Care

Adult Placements

Homecare Services

The report provided information on in year additional funding allocations to provide clarity and highlighted further risks and uncertainties in the financial year.

The paper also provided an update in terms of both core expenditure and Covid spend. The latest projection suggested an overspend position at March 2021 of £6.780m. A recovery plan is developed, and work will continue towards delivery of the savings approved in March 2020.

Dave Dempsey questioned the particular focus on Adult Placement overspend, which Audrey confirmed was a pilot exercise being undertaken to focus on areas of overspend and seek resolution.

Discussion took place around the number of staff vacancies which were contributing to underspends and the impact this could have on service users. Nicky Connor confirmed this is monitored and is discussed at Local Partnership meetings with staff side/trade unions.

The Board noted the financial position as reported at 30 September 2020 and to noted and discussed the next steps and key actions.

10 FIFE INTEGRATION JOINT BOARD ANNUAL ACCOUNTS FOR THE FINANCIAL YEAR TO 31 MARCH 2020

The Chair introduced Audrey Valente who presented this report. Tim Bridle from Audit Scotland undertook the audit in line with the Public Sector Code of Conduct.

The report provided the Board with an overview of the Health & Social Care Partnership 2019/20 Audited Annual Accounts and to present the Annual Audit Report.

The unaudited accounts were presented at the Audit and Risk Committee on 10 July 2020. The audit accounts were discussed at the Audit and Risk Committee on 20 November 2020.

Tim Bridle, Audit Scotland gave a brief introduction to the Annual Audit Report and Recommendations.

The accounts have been audited and external audit has confirmed that the financial statements give a true and fair view. They have been prepared in accordance with International Financial Reporting Standards as interpreted and adapted by the 2019-20 Code of Practice, the Local Government (Scotland) Act 1973, the Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

The key messages of the audit are provided on page 4 of the auditor's report. The key messages cover the 2019/20 annual accounts; financial

| NO | HEADING | ACTION |
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| 10 | FIFE INTEGRATION JOINT BOARD ANNUAL ACCOUNTS FOR THE FINANCIAL YEAR TO 31 MARCH 2020 (Cont) | |
| | <p>management and sustainability; governance, transparency and best value. The audit opinions are all unqualified.</p> <p>The audit report presents an Action Plan and recommendations and a management response is provided for each recommendation.</p> <p>The Action Plan would be progressed through Pentana, a Council system and the Audit and Risk Committee will be updated on its progress.</p> <p>The Board approved the 2019-2020 annual accounts for signature.</p> | |
| 11 | WINTER READINESS | |
| | <p>The Chair introduced Nicky Connor who presented this report, which was discussed at the Clinical & Care Governance Committee on 13 November 2020.</p> <p>The Winter Plan is a joint NHS Fife / Health & Social Care Partnership document and is currently active. A key priority is on supporting our workforce with the combined challenges of Covid-19, flu and winter pressures.</p> <p>Key areas in the plan include prevention of admission to hospital, Home First and the use of Near Me for consultations.</p> <p>Discussion took place around how we are coping so far, surge capacity and looking at lessons learned.</p> <p>Christina Cooper asked about the Integrated Risks and how this was being updated and monitored in relation to Winter. Nicky Connor explained the weekly meeting that is in place with Helen Buchanan as Exec Lead for Winter and the Director of acute services and how this is reporting through the silver and gold command structure.</p> <p>The Board noted the detail of the Winter Plan for 2020-21.</p> | |
| 12 | STRENGTHENING GOVERNANCE – BOARD MEMBER ACCESS TO PAPERS | |
| | <p>The Chair introduced Nicky Connor who presented this paper which had been discussed at the IJB Development Session on Friday 27 November 2020. This is the first in a series of reports which will come to the IJB for approval. The Board approved the access to governance Committee papers by IJB members who are not members of that particular governance Committee. These papers will be provided on a confidential basis.</p> | |
| 13 | ITEMS TO BE ESCALATED FROM GOVERNANCE COMMITTEES | |
| | <p>The Chair asked Eugene Clarke, Tim Brett and David Graham for any items from governance committees that they wish to escalate to the IJB.</p> | |

13 ITEMS TO BE ESCALATED FROM GOVERNANCE COMMITTEES (Cont)

Eugene Clarke – Audit & Risk Committee - 20 November 2020

For Information

- 1 A&R support the provision of a Finance Deputy – issue of Audrey Valente having to spend time adjusting figures from FC and NHS Fife.
- 2 Welcome change in budget setting processes following Audit reports which will bring much greater openness, visibility and control re finances. Good progress

Escalation

Recommend Transformation Board should publish a clear Communication Strategy to include:

- who is being informed/consulted about possible changes and how this is being done.
- describe the decision-making groups and processes by which changes will be approved.
- include specific reference to governance procedures for NHS Fife, Fife Council and HSCP
- all these should have timeline showing sequence and actual dates when known.

Tim Brett – Clinical & Care Governance Committee - 13 November 2020

- 1 Alcohol & Drug Partnership (ADP) Annual Report – this item will now be the subject of an IJB Development Session on Monday 8 February 2021.
- 2 Report on Keys to Life – report on learning disabilities was welcomed.

David Graham – Finance & Performance Committee - 11 November 2020

- 1 Acknowledged significant financial pressure we remain under.
- 2 Financial effects of Covid-19.
- 3 Unachieved savings.
- 4 Scottish Government funding for remobilisation.

14 DATES OF NEXT MEETINGS

IJB Development Session - Friday 5 February 2021

Additional IJB Development Session – Monday 8 February 2021

Integration Joint Board - Friday 19 February 2021

NHS FIFE INFECTION CONTROL COMMITTEE
2ND DECEMBER AT 2PM
VIA MICROSOFT TEAMS

| | | |
|----------------------|--|---------------|
| Present | | |
| Helen Buchanan | Director of Nursing | |
| Julia Cook | Infection Control Manager | |
| Priya Venkatesh | Consultant Microbiologist | |
| Keith Morris | Infection Control Doctor & Consultant Microbiologist | |
| Pauline Cumming | Risk Manager | |
| Paul Bishop | Head of Estates | |
| Elizabeth Dunstan | Senior Infection Prevention and Control Nurse | |
| Catherine Gilvear | Patient Safety Programme Manager | |
| Midge Rotheram | Support Services Manager | |
| Lynn Campbell | Associate Director of Nursing | |
| Apologies | | |
| Lynn Barker | | |
| Helen Woodburn | | |
| Robert Cargill | | |
| Stephen McGlashan | | |
| Aileen Lawrie | | |
| Jim Rotheram | | |
| In Attendance | | |
| Lori Clark | Notes | |
| 1 | APOLOGIES | |
| | Apologies were noted as above. | |
| 2 | MINUTE OF PREVIOUS MEETING – October 2020 | |
| | Group approved previous minute as accurate reflection | |
| 3 | ACTION LIST (October 2020) | ACTION |
| | Group talked through each open action and the actions were closed or completed as appropriate. | |
| | Action list updated to reflect. | |
| 4 | STANDING ITEMS | |
| 4.1 | 4.1a HAIRT Board Report | |
| | JC updated that lead IPCN Margaret Selbie was nominated for the Kingdom FM NHS Hero and reached the final 3. She has supported the team with her knowledge and wisdom and led in procuring reusable gowns from Canada ensuring staff would have supply of appropriate PPE. | |
| | ED has now commenced her substantive role as Senior IPCN, after a successful secondment. There is an ongoing recruitment drive for other roles within the team. | |
| | Winter preparedness training is currently ongoing through Microsoft teams with sessions focusing on outbreaks. The IPCT are promoting the national training resources from NES and HPS. Local training/education materials such as voiced over presentations with will be uploaded to Blink for staff to access. | |
| | Challenges: | |
| | JC updated that from 4 th November the IPCT business continuity plan was put in place due to increased workload and demand in response to the COVID 19 pandemic and also due to staffing issues, high | |

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| | <p>absenteeism etc.</p> <p>SAB's – VAD's remain the biggest challenge for HAI, there are ongoing improvement projects.</p> <p>ECB's – UTI's and CAUTIs remain to be areas that need to be addressed.</p> <p>CDI – Our rates are below national but HCAI needs to be improved to meet reduction targets.</p> <p>SSI surveillance is still on hold and there has been no indication on when this will restart.</p> <p>For Q3 NHS Fife has 20 SABs this is up from 17 cases in Q2. For CDI NHS Fife has 13 infections in Q3 with again is up from 6 cases in Q2. There were 69 ECBs in Q3 which is up from 55 cases in Q2.</p> <p>The UCIG group meeting was held in Oct and there is still lots of work ongoing by the continence service in acute and community.</p> <p>National Cleaning services specification – NHS Fife is slightly up in the compliance in Q2 from Q1.</p> <p>Estates Monitoring - NHS Fife compliance is slightly down in Q2 from Q1.</p> <p>There have been 16 hospital onset cases of COVID-19: 13 definite, 2 probable and 1 indeterminate. ED talked through the table of positive inpatients.</p> <p>JC updated that Adamson Hospital had an unannounced HEI inspection on 27th October and should be available for checking factual accuracy this week. HB added that inspections have now been paused again.</p> <p>JC added the IPC audit programme is also paused for Dec and Jan, however the follow ups will still be completed.</p> <p>HB informed that IPC needs to be recruited to, hopefully care home funds will be approved this week so that recruitment process can commence.</p> <p>PC has had some queries about situations reported as RIDDOR but it has now been reported on DATIX. HB advised that the expectation would be that the situation is reported on DATIX in the first instance and then RIDDOR reported. PC and HB to discuss and to take to Gold Command.</p> <p>Members noted the report.</p> | <p>H Buchanan/P) Cumming</p> |
| | <p>4.1b <u>HAI LDP Update – SABs Reports</u></p> <p>KM updated that there has only been 71 SABs this year so far which is the lowest every at this point in the year. There looks to be 19 SABs in Q3, high number of VAD SABs, with 6 HAI. KM added there was also a lot of gram-negative infections and some ventilator associated infections. The infections are multi factorial however KM advised he does not agree with the PPE practices against national guidance in some areas. LC advised she was unaware and will pick this up.</p> | |

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| | Members noted the update. | |
| | <p>4.1c <u>HAI LDP Update – CDIs Reports</u></p> <p>PV advised she has nothing to add but will continue to focus on recurrences.</p> <p>Members noted the update.</p> | |
| | <p>4.1d <u>ECB Surveillance Report</u></p> <p>ED advised that the focus is on reducing UTI and CAUTI's</p> <p>Members noted the update.</p> | |
| | <p>4.1e <u>HAI Update – C Section SSI Reports</u></p> <p>SSI Surveillance currently paused as a result of CNO letter received</p> <p>Members noted the update.</p> | |
| | <p>4.1f <u>HAI Update – Orthopaedic SSI Reports</u></p> <p>SSI Surveillance currently paused as a result of CNO letter received</p> <p>Members noted the update.</p> | |
| | <p>4.1g <u>Colorectal SSI Surveillance Report</u></p> <p>SSI Surveillance currently paused as a result of CNO letter received</p> <p>Members noted the update.</p> | |
| | <p>4.1h <u>CPE Surveillance Report and MRSA Surveillance</u></p> <p>JC advised that we are within national average for CPE and MRSA screening.</p> <p>Members noted the update.</p> | |
| | <p>4.1i <u>Outbreaks, Incidents and Triggers</u></p> <p>JC updated that there has been a trigger for 3 SABs in ICU, they were multi factorial.</p> <p>There has also been a trigger for 2 CDI cases in V54, they have been sent for sequencing but unlikely to be linked as they were at opposite ends of the ward and both had risk factors so don't seem to be connected.</p> <p>JC added that cases of COVID mentioned in the HAIRT report have been submitted to HPS on a case by case basis.</p> <p>Members noted the update.</p> | |
| 4.2 | <p><u>NHS National Cleaning Services Specification</u></p> <p>MR advised that there has been a huge demand for domestic services; the teams are following increased cleaning guidance and supporting increasing demand. Funding has been approved for the additional resources and materials.</p> <p>Members noted the update.</p> | |
| 4.3 | <p><u>Risk Register</u></p> <p>JC advised that she has some risks due for review by the end of the year so will review in the next couple of weeks and update on the register.</p> <p>PC advised there is a report going to EDG regarding COVID risks and</p> | |

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| | <p>there are 39 new risks emerged relating to the COVID vaccinations.</p> <p>Members noted the update</p> | |
| 4.4 | <p><u>Learning Summaries</u></p> <p>PC advised that 2 of the learning summaries brought to the committee today are from last year and another from January. In these summaries, documentation was a running theme.</p> <p>KM added that having the bundles on patientrack has made improvements to peripheral vascular access related SABs.</p> <p>LC added that with staff covering other areas (COVID response), the prompts and bundles on patientrack help staff with best practice.</p> <p>Members noted the update</p> | |
| 4.5 | <p><u>National Guidance</u></p> <p>JC updated that the national compendium has been published and the addendum which is designed to be a one stop shop with all Scottish COVID-19 guidance and training/educational resources are all in one place.</p> <p>JC informed that guidance has changed to advise on amber pathways: waste will now go into clinical streams and laundry will now be treated as infectious. JC is working with managers (Laundry and Facilities) to see how this guidance can be implemented.</p> <p>The care home and primary care addendums are still being developed.</p> <p>A CMO letter has been published setting out the increase in screening of patients and HCW's. JC will speak with Andy McKay to link into the meetings to discuss. ACTION – Lori to send CMO letter to the committee</p> <p>LC advised that the POCT cabinet is in place (ED/AUI1). KM added that the kit will need to go through the validation process but will hopefully be ready to use before Christmas.</p> <p>KM expressed concerns over the increased testing and vaccinations, suggested until there is more information, there will be no change in precautions required and there will still need to be a lot of testing. HB added that messages will need to be very clear to staff, vaccinations and screening should not alter behaviours.</p> <p>Members noted the update</p> | |
| 4.6 | <p><u>HEI Inspections</u></p> <p>This was covered in HAIRT report update.</p> <p>Members noted the update.</p> | |
| 4.7 | <p><u>Quality Improvement Programmes</u></p> <p>CG updated that the UCIG group are still meeting and working on refreshing the driver diagram with the aim to use this as an action plan. For now the two groups will continue but membership will be reviewed. CG added the groups are looking at education and training that can be distributed to teams. CG added that Candice Ross is continuing improvement works in the community and looking into the possibility of</p> | |

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| | <p>having a continence link nurse network. KM added there is a risk that the UCIG is losing momentum so a refresh will be good to keep the work going.</p> <p>JC updated that improvement works for PWID is ongoing; the team met recently and are awaiting nurse prescribing to be implemented.</p> <p>Members noted the update.</p> | |
| 4.8 | <p><u>Infection Prevention & Control Audit Programme</u></p> <p>JC advised that the team has caught up with the planned programme of audit after the pause on auditing earlier this year. As winter pressures increase and the second wave of COVID, the programme shall again have a temporary pause, and picked up again in the new year.</p> <p>Members noted the update</p> | |
| 4.9 | <p><u>Prevention and Control of Infection Work Programme 2019-2020 (for noting)</u></p> <p>JC advised work programme is on track.</p> <p>KM added that it is important to have the number of programmed activities the Consultant Microbiologist carry out for Infection Prevention and Control and asked for it to be documented in next years programme.</p> <p>ACTION – JC to include number of programmed activities for microbiology.</p> <p>Members noted the update.</p> | |
| 5. | NEW BUSINESS | |
| 5.1 | <p><u>COVID-19</u></p> <p>JC updated that about 3 weeks ago the rates of COVID infections increased dramatically causing Fife to be put into tier 3. The rate per 100,000 of the population (for a rolling 7 day period) was up to 148 but today we are back down to 98.2 per 100,000. There tends to be a few weeks lag with what is happening in the community to reflect in hospital activity.</p> <p>LC added that the decision has been made to continue with the current staff in ICU until Christmas.</p> <p>Members noted the update</p> | |
| 5.2 | <p><u>Excellence in Care</u></p> <p>JC updated that going ahead with the epvc and catheter bundles was the right way to go. Discussions are required with ehealth and hopefully this will progress in the new year.</p> <p>Members noted the update</p> | |
| 5.3 | <p><u>Safe and Clean Audit</u></p> <p>Ken Marshall is continuing to deliver training and refresher training for the safe and clean audits.</p> <p>Members noted the update</p> | |
| 6 | NHS FIFE INFECTION CONTROL COMMITTEE'S SUB GROUPS | |
| 6.1 | <p><u>Infection Prevention & Control Team</u></p> <p>Nothing from this meeting to highlight to group.</p> | |

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| | <p>highlight risks.</p> <p>MR raised that she had received communications from care homes expecting her team to go and clean care homes which is not feasible. HB advised that the team would only go in if it was an absolute crisis but the care homes should get outside cleaning companies in. HB will speak to Nicky Conner and feedback to MR. Cleanliness issues and infection control issues are very different.</p> <p>Members noted updates.</p> | H Buchanan |
| 8 | <p>DATE OF NEXT MEETING</p> <p>The next meeting of the Committee will be held 3rd February 2021 at 2pm via Microsoft Teams</p> | |

DRAFT

**NOTES OF THE PUBLIC HEALTH ASSURANCE COMMITTEE MEETING HELD ON
WEDNESDAY 20 JANUARY 2021 AT 10AM VIA MICROSOFT TEAMS**

Present: Dona Milne (DM) (Chair) Director of Public Health
George Brown (GB) Emergency Planning Officer
Cathy Cooke (CC) Public Health Scientist
Esther Curnock (EC) Consultant in Public Health Medicine
Julie O'Neil (JON) Public Health Service Manager

Apologies: Lynn Barker Associate Nurse Director
Emma O'Keefe Consultant in Dental Public Health
Josie Murray Consultant in Public Health

In Attendance: Sarah Nealon (SN) (notes) PA to Director of Public Health

ACTION

1. WELCOME AND APOLOGIES

DM welcomed everyone to the meeting and mentioned the need to increase the frequency of these meetings to align with the Clinical Governance Committee meetings. JON is making sure that there is governance in place.

Testing Paper – being submitted to the next Clinical Governance Meeting. This will be circulated to the group for information.

SN

2. MINUTE OF THE MEETING HELD ON 26 NOVEMBER 2020

CC noted a few changes:

Item 7 1729 Suspicion of Malignancy should read:

A previous incident occurred when a box on a cervical cytology request form had been ticked to indicate suspicion of malignancy. This resulted in a referral not being actioned. JM lead an audit when this came to light where no evidence of harm was identified. A monthly report is now in place to avoid recurrence 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 next meeting.

Item 9 Screening Programme Update should read:

2nd paragraph Cervical screening – routine screening has resumed with some reduction in capacity.

1st line at AAA - Programme currently running at 60-65% pre-Covid capacity.

Pregnancy Paragraph should read - Changes came in at the end of September including the expansion of the first trimester screening programme for Down's syndrome to include screening for Edwards' syndrome and Patau's syndrome.

CC to liaise with SN.

CC/SN

The minutes were agreed as an accurate record of the meeting with the above changes.

3. MATTERS ARISING

3.1 Revised Terms of Reference

Comments on these were extended to Wednesday and if no comments are received the diagram will be updated and the TOR finally approved.

Under 2.6 to check wording and word differently and not use bi-monthly as not clear when it meets.

DM

JON mentioned that she had some comments in relation to governance as the TOR are very risk oriented and it needs more governance inserted. **Action: JON to add to the TOR and send to DM to sign off**

JON

RISK MANAGEMENT

4. IDENTIFY NEAR MISSES, CRITICAL INCIDENTS & LEARNING

4.1 Interagency Referral Discussion

There was a Community testing team issue recently that led to an adult concern issue being raised. From the discussions that have taken place, there was a couple of recommendations that came from this incident. That any communication should be provided in written form and not verbal. Also that any adult protection concerns should be raised sooner as this one was raised after 7 days. If there is a concern it needs to be dealt with in a timely way. JON asked how these should be taken forward. EC said that a clearer process would be really helpful. **Action: JON is looking into training to ensure that everyone knows how to escalate quickly**

JON

HPT manual is what is used for when consultants are on call. Maybe worth putting in processes for raising an adult/child protection concern. **Action: JON**

JON

There was some discussion that going forward this should be covered in staff inductions and that maybe a 30 min slot could be arranged to go over this. EC mentioned that Donna Kirk could maybe add it into the

training plan. **Action: JON/DK**

Also agreed that written instructions should be given from any PAG, rather than a verbal instruction, especially to an external agency. This will be shared at next HPT meeting.

5. NEW PROSPECTIVE RISKS

5.1 Withdrawal of HPT TB activity since March 2020 with particular reference to BCG Vaccination and Latent TB Screening Clinics

NH/FB

EC mentioned that the level of risk in the community is relatively low, however still important. Short to medium risk seems low to EC.

There was some discussion around this risk and it was felt that it should be divided into 2 risks and clarification required around where Fife are with the 2 components. **Action: DM to pick up with JM. FB to have a chat with the Lothian Team to see if they have capacity to support us short term**

**DM/JM
FB**

Public Health to identify what is required and FB to link with Lothian to see if they can help as they have dedicated TB nurses and they may have some capacity. EC also mentioned that they may be able to find some capacity from the Fife Immunisation Team as well for BCG.

Action: DM to summarise from this meeting and email NH/FB/JM and copy in EC.

DM

There was discussion around the use of the new prospective risk form, it is not compatible with DATIX. **Action: It was agreed that SN to check if there is a more up to date form from the DATIX Team. If there is not one SN agreed to draft one.**

SN

6. REVIEW OF CURRENT RISKS ON PUBLIC HEALTH REGISTER

Discussion around risks. It was agreed that SN is happy to take on the role of handler for Public Health Risks. The Owner is to be delegated to the appropriate individual responsible for each risk, however, if the risk is High then DM is required to be the owner.

There was some discussion around documents from the Test and Protect Oversight Group being submitted through this committee for Governance purposes. This requires to be looked at. JON agreed with this. It was noted that command groups are not governance groups and governance oversight is still needed.

Action: JON agreed to liaise with SN regarding governance discussion out with this meeting.

JON/SN

- 6.1** 518 Resilience
- This risk has been updated.
- 6.2** 528 Pandemic Flu Planning
- To be transferred to GB. No meeting since outbreak. No update since last time. EC said that it is difficult to update this risk when we are in the middle of a pandemic. DM mentioned that while we are currently in the middle of a pandemic, it is not to say that we cannot have another pandemic.
- 6.3** 1729 Suspicion of Malignancy
- CC said that she is hoping to close this risk as there is now a system in place to avoid any recurrence. **Action: CC to speak to OA to see if we can be closed.** **CC**
- 6.4** 1873 Pregnancy and Newborn Screening
- To be transferred to CC. Review due end of March.
- 6.5** 1904 Coronavirus Disease 2019 (Covid-19) Pandemic
- This risk has been updated.
- 6.6** 1905 Contact Tracing including TTIS Programme
- Email has been issued to JM for an update. **Action JM** **JM**
- 6.7** 1906 Contact Tracing including TTIS Programme
- Still red risk. Email has been issued to JM for update. **Action JM** **JM**
- 6.8** 1907 Public Health Oversight of Covid-19 in Care Homes
- To be transferred to LB. Care Homes should be moderate. Email has issued asking for an update. **Action LB** **LB**
- 6.9** 1908 Handling of Excess Deaths during the Global Covid-19 Pandemic
- To be transferred to GB.
- 6.10** 2005 Covid Vaccinations – Vaccine Effectiveness
- High Risk so DM requires to be owner while the risk is high. **Action EC will send update to SN for adding to DATIX.** **EC**

6.11 2025 Covid 19 Vaccinations – Long Term Infrastructure

This is being progressed by EC and DM with a new Immunisation structure being put in place between public health and the H&SC partnership.

DM highlighted the need to remember that any updates should be issued to PHAC for information. **Action: ALL**

ALL

7. **Any Issues to Escalate to Clinical Governance**

There was none.

8. **Any Other Competent Business**

CC asked if she should be alerting this committee with all the screening incidents that are received. CC informed that there have been a further 3 received since the last meeting; 2 x Diabetic Eye Screening, Patient attended eye clinic and had an unwitnessed fall in stairwell and in another, Wifi connection dropped out when patient attended appointment, examiner intended to upload later, this didn't happen and patient received a DNA letter. Third on was related to Pregnancy and Newborn Screening, blood booking at Ninewells, that had not happened. Previous agreement that these will be done by Tayside. CC reported that all SOP's have been updated to prevent this happening again.

EC mentioned vaccination incidents. There have been a number of non significant incidents. These are currently being reported to PHS on a weekly basis. Looking at a process as EC is doing this at present. Need to articulate this more clearly. **Action: EC to have a joint discussion with OA and CC about screening process for learning.**

EC/OA/CC

Only significant incidents that result in a process change should be brought to PHAC. However, it was agreed that an overview report for screening incidents could be brought to the PHAC twice a year or yearly for information.

JON is currently looking at incidents and the sharing of any learning.

JON mentioned that there requires to be a cross over for testing and Health Protection so that everyone is aware of the process/what to do.

9. **Date of Next Meeting**

Thursday 25 February 2.30-4.00pm

Two reports to be Reviewed at the next meeting:

- Screening Annual Report – building on last report but data will

be added. This is to be taken to Clinical Governance in March.

- Immunisation Annual Report – this is to be taken to the Clinical Governance meeting in March.

Agreed to have an Action Plan for the year. **Action: SN to adapt the Clinical Governance Action Plan.**

SN